

ALBANY COUNTY HUMAN SERVICES DEPARTMENT STUDY



PREPARED BY THE CENTER FOR HUMAN SERVICES RESEARCH

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EXECUTIVE SUMMARY

This report presents findings from a study of the structure and operations of six Human Services Departments within Albany County: The Department for Aging (DFA), The Department for Children, Youth and Families (DCYF), The Department of Health (DOH), the Department of Mental Health (DMH), the Department of Probation (Probation), and the Department of Social Services (DSS). Findings are based on the following methodologies: a document and literature review, interviews with department leaders and IT staff, and an electronic staff survey. The findings from this study will be used to develop and implement an equity agenda specific to Albany County and its Human Services Departments.

KEY FINDINGS:

Leaders identified adaptability and responsiveness to community need as key successes for their departments, mirroring the literature which suggests both are a “best practice” of human services delivery.

Common challenges include retaining employees, enhancing employee satisfaction, overcoming budget limitations, balancing state mandates with effective service provision, data collection/utilization, and effectively targeting underserved populations.

Data related to employee satisfaction and professional development needs are not routinely collected or assessed within most departments.

Though leaders report they prioritize collaboration within and among departments, employees stress that further sharing of resources could streamline outreach efforts and improve communication.

Department leaders are minimally aware of the equity agenda and its impact on service outreach and provision to traditionally underserved populations.

Employees feel they have positive and trusting relationships with direct supervisors, but less so with departmental leadership.

Overall employees’ perceptions of fairness, openness, and several other key work climate factors are lower than their federal employee counterparts.

For reasons that include lack of data sharing capabilities, and lack of coordinated systems, most departments have a limited ability to create or utilize data in order to evaluate and drive program development and implementation.

RECOMMENDATIONS

Implement procedures to solicit ongoing feedback from employees.

Create pathways for advancement within departments that are based on transparent supervisor review and reward exemplary performance.

Establish staff meeting protocols for consistent communication and sharing organizational priorities.

Provide professional development on such employee suggested topics as: computer skills training, management/ leadership training to promote advancement within agencies; stress management; working with challenging populations; client-centered approaches and interpersonal skills; and cross-agency training so that employees can learn services other departments provide.

Consider developing a resource inventory across county agencies for leadership to view “at a glance” a summary of all contracted providers, services, and expenditures.

Blend funds across departments to foster innovative practices such as supporting cross-agency staffing (e.g. co-locating county workers).

Conduct additional outreach and marketing services to increase awareness of services available within the county.

Prepare collaborative grant proposals to foster more integrated services and share resources in proposal writing (a practice that is often encouraged in grant applications).

Promote opportunities for staff, especially departmental leaders, to become familiar with the themes, goals, and strategies the equity agenda promotes.

Consider utilizing tools such as the Implicit Bias Toolkit to begin a discussion on preconceived biases and how they affect service delivery systems (<http://www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx>).

Establish MOUs between agencies to facilitate data sharing.

Develop a central Release of Information (ROI) form to be signed at client intake.

Establish clear data sharing policies and procedures and disseminate to staff.

Designate an official staff member with the specific responsibility of managing/analyzing data within each department.

Consider efforts to include programmatic staff in the process of implementing new systems or improvements to existing systems, in order to generate staff buy-in, as well as better incorporate and satisfy end-user concern.

INTRODUCTION

OVERVIEW

New York State counties are increasingly responsible for administering and delivering a wide range of human services to address a variety of social issues and to ensure the health and well-being of the populations residing within their jurisdictions. In their continuing effort to improve human service delivery, policymakers are recognizing the importance of program evaluations to understand what programs accomplish, what they cost, and how they should be operated to maximize efficiency. Decisions regarding program operations are made based on empirical evidence, rather than anecdotal reports.

This study was designed to systematically assess the operations of the following human services departments in Albany County, New York:

- Department of Aging
- Department for Children, Youth, and Families
- Department of Health
- Department of Mental Health
- Department of Probation
- Department of Social Services

Findings from this study are intended to provide Albany County leadership with useful information and recommendations that contribute to improved management, performance and resource allocation.

METHODOLOGY

The study employed the following methodologies to inform the results:

Document and Literature Review: Documents collected from each department included: flow charts, organizational charts, prior reports and evaluations, as well as other records that provided a description of departmental structure and processes. Additionally, each department website was reviewed to gain an understanding of how information is presented to the public. Finally, budget narratives from the recently released 2017 Executive Budget were reviewed to develop benchmark measures (see Appendix B) for each department. Existing literature on best practices in county government structure and service delivery was completed to provide context and further inform the interpretation of data gathered from Albany County Health and Human Services Departments.

Interviews: Interviews were conducted with each Commissioner or Director, as well as with Deputy Commissioners, Division Directors, and Program Directors to clarify department goals and objectives, services and programs, administrative operations, and assessments. Additionally, questions were asked to address the issue of employee satisfaction and to identify any specific initiatives designed to address challenges around equity and reaching traditionally underserved populations. Finally, several questions related to data capacity and the ability of existing databases and software to share information among departments and meet the needs of management to use data in program and service planning. Findings from these interviews and the document reviews were used to create logic models for each department (see Appendix A).

CHSR also conducted interviews with county IT department staff in order to identify strengths and needs of each department. A mixture of IT staff and program staff were interviewed which provided feedback not just on the intended purpose of each system, but also the end-user experience.

Staff Survey: CHSR staff developed an electronic staff survey in collaboration with the county Human Resources Department based on the Federal Employment Viewpoint Survey (FEVS). This survey has been utilized to measure civil service employee satisfaction at the federal level since 2004. The survey was distributed via email to 750 employees in the human service departments within Albany County. Questions address work place issues such as leadership, supervision, climate, and employee satisfaction.

ORGANIZATIONAL STRUCTURE

Albany County was first established in 1683 by the General Assembly of Freeholders in order to administrate over the court systems and provide representation for the colony.¹ Given the county’s considerable growth in both geography and population, administrative demands and complexities in health and human services at the county level gradually developed to address the needs of residents. Currently, more than 30 separate programs and/or departments within county government serve over 300,000 residents. A number of those departments fall under the umbrella of Human Services, including the six departments covered in this report.

Originally designed to be “administrative arms of the state government,” many counties have restructured and shifted to providing a wider variety of services.^{2,3} Today, counties fall into two primary structure types:

- Unreformed**, which is governed by a board of county commissioners without executive leadership
- Reformed**, which is led by an elected chief executive or an appointed administrator

Unreformed governments typically operate by an appointed board of commissioners with no elected executive. Unreformed governments function well in smaller states where many of the key governmental operations and services are operated and supervised by the state. Albany County operates under a reformed government, having an elected executive and

possessing a charter. The reformed county government structure can be more expensive, since a goal of this approach is to meet the need for services, and the need tends to grow and change over time. The reformed structure is considered to be preferable for more diverse, urban, and/or rapidly growing populations in which counties may assume roles that cities might have filled in the past. Additionally, according to Benton (2002), reformed county governments have the benefits of flexibility, centralization, and professionalization so that counties can “function successfully in a rapidly changing society” and “adjust revenues [via taxation] and expenditures to changing circumstances.”

Reformed county governments with elected executives generally wield more power to change policy than the appointed type of county administrator government. Structurally reformed governments may adopt a charter, which is a locally developed document that describes structural, functional, and fiscal reforms, and also enables counties to be more, though not entirely, independent of state regulation. Supporters of the reformed approach argue that counties should increasingly assume the role in service provision typically filled by cities because regionalization of public services is more cost-effective than city-based models.

Departmental Overview

Based upon the document reviews and interview data, the mission, program areas and administrative structure for each department are presented below in Table 1.

Table 1. Mission, Program Areas, and Administrative Services for Albany County Human Service Departments

| MISSION | DIVISIONS/PROGRAM AREAS | ADMINISTRATIVE STRUCTURE |
|---|--|---------------------------------------|
| <p>Provide the highest quality supportive services to seniors and their families to enable them to maintain an independent and self-directed lifestyle.</p> | <p style="text-align: center;">Department for Aging (DFA)</p> <p>Program Areas:</p> <ul style="list-style-type: none"> • Nutrition/Health/Wellness • In-Home Support • Transportation • Supportive Services • Caregiver Services • Specialized Services (Legal counsel and Employment) • Community Participation and Outreach • Administrative Services | <p>Commissioner; fiscal director.</p> |

1 Pratt, A.L. (2015). Our evolving counties: A history of New York state county government. NYSAC News, 36(1), 14-15.
 2 Kemp, R.L.(2008). County government: Past, present, and future. National Civic Review, 97(4), 2-59.
 3 Benton, J. E. (2002). County service delivery: Does government structure matter?. Public Administration Review, 62(4), 471-479.

| | | |
|--|--|---|
| <p>Deliver an integrated, diverse, holistic set of services in collaboration with families and communities to empower families to create a safe, nurturing environment in which children can grow, thrive, and reach their full potential.</p> | <p>Department of Children, Youth and Families (DCYF)</p> <p>Divisions:</p> <ul style="list-style-type: none"> • Administrative services • Community programs and staff development • Children and family services • Youth bureau • Children’s mental health services • Children with special needs. | <p>Commissioner; Deputy Commissioner; Division heads.</p> |
| <p>Protect and promote the health of individuals, families, and communities</p> | <p>Department of Health (DOH)</p> <p>Divisions:</p> <ul style="list-style-type: none"> • Family Health/Nursing (includes outreach and health services to pregnant women, new mothers, and babies) • Communicable Disease Control, • Chronic Disease Prevention, • Community Health Assessment and Health Improvement plan, • Environmental Health • Public Health Emergency Preparedness • Administrative Services | <p>Commissioner; 2- Assistant Commissioners; Public Health Physician Specialist; Division heads</p> |
| <p>Ensure the residents of Albany County living with mental illness or emotional disturbance, alcohol and/or substance abuse problems, or intellectual and/or developmental disabilities can attain meaningful improvement in the quality of their lives, renewed connection to their communities, and lasting recovery so that their personal goals can be achieved</p> | <p>Department of Mental Health (DMH)</p> <p>Divisions:</p> <ul style="list-style-type: none"> • Clinical Operations <ul style="list-style-type: none"> • Integrated outpatient clinic • Jail mental health treatment and forensic services • jail diversion services • community forensic services • Mobile mental health crisis services • Health Home care management services • Assertive Community Treatment (ACT) • Peer Advocacy • SPOA • CMU • Quality Care • Fiscal Management • Administrative Services • Informatics and Systems Management | <p>Director of Community Services; Associate Director of Clinical Operations; Associate Director of Fiscal Operations; Deputy Director; Associate Director of Informatics and Systems Development</p> |
| <p>Ensure the safety of Albany County residents by supervising all juvenile and adult clients on probation and helping them become responsible, productive, and law-abiding members of the community.</p> | <p>Department of Probation (DOP)</p> <p>Divisions:</p> <ul style="list-style-type: none"> • Juvenile Division <ul style="list-style-type: none"> • Family Court Intake/Diversion • Family Court Investigations • Family Court Supervision • Alternative Juvenile Programming • Adult Division <ul style="list-style-type: none"> • Pre-Trial Services • Adult Investigations • Adult Supervision • Alternative to Incarceration • Warrant Squad • Clerical Services • Administrative Services/Fiscal Management | <p>Probation Director (acting, also directs Adult Division); Deputy Director (also directs Juvenile Division); Principal Probation Officer</p> |

Improve the quality of life in Albany County by helping people to help themselves, by assisting those incapable of acting on their own behalf and by helping to ensure that all residents have an acceptable standard of living

Department of Social Services (DSS)

Divisions:

- Temporary assistance/Reception
 - Safety Net, Family Assistance (TANF), Non-Heap, Energy Programs
- Health insurance
 - Medicaid, Elderly/Disabled, Spend-Downs, Chronic Care
- Nutrition and Energy
 - SNAP, HEAP, Energy related ESNs and EAAs
- Adult Services
 - NYConnects, Adult Protective, Home Care
- Child Support
 - Enforcement, Collections, Family Court
- Employment/Daycare services
 - Employment for TA/SN/SNAP, Day Care, Fair Hearings
- Fraud
- Accounting Services
 - Third Party Revenue, Budgeting, Claiming, Payroll, Vendor Payments, Contract Management
- Personnel/Staff Development
- Administrative Services

The department is headed by a Commissioner with the support of 2 Deputy Commissioners. Additionally, each service area/division contains a division head and a hierarchy of employees

LOGIC MODELS

Logic models are commonly used in goal planning for programs, agencies, and departments in multiple fields. A logic model is a systematic and visual way to present resources and activities and show how they relate to broader departmental objectives and goals.^[1] Logic models can serve as working documents and be utilized as part of a strategic planning, goal setting, and resource allocation process. As part of this study, logic models were developed for each department to reflect the way current programs and activities are linked to departmental goals and objectives. Completed models can be found in Appendix A.

BENCHMARKS

Effective performance and management of departmental services, budget, and planning can be developed and tracked in a number of ways. Establishing benchmarks, or performance measures, for services, programs or other departmental goals that are actively being implemented allow leaders to effectively evaluate and track progress. In the review of the 2017 Executive Budget, Center for Human Services Research (CHSR) staff specifically identified several goals and performance targets for each participating department that lend themselves to the development of benchmark measure to track progress. For many of these, a baseline measure has not been established, or could not be easily located within the document or other documents submitted for review. It is recommended that a baseline measure is either identified from past years or established in 2017 for comparison in future years. See Appendix B for proposed benchmarks for each department.

[1]

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FINDINGS

Results from three separate but complementary data collection efforts are summarized below. First, qualitative analysis of findings from administrator interviews are presented and related to best practices from the literature. To provide multiple perspectives, results from the Employee Survey are then summarized using both quantitative and qualitative methods. Finally, findings from interviews with IT staff are offered to provide insight on existing data systems and information sharing procedures.

ADMINISTRATOR INTERVIEWS

Successes and Barriers

Department leaders discussed both successes the department has experienced over the last several years and barriers to creating and implementing successful programs and services. In terms of successes, leaders identified adaptability and responding to community changes as significant successes within their departments. Specifically, both DCYF and DMH have redesigned and redeveloped the clinical services they offer in order to better meet the needs of county residents and operate more efficiently. For example, DMH recognized the complicated and overlapping process clients faced to enroll in, and receive, both mental health and substance abuse services from the DMH clinic. With that in mind, the department successfully merged its mental health and substance abuse clinics to streamline all aspects of service provision (e.g., clients have a central enrollment, clinical charts are no longer kept separately, etc.). DCYF has continued to expand their Single Point of Entry (SPOE) program targeting the birth-5 population to more efficiently link families with needed services. Additionally, departments such as Probation and DOH have increased prevention programs within the community for individuals who may be at risk of negative outcomes. In general, leaders indicated that being “innovative,” “collaborative,” and “responsive” has helped them develop programs that generally do more with decreasing or stagnant budgets. This finding is consistent with the literature, which identifies integration of service delivery and cross-agency collaboration as best practices. Other identified successes in Albany focused not necessarily on service delivery, but rather on administrative changes that have taken place over the last year. For example, DSS highlighted their focus on changes to the personnel department in order to make systems for hiring more efficient.

In terms of barriers, department leaders cited budget issues, a lack of comprehensive data systems, unfunded and/or increasing state mandates, and staff retention/turnover. Most leaders identified that in an “ideal” world there would be more funding available to pay employees competitive salaries (much of the staff turnover, according to leaders, is due to a lack of competitive pay) and increase or expand services. Department leaders attempt to overcome budgetary issues by collaborating with partners when possible (sharing resources), reducing costs where possible, and applying for grant money when available.

DCYF has recognized the high employee turnover that has begun to occur as vetted leaders retire and younger employees leave for higher paying jobs elsewhere. To mediate the loss of institutional knowledge due to retirements, and give younger employees

a clear path to promotional opportunities, the department has developed and begun to implement a leadership/management training program that helps fast track younger employees to take on leadership roles. In general, each department recognizes and attempts to strategize routinely on overcoming barriers in each of their programs.

Staff Development and Satisfaction

Employee engagement and satisfaction has been studied by many entities, including the Federal government through their Office for Personnel Management (OPM) since 2004. OPM defines employee engagement as *“the employee’s sense of purpose that is evident in their display of dedication, persistence, and effort in their work or overall attachment to their organization and its mission.”*⁴

Employee engagement has been shown to be positively correlated with the following:

- innovation,
- performance/productivity
- loyalty (less likely to leave organization)
- satisfaction
- team-orientation
- commitment to organization
- higher levels of personal well-being
- lower levels of absenteeism
- organization-level performance outcomes such as productivity, financial performance, customer satisfaction, and morale

Employee engagement is negatively associated with:

- Equal Employment Opportunity complaints
- safety incidents
- work-related injuries, and number of sick days

According to department leaders, data related to employee satisfaction and engagement are not typically collected in any department. Both DSS and DOH have previously attempted to measure employee satisfaction but did not systematically use their findings to make improvements or establish ongoing vertical communication within the department. Other department leaders are also interested in collecting employee feedback, but cited a lack of time and resources to complete the activity. Several departments, including DCYF and DOH, attempt to recognize employees who are going above and beyond, or have implemented other strategies to increase employee satisfaction. Barriers to increasing employee satisfaction that were cited during the interviews included: lack of promotional opportunities, pay rates lower than other agencies, high rates of employee turnover, and the sometimes difficult nature of the work.

⁴ United States Office of Personnel Management (2015). The keys to unlocking engagement: An analysis of the conditions that drive employee engagement. Washington, D.C.: Office of Personnel Management.

Professional development and training are key factors associated with job satisfaction. According to the feedback received, many departments either directly provide, or allow their staff to attend, numerous professional development opportunities throughout the year. The types of professional development generally fell in 1 of 2 categories:

- mandated training (e.g., to receive or maintain licensure, required departmental/state trainings, etc.)
- optional trainings to enhance professional experiences and client interactions.

Most departments use either employee evaluations or supervision to assess employee training needs. A barrier to providing professional development cited by multiple departmental leaders is a lack of resources and time for staff to be absent from their job duties. Probation has attempted to address this issue by providing more “in-house” training by qualified staff and hiring an internal staff development officer. This has helped keep the cost of professional development down, while ensuring that all staff meet (and in many cases significantly exceed) the minimum yearly training requirement set forth by the state.

Staff that feels valued and competent is more likely to be retained than those who feel marginalized or disconnected.⁵ Universally, department leaders reported they have a huge respect for their staff and feel all employees generally perform at or above expectations. Each leader mentioned they wished they could offer their employees more in terms of pay and/or promotional opportunities. However, as can be seen from the literature, pay and promotional opportunities are not the only factors that contribute to high employee satisfaction. Thaden et. al (2010) notes that professional development and training opportunities also contribute to employee engagement and satisfaction. Each departmental leader interviewed was able to point to numerous training opportunities offered to staff on a routine basis.

Service Provision: Collaboration

A review of the literature in the area of service collaboration points to the many benefits to both providers and consumers of integrating services and collaborating whenever possible. Many families and individuals with complex and persistent needs will come into contact with and need services from a variety of providers and systems.⁶ As a group, this high-need population can often be difficult to engage in long-term relationships with multiple systems. Creating more unified systems of

service delivery promotes program participation and utilization. Unfortunately, service fragmentation is typically the norm within government agencies and programs, with inter-agency relationships proving challenging to forge.⁷

To overcome service fragmentation, the Human Services departments within Albany County have created collaborations both within and among departments. For example, DFA and DSS collaborate on a number of projects specifically targeted toward older individuals living within the county. These programs attempt to streamline the provision of resources and connect people with needed services in an efficient manner. Several departments have either collaborated within their programs or with other agencies to develop Single Point of Entry/Access programs (SPOE/SPOA), which makes the intake process more efficient for individuals and families. Generally speaking, all of the leaders interviewed cited many current and potential collaborations from work groups, advisory councils, and task forces. Clearly, the County and its Human Services Departments place an emphasis on establishing and promoting collaboration whenever possible.

Expanding collaboration is clearly a worthy goal, but also not without challenges. Many of the barriers to collaboration discussed during the interviews with department leaders fell into the following categories: departmental territorialism, misaligned or conflicting rules/regulations, confidentiality, lack of data sharing capabilities, and a lack of resources. Pammer (2000) cites many of these barriers as common at the county level, due to frequently less centralized authority than city or state governments. Budgetary and proprietary concerns can be difficult to overcome, even if many of the other barriers can be mediated. In general, however, Albany County Human Services Departments have overcome many of their self-reported barriers to develop consistent and effective collaborations that benefit the residents of the community.

Service Provision: Equity

Unfortunately, a community’s lack of understanding regarding the contributing factors to disadvantage, negative connotations of social welfare, and the origins of poverty often influence its predisposition to social equity.⁸ It therefore becomes the job of community agencies and stakeholders, with help from government entities, to begin the dialogue regarding equity issues—issues related to equal access of all individuals within a community to services and supports. Department leaders shared their perceptions of access to services and targeting traditionally

5 Thaden, E., Jacobs-Priebe, L., & Evans, S. (2010). Understanding attrition and predicting employment durations of former staff in a public social service organization. *Journal of Social Work*, 10(4), 407-435.

6 Agranoff, R. (1991). Human services integration: Past and present challenges in public administration. *Public Administration Review*, 533-542.

7 Pammer, W.J., Lightle, J.K., and Watson, D.M. (2000). Fostering cooperation in counties: Governing by cajole: Conversations with county managers. *Public Administration Quarterly*, 24(3): 305-319.

8 Glaser, M. A., Bartley Hildreth, W., McGuire, B. J., & Bannon, C. (2011). Frederickson’s social equity agenda applied: Public support and willingness to pay. *Public Integrity*, 14(1), 19-37.

underserved populations. A number of themes emerged:

- A need to better understand the equity agenda as it relates to human service delivery
- a belief that services already target traditionally underserved populations simply by definition (e.g., DMH and DSS typically serve individuals and families who cannot afford or do not have access to other levels of service)
- the use of data-driven techniques to target underserved populations in departments where outreach is routinely occurring (e.g., DMH and DOH have performed zip code studies to target outreach regarding certain prevention or public health services).

The interviews also revealed two main perceived barriers to reaching underserved populations:

- most voluntary services cannot be “forced” on individuals if they do not want them, and
- departmental budgets do not typically allow for targeted outreach to specific populations.

A theme that emerged from both the literature and interviews was that access to services for rural county residents is an issue all departments face. People living in rural areas are known to have less access to health care and poorer health outcomes than their urban peers.⁹ Barriers to access for rural residents include stigma associated with mental health service utilization; lack of transportation; shortages of qualified professionals, facilities, and primary care providers; and lack of adequate health insurance coverage. These sentiments were echoed by Albany County Human Services Department leaders who agreed that issues of access to services for the Hilltowns and other rural areas of the county were a concern. To mitigate this particular barrier, DCYF has invested time and resources in providing services within the communities that are traditionally difficult to reach with a centralized department location. Specifically they have invested in staff at an outlying school district in order to provide services in a less stigmatizing, more accessible environment. Several other departments echoed the desire to implement services within rural communities (e.g., DFA reopened a senior center in Berne), but several also reported that it is not economically viable to offer a plethora of services or resources at locations outside of their main building.

Albany County Human Services Departments, generally speaking, are in the beginning stages of recognizing and embracing the Equity Agenda. While some department leaders acknowledged the importance of targeting services to traditionally underserved populations, others maintained that the service delivery model of being a “safety net” and “serving all who come in the door” guaranteed that all underserved populations were already

being targeted. Literature suggests that government services employees need to understand the underlying causes of short and long-term dependence on their services before they will be able to craft policies and protocols that begin to address these issues.

EMPLOYEE SURVEY

Overview

In collaboration with the county Human Resources Department, researchers developed a survey to obtain employees’ perspectives of various components of their working environment. The survey was based on the Federal Employment Viewpoint Survey (FEVS), which has been used since 2004 to measure civil service employee satisfaction at the federal level (see Figure 1). While interviews focused on the thoughts and opinions of administrators in the Commissioner and Assistant Commissioner positions, this survey afforded employees at all levels an opportunity to provide feedback and recommendations. The survey asked respondents to offer perspectives on their work experience, work unit, supervisor, agency leadership, and overall satisfaction (see Figure 2). Questions follow a 5-point Likert scale format, with participants asked to respond to a series of statements about their work with either “strongly agree”, “agree”, “neither agree nor disagree”, “disagree”, or “strongly disagree”. All statements are phrased such that “strongly agree” and “agree” are considered favorable, or positive responses.

Figure 1 FEVS Sections

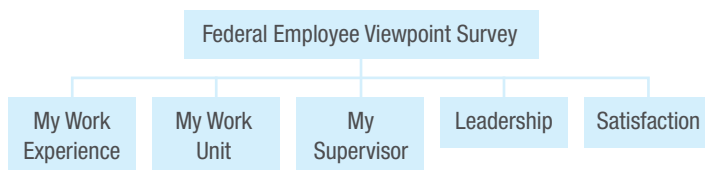
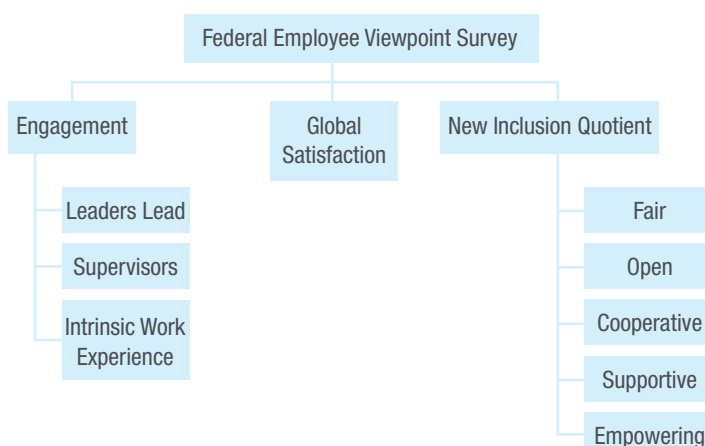


Figure 2 FEVS Indices and Subscales



9 Douthit, N., Kiv, S., Dwolatzky, R., & Biswas S. (2015). Exposing some important barriers to health care access in the rural USA. *Public Health* 129(6), 611-620.

Description of Respondents

The Worker Survey was administered to 750 Albany County Human Service employees. A total of 397 individuals completed the survey, yielding a response rate of 52.9 percent. Respondents were predominantly female (78%), and most identified ethnically as White (87%). Nearly half of all survey participants reported educational attainment of a BA degree (44%), and an additional 21 percent had received a Master’s degree. Only 6 percent of respondents reported no postsecondary educational experience. A total of 335 individuals surveyed indicated which department they worked for (62 declined to do so). Employees of the Department of Social Services account for the largest proportion of respondents (38%), followed by the Department of Children, Youth, and Families (20%), Department of Health (14%), Department of Probation (14%), Department of Mental Health (13%), and finally the Department of Aging (2%). Response rates within each department were as follows:

Table 2 Worker Survey Response Rates by Department

| Department | Surveyed | Responded | Response Rate |
|-------------------------|----------|-----------|---------------|
| Aging | 9 | 7 | 78% |
| Children/Youth/Families | 187 | 71 | 38% |
| Health | 83 | 52 | 63% |
| Mental Health | 89 | 46 | 52% |
| Probation | 102 | 49 | 48% |
| Social Services | 282 | 136 | 48% |

Participants were asked to report both how long they had worked for the County, and how long they had held their current position. Responses suggest a wide range of experience, with one-quarter of employees reporting 1-5 years with the county, and one-quarter reporting more than 20 years of service. The vast majority of respondents had worked for the County for at least one year (94%). Generally, employees reported less time working in their current position, with more than half in their first 5 years of service, and 13 percent in their first year. Only 14 percent had worked more than 15 years in their present job. Finally, Albany County employees were asked to report their supervisory status. Approximately two-thirds of respondents were not supervisors (65%). Relatively few indicated that they were Senior Leaders (2%) or Managers (5%). The remainder worked as Supervisors (16%) or Team Leaders (12%). Overall, survey respondents were representative of the full population of Albany County Human Service Department employees. Across departments, employees were 78 percent female and 80 percent White. Survey respondents were somewhat less likely to identify as African American compared to the employee population, with 6 percent representation among participants compared to 15 percent County-wide. Data also suggest that length of employment with the County did not significantly impact the likelihood of involvement with the

survey. The distribution across levels of seniority was similar for respondents compared to all County employees.

FEVS INDICES

Analyses and interpretation of data generated by administration of the FEVS to federal employees has led to the identification of three indices within the survey. Each index of the FEVS represents a combination of items that “refer to different facets of a broader area of consideration, providing a more consistent and robust metric for measuring progress toward objectives”. The three primary FEVS indices address the broader areas of Engagement, Global Satisfaction, and the New Inclusion Quotient, which identifies behaviors that promote an inclusive work environment. Scores for each index represent the mean “favorable response” percentage among the items included in the index.

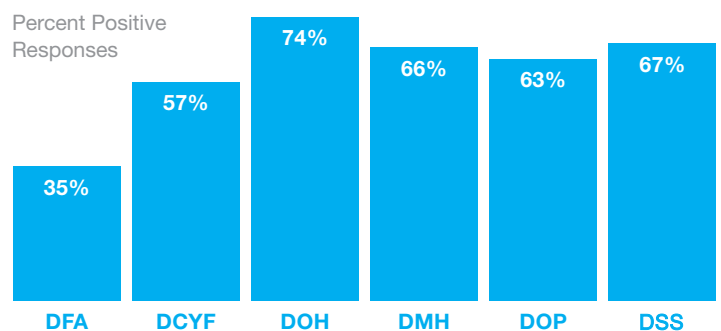
Engagement

The Engagement Index is comprised of three subscales: Leaders Lead, Supervisors, and Intrinsic Work Experience. The Leaders Lead subscale measures employees’ perception of leadership integrity, and leadership skills such as communication and workforce motivation. The Supervisors subscale reflects the relationship between employee and supervisor, including trust, respect, and support. Finally, Intrinsic Work Experience measures the employees’ feelings of motivation and competency relating to their role. The overall index is designed to measure employees’ sense of purpose, as evidenced by dedication, persistence and effort.

Across all Albany County departments, the average favorable response rate on items included in the Engagement Index was 64 percent. Considerable variability was evident among departments (see Figure 3). Findings within the DFA should be interpreted with caution, given the limited sample size (7).

The first subscale, Leaders Lead, scores ranged from 23 percent positive (DFA) to 63 percent positive (DOH), with an inter-departmental average of 51. Overall, the Leaders Lead subscale was the least favorably rated of the three Engagement scales

Figure 3 Engagement Index



(see Figures 4-6). The cross-agency mean for the Supervisors subscale was 72 percent positive, with the departments of DMH, DOH, and DSS all scoring above 75 percent. Finally, the Intrinsic Work Experience subscale scores followed a similar pattern, with an overall mean of 69 percent positive.

Overall, Engagement scores in Albany County were consistent with findings from the government-wide federal survey administered to more than 400,000 employees in 2015.

Figure 4 Leaders Lead Subscale

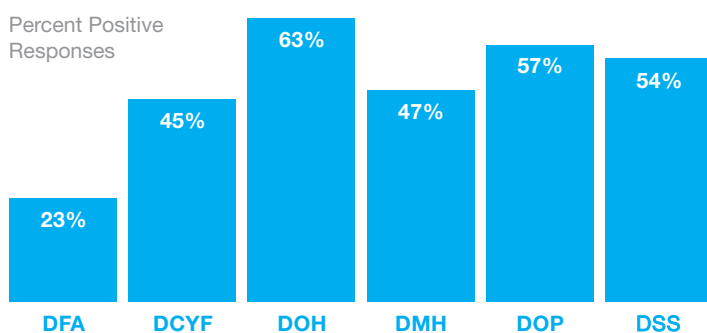


Figure 5 Supervisors Subscale

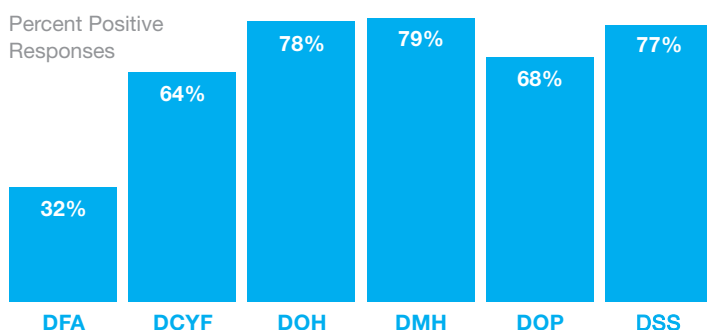
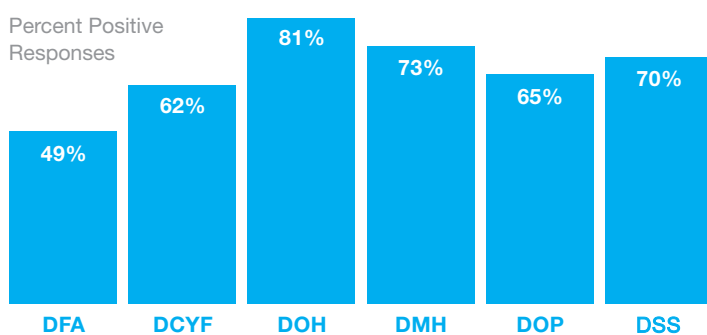


Figure 6 Intrinsic Work Experience Subscale



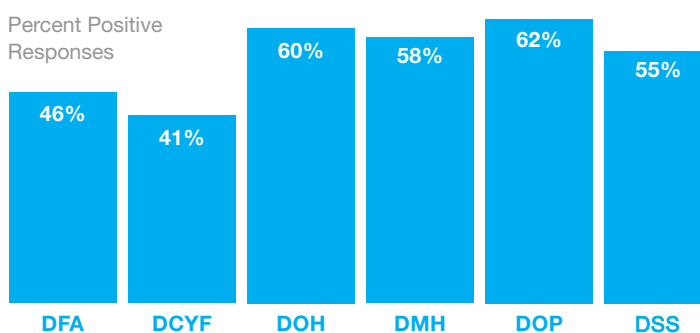
Global Satisfaction

The Global Satisfaction Index is comprised of items that measure employee satisfaction related to four aspects of their work: the job itself, their pay, their organization, and whether they view their organization as a good place to work. The mean positive response rate for Global Satisfaction was 53 percent. Reported Global Satisfaction was somewhat lower among Albany County employees compared to the federal survey respondents, among whom 60 percent offered favorable opinions (see Figure 7).

The New Inclusion Quotient

The New IQ index is made up of 20 survey items that are designed to quantify organizational “inclusive intelligence”. It is divided into five subscales that reflect behaviors that help

Figure 7 Global Satisfaction Index



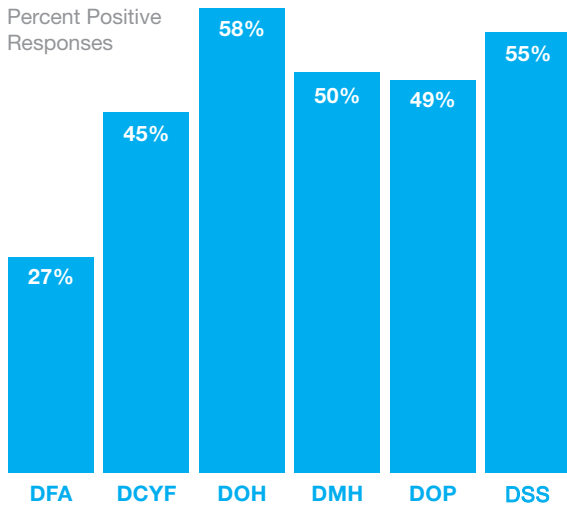
create an inclusive work environment: Fair, Open, Cooperative, Supportive, and Empowering. Across all departments, slightly more than half (52%) of respondents gave favorable responses on the New IQ. Subscale scores varied considerably, with only one-third (33%) of employees reporting a Fair work environment, and three-fourths (75%) reporting a Supportive work environment. The three remaining subscales—Open, Cooperative, and Empowering—each received approximately 50 percent favorable responses.

New IQ scores varied across departments, with the most favorable scores achieved by the DOH (58%) and the DSS (55%) (Figure 8). The New IQ in Albany County lags behind reported levels among federal employees. The two groups indicated equal levels of Supportive environments, but 10 percent fewer County employees perceived a Fair work environment, and 8 percent fewer described the work environment as Open (Table 3).

Survey Sections

The Albany County Worker Survey was structured into five distinct sections: My Work Experience, My Work Unit, My Supervisor, Leadership, and Satisfaction. Scores are derived

Figure 8 New Inclusion Quotient Index



by calculating a “favorable response rate” for each item within a section, then averaging those percentages across all items. Employee feedback differed by section, with predominantly positive responses to My Work Experience and My Supervisor items, but far less favorable responses in the My Work Unit and Satisfaction sections. Only 46 percent of respondents offered overall favorable ratings of their work unit or their general satisfaction. In contrast, more than two-thirds of employees were positive in describing their work experience or their supervisor. Feedback regarding Leadership was mixed, with a 52 percent favorable response rate.

The My Work Experience section contains 19 items and includes general statements such as “I like the kind of work I do” and “my workload is reasonable.” This was one of the more positively rated sections, with five out of six departments scoring above 60 percent favorable. The exception was the Department for Aging, where about half of responses were positive. Nearly all employees across departments reported liking the work they do, understanding expectations, and a willingness to put in extra effort when needed. Workers were less enthusiastic about resources available to them and physical working conditions, both of which received about 40 percent positive ratings.

Table 4 Favorable Response Rates for Survey Sections by Department

| Survey Section | Aging | DCYF | DOH | DMH | Probation | DSS | All Depts |
|--------------------|-------|------|-----|-----|-----------|-----|-----------|
| My Work Experience | 49% | 62% | 77% | 67% | 65% | 69% | 68% |
| My Work Unit | 41% | 41% | 58% | 46% | 44% | 48% | 46% |
| My Supervisor | 33% | 64% | 74% | 74% | 68% | 75% | 70% |
| Leadership | 27% | 46% | 61% | 48% | 53% | 56% | 52% |
| Satisfaction | 33% | 37% | 51% | 41% | 50% | 51% | 46% |

Table 3 Favorable Response Rates on FEVS Indices

| Index | | Aging | DCYF | DOH | DMH | DOP | DSS | All Depts |
|----------------------------|---------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Engagement | Overall | 35 | 57 | 74 | 66 | 63 | 67 | 64 |
| | Leaders Lead | 23 | 45 | 63 | 47 | 57 | 54 | 51 |
| | Supervisors | 32 | 64 | 78 | 79 | 68 | 77 | 72 |
| | Intrinsic Work Experience | 49 | 62 | 81 | 73 | 65 | 70 | 69 |
| | | | | | | | | |
| Global Satisfaction | | 46 | 41 | 60 | 58 | 62 | 55 | 53 |
| New IQ | Overall | 27 | 45 | 58 | 50 | 49 | 55 | 52 |
| | Fair | 16 | 29 | 41 | 30 | 31 | 38 | 33 |
| | Open | 27 | 42 | 58 | 46 | 44 | 52 | 48 |
| | Cooperative | 29 | 42 | 53 | 44 | 43 | 52 | 46 |
| | Supportive | 38 | 70 | 75 | 78 | 78 | 79 | 75 |
| | Empowering | 25 | 40 | 64 | 50 | 49 | 55 | 51 |

Items in the My Work Unit section ask employees to reflect on the quality and functioning of the team or larger agency in which they work. Items deal with issues such as recognition and reward, as well as fairness and accountability. Albany County employees generally did not rate their work units highly, with an average of 46 percent favorable responses. Ratings across departments were fairly consistent, with the DOH emerging as a positive outlier. Nearly 60 percent of respondents in the DOH offered favorable ratings of items regarding their work unit. The My Supervisor section contains 11 items to assess whether employees perceive their immediate supervisor to be supportive, fair, respectful, and communicative. This was the most highly rated section of the survey across departments, with a 70 percent favorable response rate. The Department for Aging scored poorly in this section, achieving less than half the county-wide rate of positive feedback. However, across all respondents, 77 percent responded favorably to the item asking if their supervisor overall “does a good job.”

Slightly more than half of respondents rated Leadership practice favorably. Variation across departments was apparent, with the Department of Health receiving the highest rating (61%). Once again, the few respondents from the Department for Aging were consistently critical of Leadership within their department. Across all respondents, two Leadership items meeting with relatively low levels of employee satisfaction were specific to honesty and integrity of senior leaders and leaders’ ability to generate high levels of motivation. Conversely, most employees reported that leaders work well with staff from different backgrounds, and that they communicate the goals of the organization.

Responses to items in the Satisfaction section suggest that many County employees are not satisfied with certain aspects of their work. Ratings of items within this section varied considerably, suggesting that there may be specific issues

negatively impacting employee satisfaction. The most highly rated of the nine items in this section, with 70 percent positive responses, was “Considering everything, how satisfied are you with your job?” Employees were less enthusiastic about more specific questions such as “How satisfied are you with your pay?” (31 percent positive), and “How satisfied are you with your opportunity to get a better job at your organization?” (32 percent positive). Response patterns suggest that much of the frustration felt by employees may revolve around specific issues such as compensation, advancement opportunities, and vertical communication.

Demographic Differences in Scores

Responses were further analyzed to explore for differences in employee perceptions by variables such as gender, ethnicity, and years of service with the County. Male respondents more frequently offered positive responses on every index and section. The differences were consistent but not dramatic, ranging from 4 percent to 7 percent across survey sections. Comparisons across ethnic groups were limited due to the small number of non-white respondents in the sample. The only ethnic minority group with a sample size of more than 10 was African-American, which was selected by 19 participants.

Though a relatively small group (N=21), employees who had worked less than one year for the County offered the most positive responses on all three survey indices. By contrast, employees with 11-15 years of service with the County shared the least favorable opinions in all areas. Across indices and survey sections, a pattern emerged such that new employee ratings start out relatively high, gradually decline until the middle seniority (11 to 15) years, and then improve for the longest tenured employees.

Feedback from Open-Ended Questions

Survey participants were offered an opportunity to share additional, at times more detailed information through a series of four open-ended questions. The first of these asked employees to reflect on how their organization could do a better job reaching populations that need services but do not currently receive them. By far the most common theme among responses was that agencies could be more proactive and consistent with community outreach and marketing. This theme was evident across all departments. While most responses generally encouraged strategic targeting of high-need populations to raise awareness of available services, others offered specific suggestions of how this could be done. Examples included a mobile response van, public service announcements, and increasing staff presence in rural areas. Other common response themes included the need to increase resources, hire more staff, and explore opportunities for expanded collaboration and engagement both among County agencies and with community partners. Several employees felt that such collaboration would improve the flow of information and improve service efficiency.

A second open-ended question asked respondents to suggest topics for professional development that they would like to see their agency offer. Responses varied, and were generally related to job demands specific to each department. Some general themes included: computer skills training, management/ leadership training to promote advancement within agencies, stress management, working with challenging populations, client-centered approaches and interpersonal skills, as well as cross-agency training so that employees can be more aware of programs in other departments.

Respondents were also simply asked, “What would help you do your job better?” Responses reflected many of the cross-agency themes evident in both interview and quantitative survey data. The most frequently mentioned topic was inadequate resources, both material and human. Many staff mentioned unmanageable caseloads, inadequate or outdated equipment, and inefficient systems and processes. Also consistent with quantitative survey data were the considerable number of employees who indicated that they could do their job better with improved supervision and leadership. In terms of work climate, several survey participants pointed to a need for better communication and collaboration among employees, as well as more respectful and responsible work environments. Many also said that more or better training would help them improve job performance.

Finally, County employees were asked to offer any additional information that they would like to share outside of what was covered in the survey. Predictably, responses to this question covered a wide range of topics, but several workers referenced dissatisfaction with the hiring and promotion procedures in their department. Somewhat related, others perceived practices of favoritism in the work place. The themes of poor communication and overall leadership also recurred among responses to this question. It should also be noted that many responses contained some mention that employees enjoyed their job, saw tremendous value in their work, and felt that most everybody in their department worked extremely hard.

Summary of Employee Survey

The majority of County human service employees expressed passion for their work, and pride in the obvious value their efforts contribute to the quality of life in Albany. Some degree of frustration with working conditions was frequently evident in their survey responses, and these frustrations clustered around some common themes. Though varied by department, a general lack of confidence in leadership was apparent. More than half of respondents did not perceive their work environment to be fair, open, or cooperative—opinions that are likely related to insufficient clarity from leaders regarding rules, policies, and expectations. Predictably, within this climate worker satisfaction levels are generally low. Inadequate pay and the absence of opportunities for advancement were factors negatively impacting satisfaction. These frustrations, however, are likely products of commitment to

producing quality work and effectively serving County residents. Employees offered a wide range of suggestions to improve working conditions and service delivery. If increasing resources is not realistic, many survey participants encouraged greater collaboration and service integration among departments. Given the common perception of untenable workloads and inadequate funding, building collaborative systems for service integration may be a means to improving both efficiency and quality.

INFORMATION TECHNOLOGY STAFF INTERVIEWS

Overview

Numerous individual data systems are used throughout the Albany County Departments participating in this study to collect data on client characteristics and program activities. Staff who were interviewed indicated there is at least one system in use per program, and consistently stated that the vast quantity of systems used is a significant source of frustration and dissatisfaction.

The types of systems in use as well as data collected within them are highly variable across programs. In many cases, formal web-based/electronic systems are provided by state/federal sources or purchased from commercial software vendors, while other programs may be relying on paper-based systems or Excel spreadsheets/Access databases developed in-house. Department leaders and IT staff indicated that the efficiency and utility of such systems varied widely depending on the specific system used in relation to the program's specific needs. For example, department leaders stated that they often needed to run reports from various databases to write reports for state level agencies and other funders. The ability to get the needed information could be simple if the database was already set up to run the report, or if the employee knew how to write or access a query. However, many leaders stated that they often need to access multiple databases and that reports/queries are not already built in to the system, which complicates and delays the acquisition of needed information. Several of the department leaders stated improvements could be made to provide more efficient and useful reports.

In general, administrators reported higher levels of satisfaction with the systems' abilities to generate reports required by funders/regulators. However, program managers reported an inability to access and/or analyze data required for making decisions, as well as inefficiencies around data entry and extraction, which they feel limits the systems' utility for managing daily operations. This disconnect between high- and low-level staff perspectives will be discussed further below.

Data Sharing

As a result of the disjointed nature of the individual systems, little to no integration exists that would allow for data to be shared seamlessly between them. Additionally, consolidation of existing systems is viewed as cost-prohibitive by IT leadership and unlikely due to the fact that use of many of the separate systems are mandated by external regulatory sources.

Instead, a more realistic approach would involve efforts to manually share data between departments. Indeed, programmatic staff interviewed reported they routinely encounter situations where having access to data regarding other services their clients receive within the County would significantly increase their ability to improve their own service provision.

However, multiple barriers appear to exist that limit and/or discourage sharing client data, including:

- a requirement that signed copies of client Release of Information (ROIs) exist on file, which are reportedly difficult to obtain once client intake has been completed;
- a requirement that Memorandum of Understanding (MOUs) are established between agencies sharing data;
- a lack of understanding on the part of staff requesting information, as to what data exists and from where it can be found;
- an expressed belief that sharing data is prohibited by State regulations.

Data Analysis

While most existing systems provide standardized reports to end-users, many staff interviewed reported a need to frequently analyze data on an ad-hoc basis, in order to produce custom reports that their systems do not include "out of the box." Achieving this goal requires that 1) the systems used provide access to raw data, which can be further manipulated by an end-user; and 2) the end-user possesses the appropriate skillset to manipulate and meaningfully analyze the data.

Staff cited a lack of one or both of these requirements as the primary barrier to effectively manipulating and analyzing data outside of their respective data systems. For this reason, staff not only expressed frustrations with the openness of data systems they use, but also expressed an interest in professional development opportunities related to learning data analysis skills, as well as technology skills in general, that would allow them to better utilize the technical resources at their disposal.

Data Quality Management

A consistent issue raised by staff pertained to the quality of data within the systems used. Staff reported inconsistent or incomplete data, as well as data that was outdated or based on

the subjectivity of a particular staff member. A significant problem appeared to be the duplication of client records within and across systems, which is likely both a function of the fact that there are many individual systems that cannot share data with one another, as well as the inadequacy of current procedures for identifying duplicate clients within them.

Efforts to audit data and rectify inconsistencies do occur at regular intervals. However, staff indicated that internal QA audits are less effective than official State audits, which only occur on

a bi-yearly basis. Program staff report that their own manual efforts to review data for errors are a more effective, but time-consuming, alternative. At this time, there are no “data stewards” designated at the programmatic level.

Discussion

Several themes emerged from the above findings that shed light on both the strengths and weaknesses of Albany County’s use of data systems, which are discussed in detail below:

1 *Overwhelming Number of Non-Integrated Systems*

The most salient issue exposed was the vast number of systems in use throughout the involved departments which are overwhelming to manage, and an impediment for staff to execute their primary service-oriented responsibilities. This issue appears to be exacerbated by the fact that the systems are incapable of sharing data in an integrated manner, and that manual efforts to share data are discouraged by cumbersome or the lack of policies and procedures.

As mentioned above, efforts to consolidate systems are viewed by IT leadership as cost-prohibitive and/or infeasible due to many of the systems used being mandated by external regulatory sources. As such, we do not recommend a comprehensive consolidation of existing data systems. However, efforts to streamline data systems with similar functionality should be explored where appropriate.

2 *Programmatic Ownership of Data Management Tasks*

The Division of Information Services staff reported that their roles consist primarily of managing user accounts, implementation, and vendor contracts of the data systems used by the various agencies and programs, but not daily management of the data systems themselves. As such, the programs are viewed as “self-sufficient” in this regard. However, programmatic staff interviewed expressed concern over a lack of internal IT support to assist with daily data management tasks, which is reflected in their annual budget requests.

In general, programmatic staff expressed a willingness to take ownership of daily data management tasks, but report that a lack of access to required data, the necessary skills, and/or time prevents them from effectively doing so.

3 *Conflicting Reports of Satisfaction with Specific Data Systems Used*

Programmatic staff typically reported lower levels of satisfaction with data systems based on ease-of-use and ability to utilize system data for informing daily decision-making; whereas administrators reported higher levels of satisfaction, based on the ability of the systems to generate reports that satisfy regulatory requirements.

This disconnect appears symptomatic of a larger issue, in which programmatic staff expressed the feeling that their concerns are not considered in administrative decisions, including the choice of data systems used, as well as how such systems are used. On the other hand, several administrators interviewed expressed a belief that programmatic staff were “resistant to technology,” as a result of their voicing these concerns.

05

RECOMMENDATIONS

Synthesis of the data gathered on Albany County Human Service Department structures and processes yields the following series of recommendations. The section is structured by topic area.

ORGANIZATIONAL CLIMATE

Employee Satisfaction

- 1 Implement a standardized cross-departmental procedure to solicit ongoing feedback from employees and set up systems to be transparently responsive to that feedback.
- 2 Create clearly defined pathways for advancement within departments that are based on transparent supervisor review and reward exemplary performance.
- 3 Establish regulations around staff meetings in terms of both frequency and content so that communication across levels of management is clear, and organizational priorities are shared.
- 4 Select one or two key drivers of employee engagement and implement strategies to demonstrably improve performance in those areas.

The FEVS identifies key drivers and provides actionable strategies to address them at the following site: https://www.fedview.opm.gov/2016FILES/Keys_Unlocking_Engagement.pdf.

Professional Development

- 1 Develop a cross-agency, employee-driven process to design professional development programs that address both quality of work and quality of life concerns.
- 2 Results from the employee survey suggested a desire for more professional development opportunities regarding the following topics:
 - a. computer skills training
 - b. management/leadership training to promote advancement within agencies
 - c. stress management
 - d. working with challenging populations
 - e. client-centered approaches and interpersonal skills
 - f. cross-agency training so that employees can learn services other departments provide

SERVICE DELIVERY

Collaboration and Integration of Services

- 1 Previous research studies conducted by CHSR of New York State counties have suggested a number of recommendations to streamline service delivery including developing a resource inventory to catalogue programs, contracted service providers, and funding allocations across departments. This resource guide would allow County leadership to view “at a glance” a summary of all contracted providers, services, and expenditures.
- 2 Blend funds across departments to foster innovative practices such as supporting cross-agency staffing (e.g. co-locating mental health workers at the county probation department), providing transportation services in rural areas, and providing outreach services to underserved populations.
 - a. A specific recommendation offered by county employees through the online survey was to increase outreach and marketing services to increase awareness of services available within the county. Blending resources to provide pamphlets, in-person outreach, and other potentially cost-prohibitive marketing methods could increase awareness of all human services departments to a wider audience.

- 3) Additional collaborative activities at the administrative level include:
 - a. Developing a single Request for Proposal (RFPs) application across departments and one basic county contract so that RFP and contract reviews are more efficient.
 - b. Preparing collaborative grant proposals to foster more integrated services and share resources in proposal writing (a practice that is often encouraged in grant applications).

Equity Agenda

- 1 Staff, especially departmental leaders, should become familiar with the themes, goals, and strategies the equity agenda promotes.
 - a. Develop knowledge around the vision of an Equity and Social Justice Agenda (e.g., <http://www.kingcounty.gov/elected/executive/equity-social-justice/vision.aspx>)
 - b. Consider utilizing tools such as the Implicit Bias Toolkit to begin a discussion on preconceived biases and how they affect service delivery systems (<http://www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx>)
- 2 Pool department resources to access available professional development opportunities in order to provide training and resources around the equity agenda either through a continued partnership with SUNY Albany or through an outside entity (e.g., www.edchang.org).

INFORMATION TECHNOLOGY

Integrating Systems

- 1 Pre-emptively establish MOUs between agencies to facilitate the data sharing process
- 2 Develop a central Release of Information (ROI) form to be signed at client intake. Clients could be presented with a checklist of all departments they would like to share their information with, with the incentive of making it easier to coordinate their existing services, or receive other services they may be qualified for.
- 3 Establish clear data sharing policies and procedures and disseminate to staff

Programmatic Ownership of Data Management Tasks

- 1 Provide training/professional development opportunities focused on data management/analysis, as well as use of data systems in general
- 2 Designate an official staff member with specific responsibility of managing/analyzing data within each department (e.g., utilizing the DMH model which has an Associate Director of Informatics and Systems Development who acts as a “go-to” staff person for all data management-related tasks.

Conflicting Reports of Satisfaction with Specific Data Systems Used

- 1 Consider efforts to include programmatic staff in the process of implementing new systems or improvements to existing systems, in order to generate staff buy-in, as well as better incorporate and satisfy end-user concern.

APPENDICES

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of Aging **23**

Albany County Department of
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Albany County Department
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Albany County Mental
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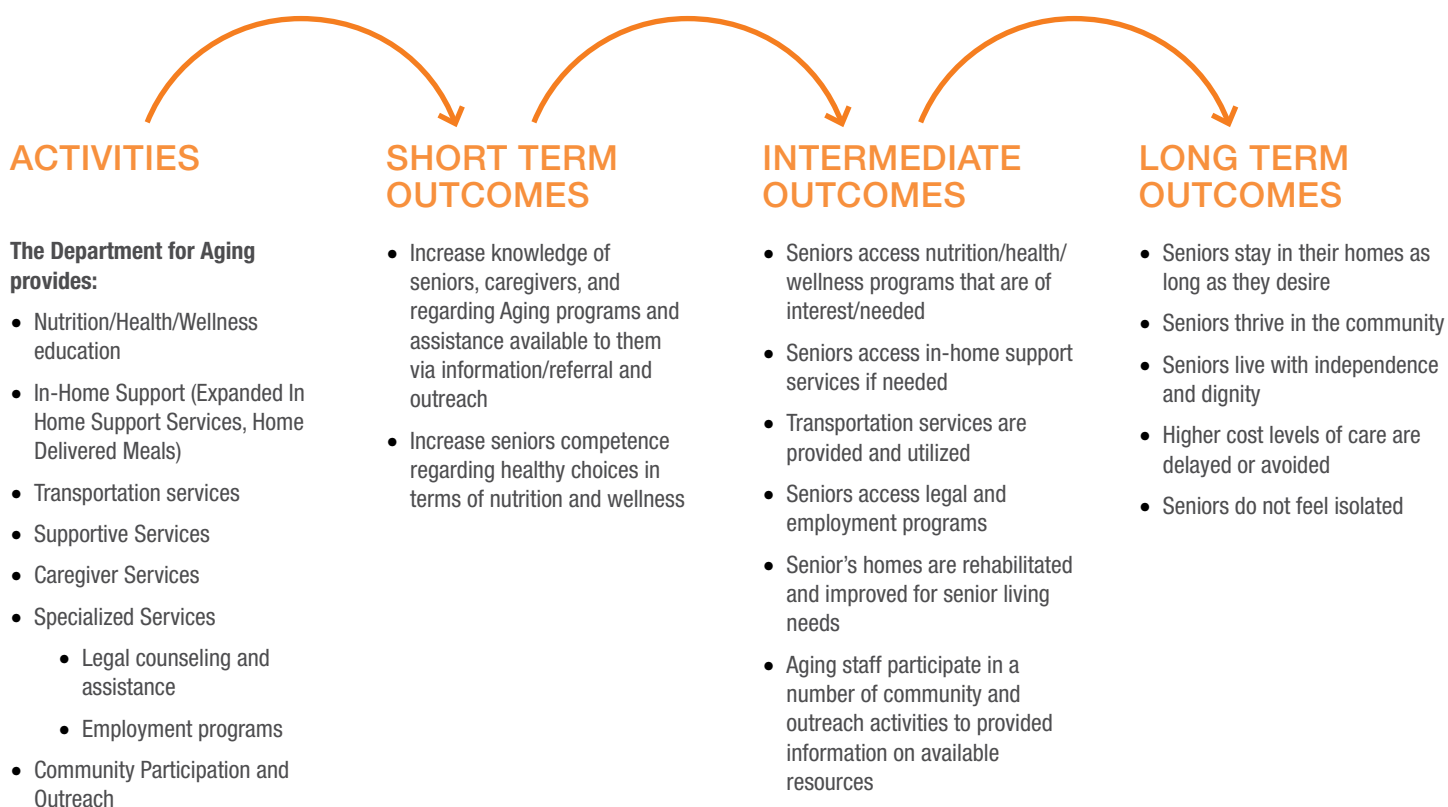
Albany County Department
of Social Services **36-42**

APPENDIX A

LOGIC MODELS

ALBANY COUNTY DEPARTMENT OF AGING

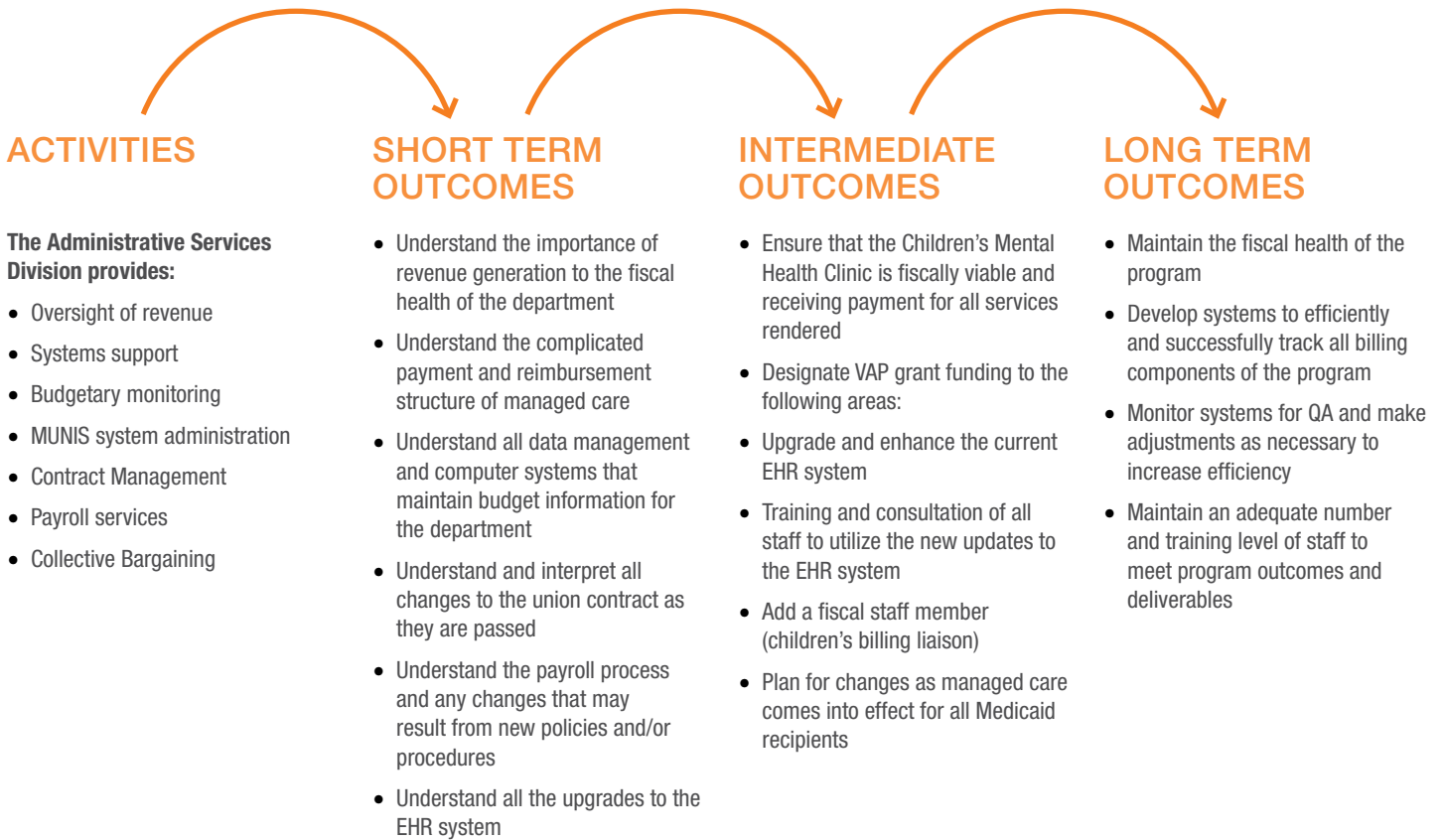
Program Goal: Provide the highest quality supportive services to seniors and their families to enable them to maintain an independent and self-directed lifestyle.



APPENDIX

ALBANY COUNTY DEPARTMENT OF CHILDREN YOUTH AND FAMILIES

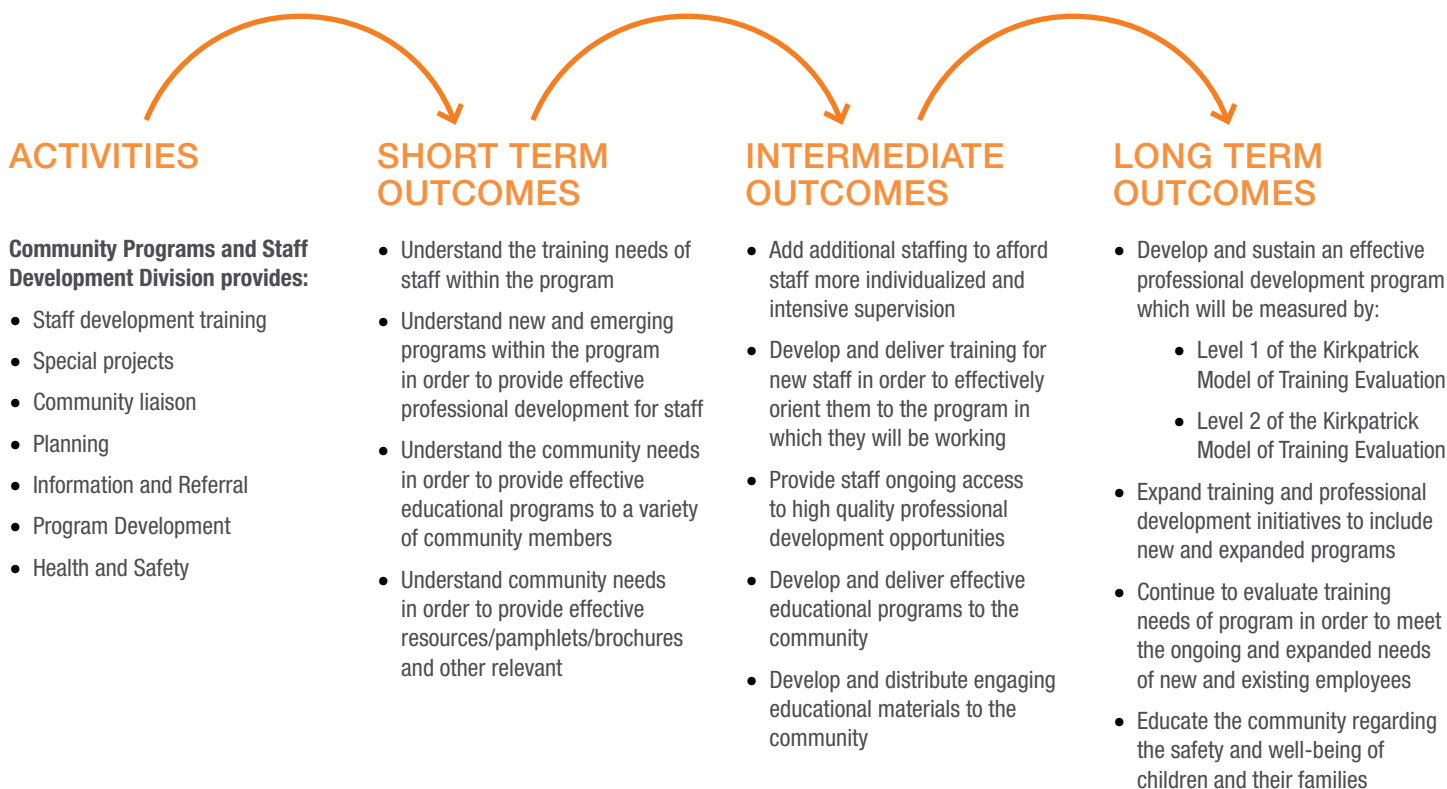
Program Goal: To oversee all fiscal operations of the Department and ensure that it maintains steady revenue and programs continue to be fiscally viable.



INDEX

ALBANY COUNTY DEPARTMENT OF CHILDREN YOUTH AND FAMILIES

Program Goal: Coordinate, deliver, and manage the Department’s staff training and educational programs and collaborates with a variety of community programs in order to engage the broader community in promoting the safety and well-being of children and their families.



APPENDIX

ALBANY COUNTY DEPARTMENT OF CHILDREN YOUTH AND FAMILIES

Program Goal: To provide comprehensive mental health services to eligible children in Albany County.

ACTIVITIES

The Children's Mental Health Division provides:

- Children's OMH clinic
- Case Management Services
- Single Point of Access
- Child Forensic Psychology services
- Parent Partners

SHORT TERM OUTCOMES

- Understand the basic needs of children and their families regarding mental health
- Understand best practices in providing mental health care to children
- Understand best practices in providing care coordination and case management to families to have a child with mental health needs
- Understand the implications of mental health and involvement with the criminal justice system

INTERMEDIATE OUTCOMES

- Provide single point of access to families to make their experience with multiple systems as efficient as possible
- Provide mental health counseling services to eligible children
- Provide case management, support, and other services to families who have a child with mental health needs
- Provide targeted services in locations that are accessible to the population who utilize them
- Provide parent-to-parent support to families whose children are involved with the mental health system
- Provide outreach and education to increase awareness of availability of services and other issues related to children's mental health

LONG TERM OUTCOMES

- Provide appropriate and effective treatment to children who are experiencing mental health problems
- Increase the capacity of families to support their child/children who are experiencing mental health problems
- Increase the ability of children who are experiencing mental health problems to successfully participate in school and within other areas of the community
- Reduce the number of youth with mental health problems who are involved with the juvenile justice system

APPENDIX A

ALBANY COUNTY DEPARTMENT OF CHILDREN YOUTH AND FAMILIES

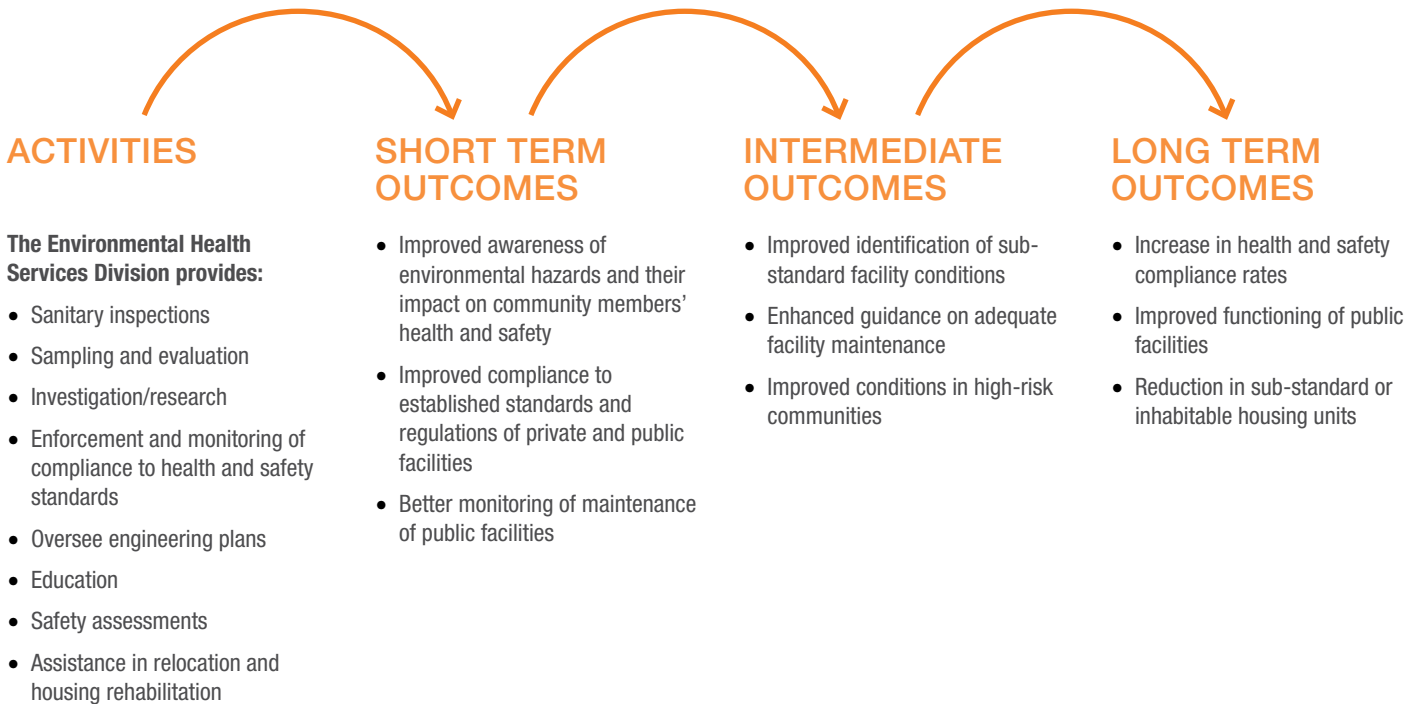
Program Goal: To provide comprehensive evaluation services and administer the mandated Early Intervention and Preschool Special Education Programs. To also provide the Physically Handicapped Children’s Program to evaluate and serve children who have chronic illnesses, developmental delays, and/or disabilities.



APPENDIX

ALBANY COUNTY DEPARTMENT OF HEALTH

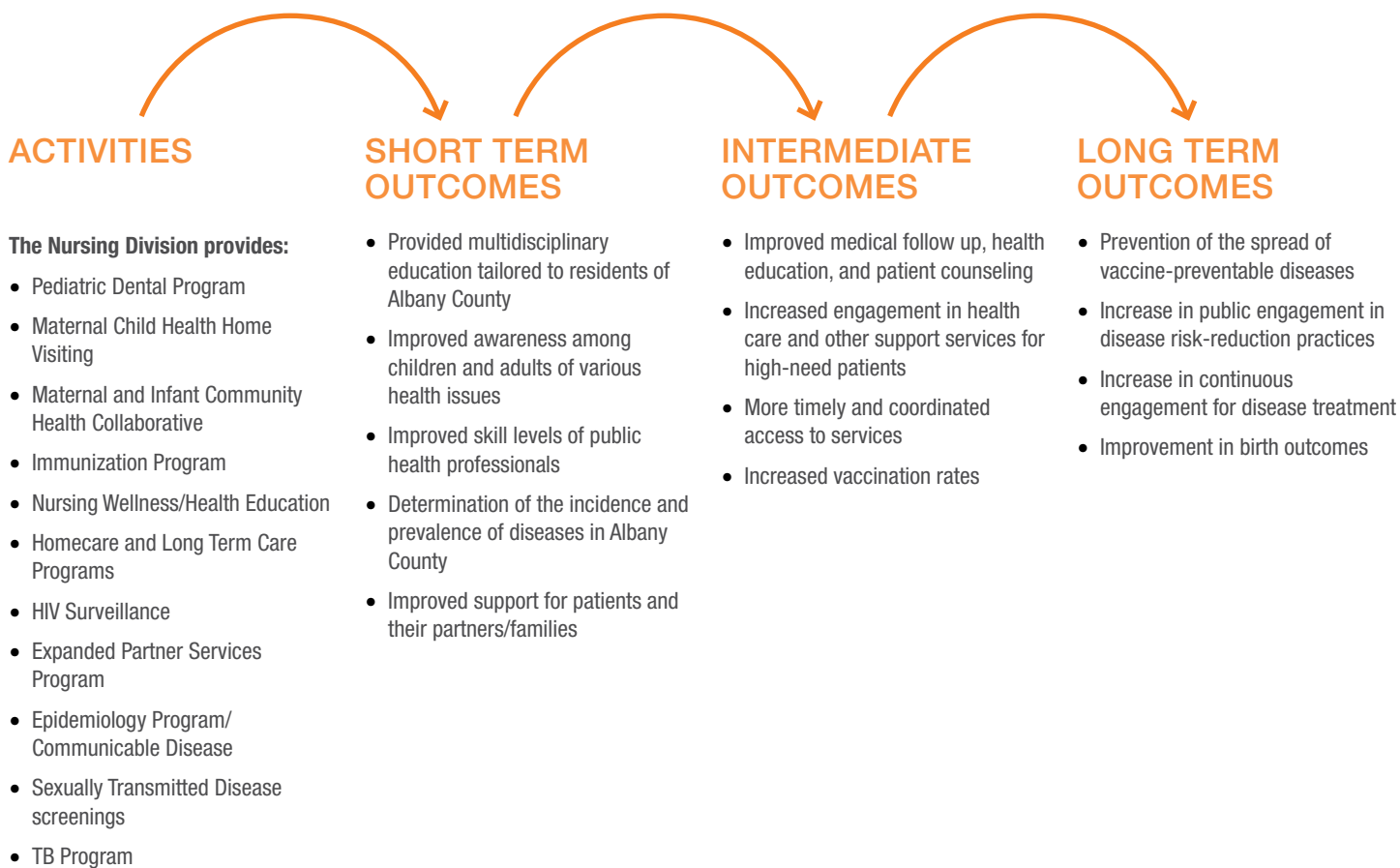
Program Goal: To protect Albany County residents and visitors from potential hazards in the water supply; the air; and in locations across the county.



APPENDIX A

ALBANY COUNTY DEPARTMENT OF HEALTH

Program Goal: To provide a wide array of clinical and home visiting services that support the mission of the Department.



APPENDIX

ALBANY COUNTY DEPARTMENT OF HEALTH

Program Goal: Advance local public health preparedness and response plans and improve the County's capacity for responding to public health emergencies.

ACTIVITIES

The Public Health Emergency Preparedness Division provides:

- Cities Readiness Initiative: conducts annual Operational Readiness Overview
- Public Health Emergency Preparedness: guides response to public health hazards
- Albany County Medical Reserve Corps: trains professionals and volunteers on emergency response
- Albany County Citizen Corps Council: Engages stakeholders and citizens in emergency preparedness, response, and recovery
- State Homeland Security: conducts outreach and trainings; Disseminates educational resources

SHORT TERM OUTCOMES

- Improved awareness and understanding of emergency public health issues
- Enhanced connections with community partners serving vulnerable populations
- Improved protocols and trainings for responding to public health issues for professionals, volunteers, and community members

INTERMEDIATE OUTCOMES

- Enhanced communication, service accessibility, and clinical operations of public health providers/emergency responders
- Improved collaboration between public health organizations and community members
- Enhanced homeland security at the local level

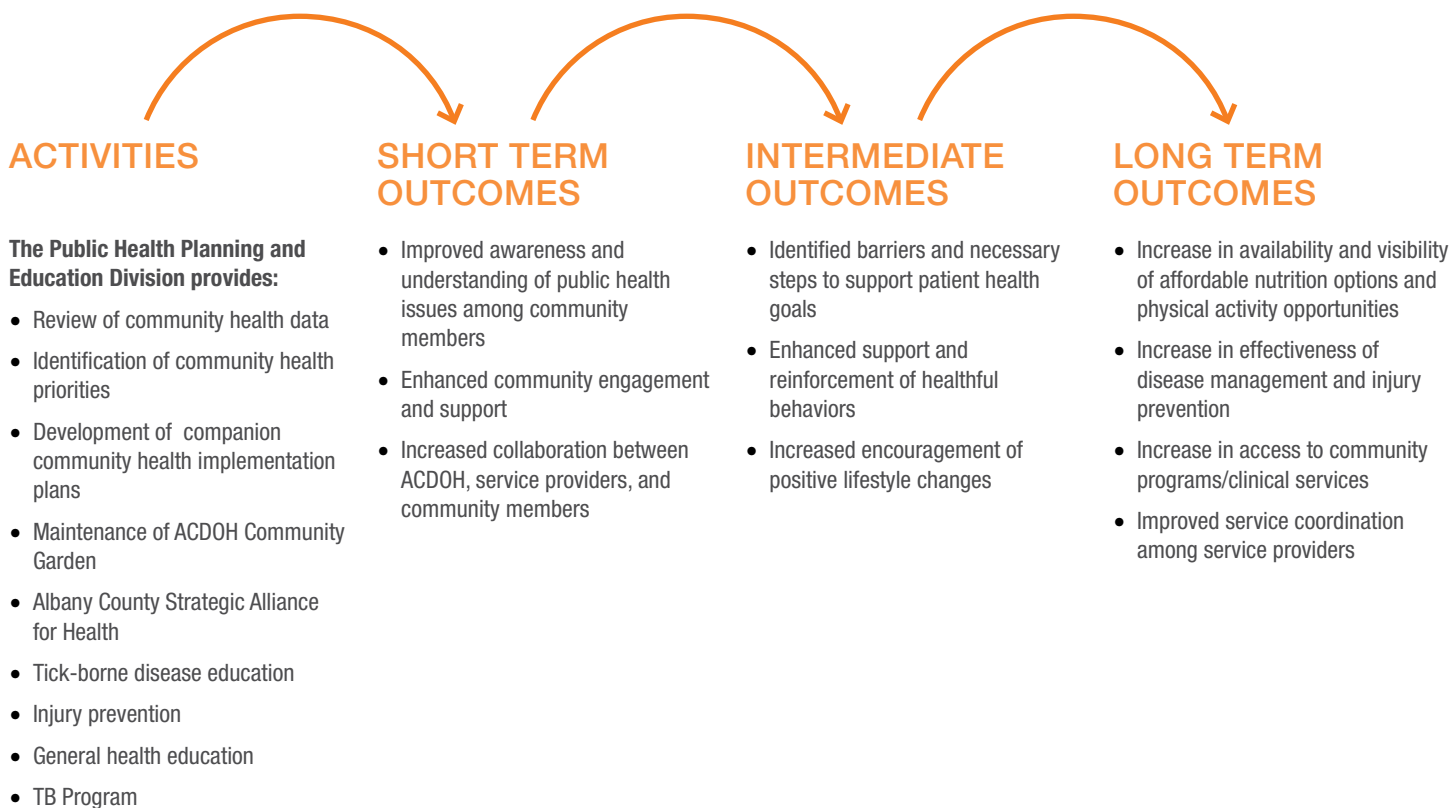
LONG TERM OUTCOMES

- Increase in continued readiness for response to catastrophic public health emergencies
- Increase in trainings attended by public health professionals and volunteers
- Increase community and individual involvement in emergency preparedness, response, and recovery

APPENDIX A

ALBANY COUNTY DEPARTMENT OF HEALTH

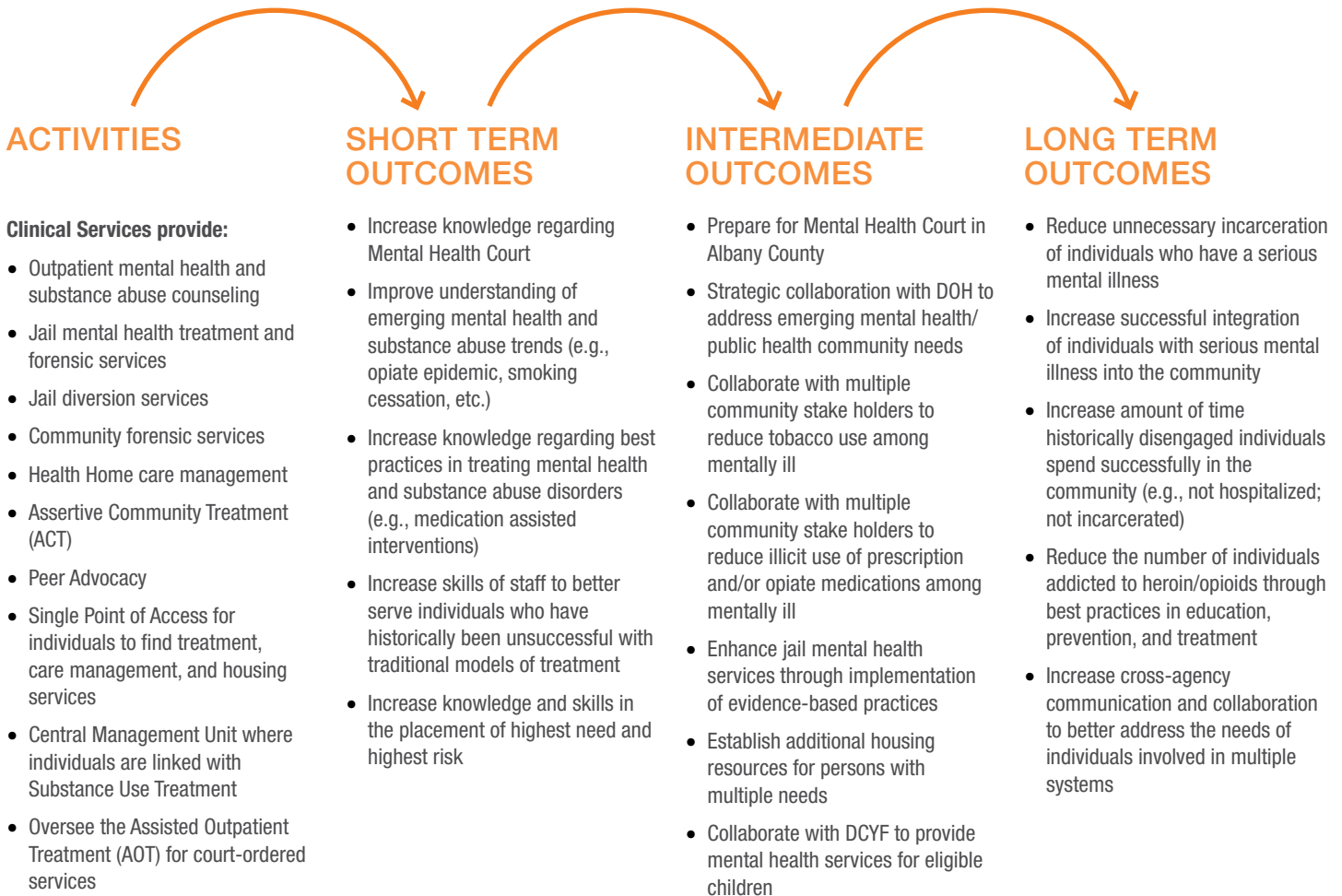
Program Goal: To prevent chronic diseases, injuries, and disabilities by coordinating health education services and promoting risk reduction activities, with special attention to underserved populations.



APPENDIX

ALBANY COUNTY DEPARTMENT OF MENTAL HEALTH

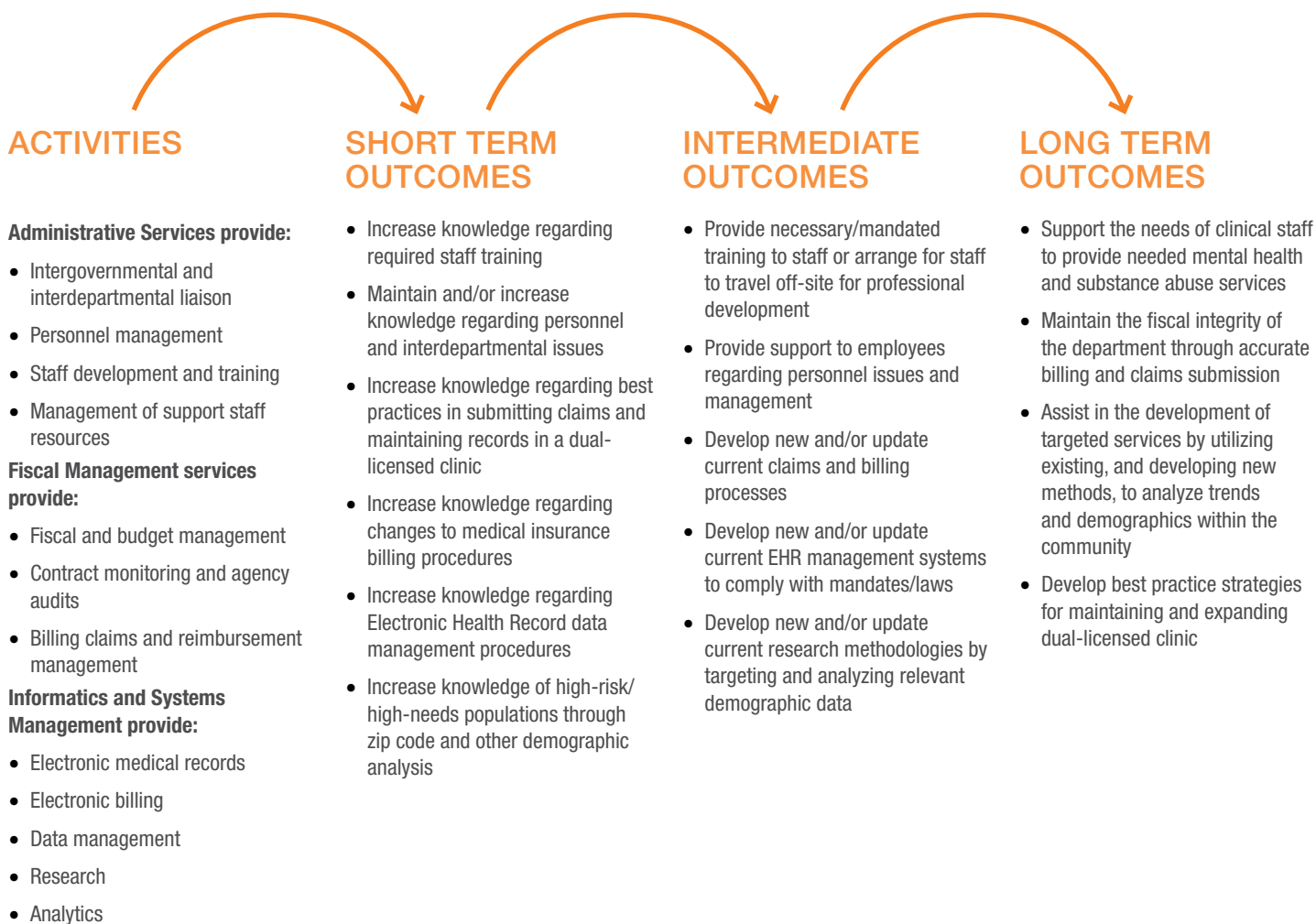
Program Goal: To ensure that adult residents of Albany County living with mental illness or emotional disturbance, addiction-related problems, or intellectual and/or developmental disability (as well as their families) attain meaningful improvement in the quality of their lives, renewed connection to their communities, and lasting recovery so that their personal goals can be achieved.



APPENDIX A

ALBANY COUNTY MENTAL HEALTH DEPARTMENT

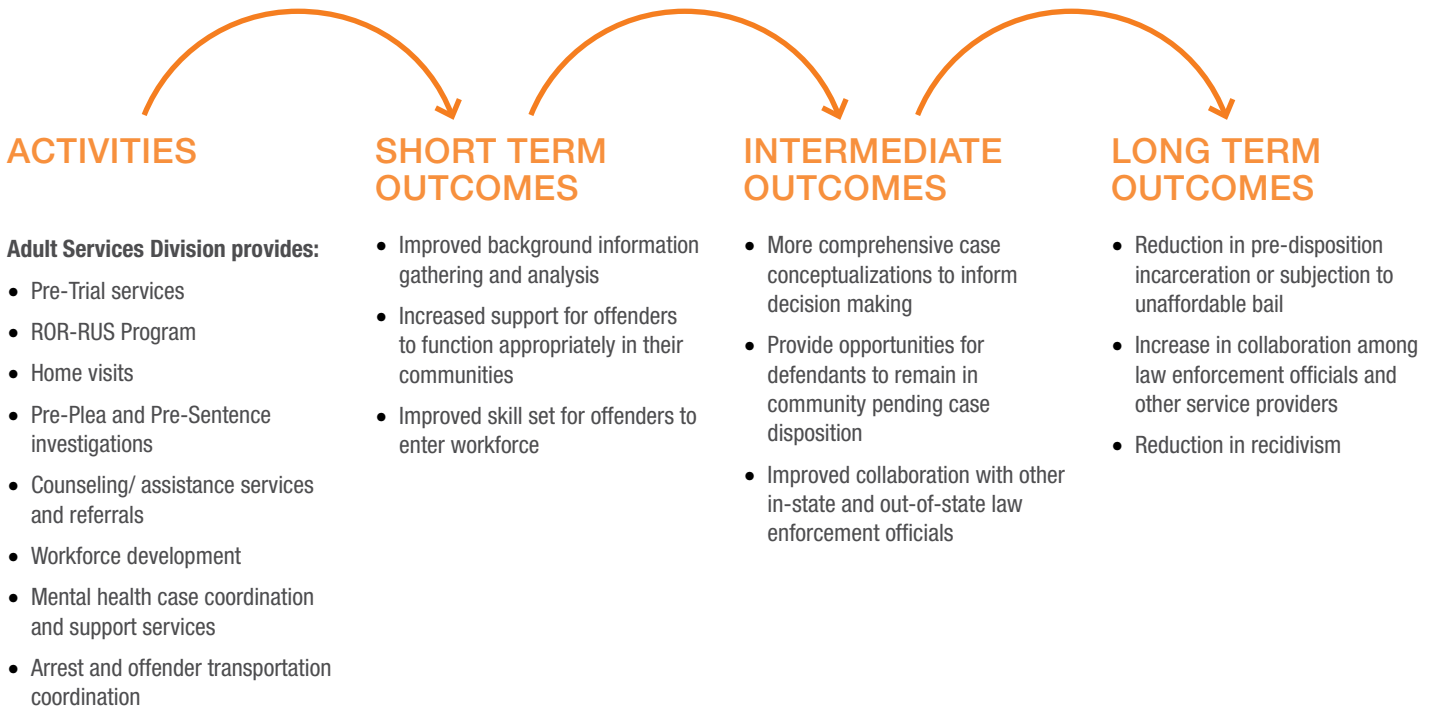
Program Goal: To ensure the continued operation and efficiency of the program through administrative oversight, fiscal integrity, and continued improvement of the Department’s information technology systems.



APPENDIX

ALBANY COUNTY DEPARTMENT OF PROBATION

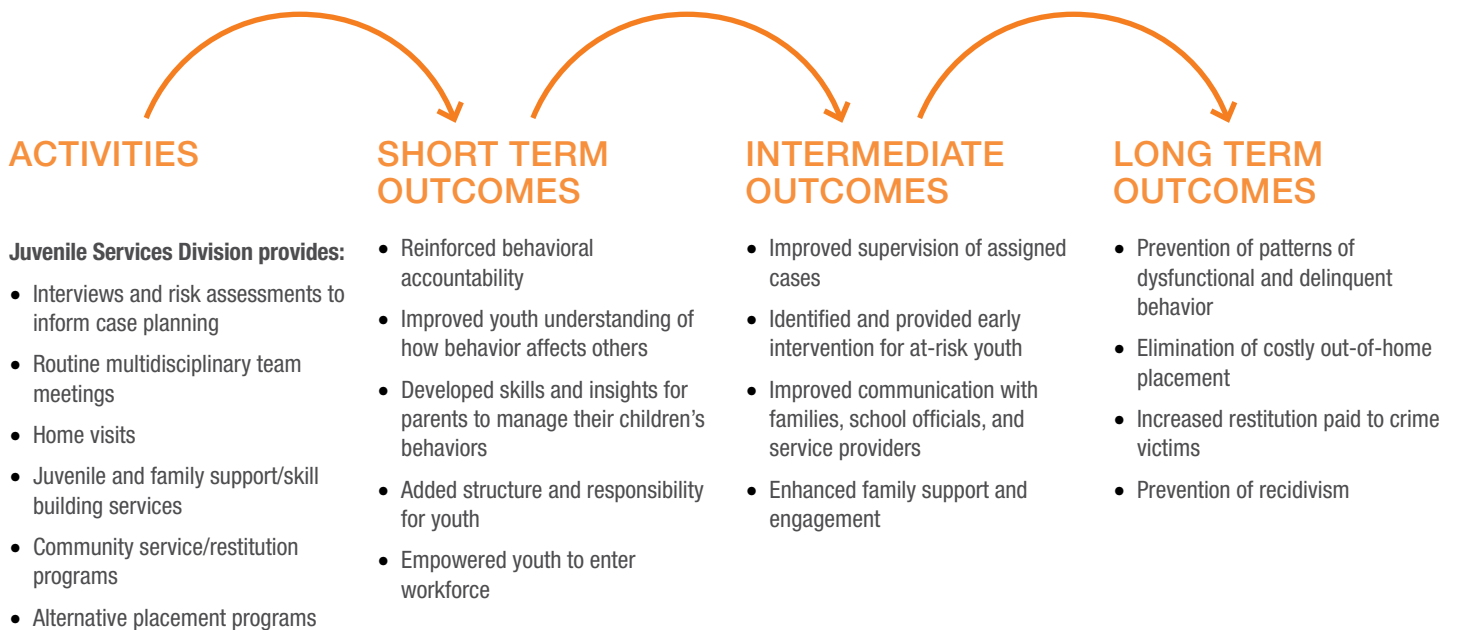
Program Goal: To ensure the safety of Albany County residents by supervising all adult clients on probation and helping them become responsible, productive, and law-abiding members of the community.



APPENDIX A

ALBANY COUNTY DEPARTMENT OF PROBATION

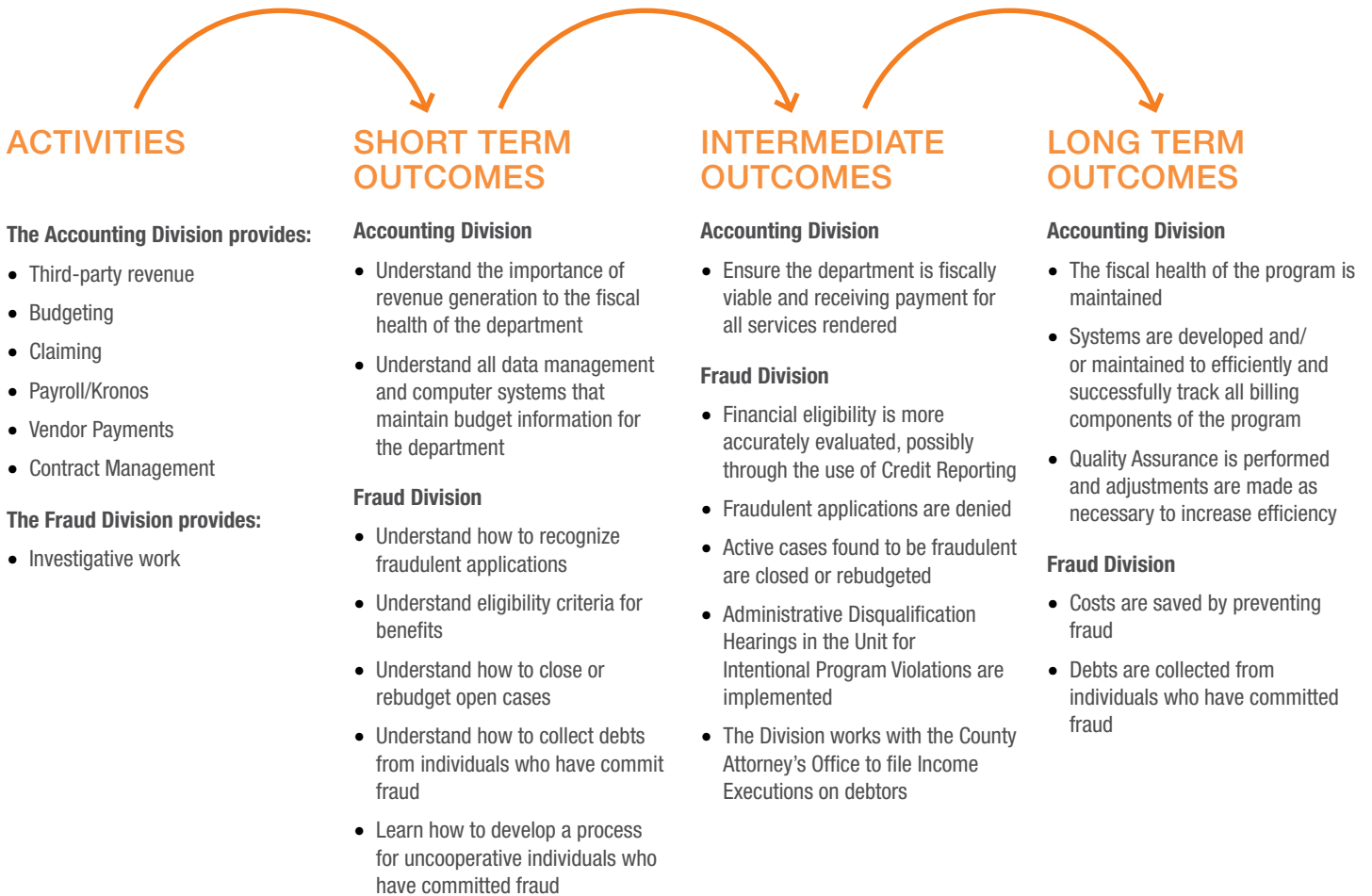
Program Goal: To ensure the safety of Albany County residents by supervising all juvenile clients on probation and helping them become responsible, productive, and law-abiding members of the community.



APPENDIX

ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES

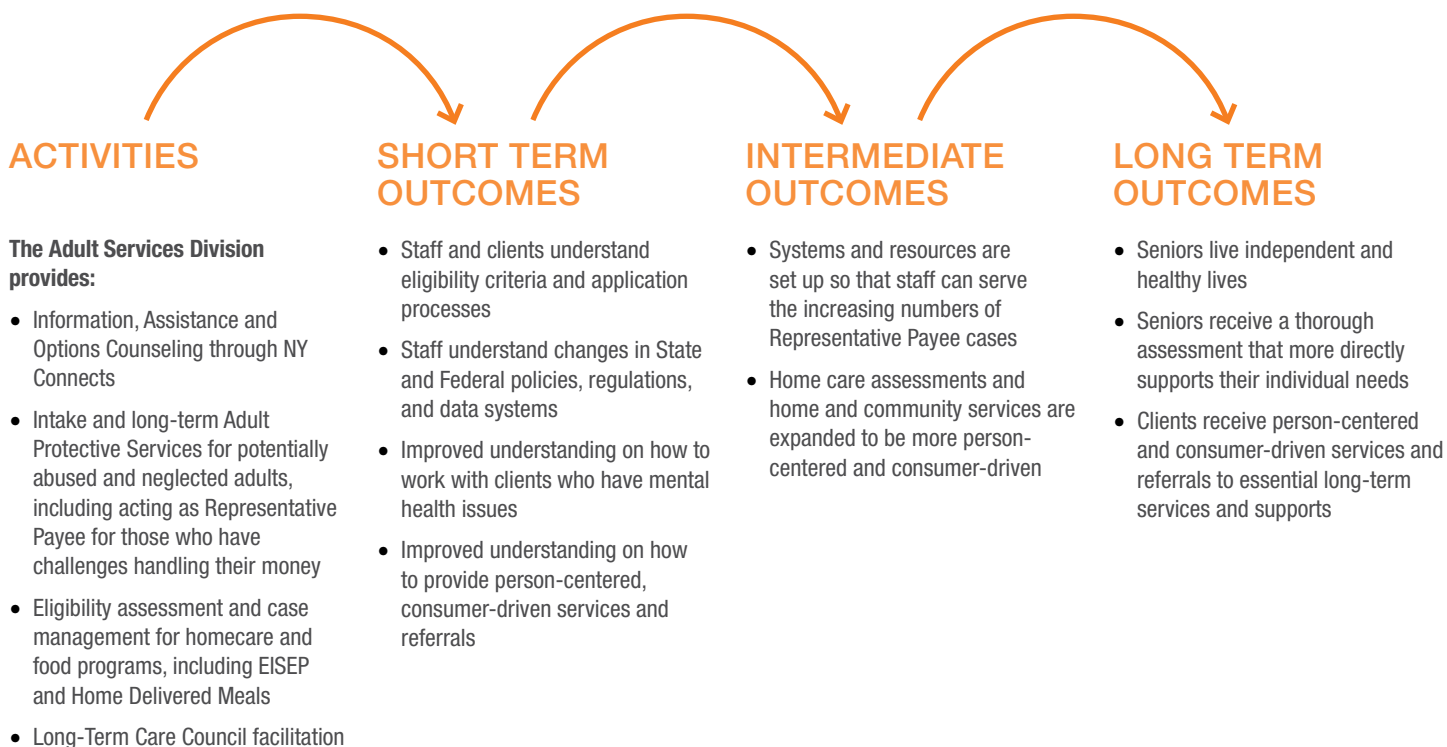
Program Goal: To maintain a balanced budget and investigate claims of fraud to minimize the amount of money lost to fraud.



APPENDIX A

ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES

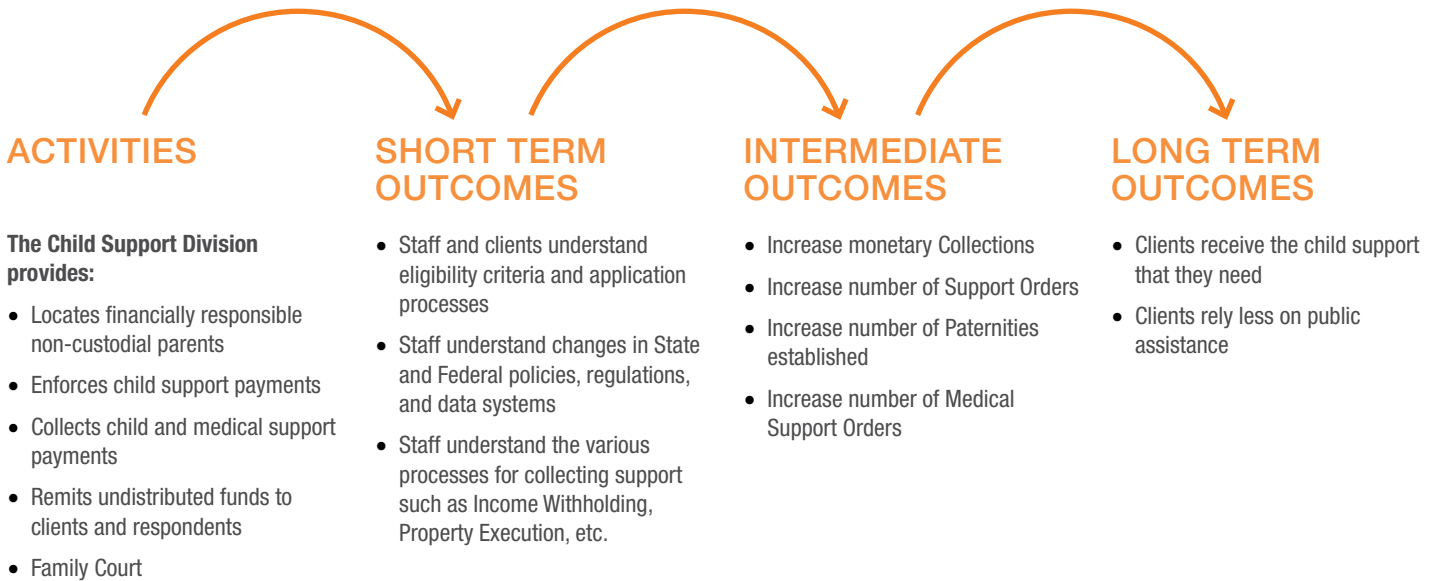
Program Goal: To assist elderly and disabled individuals by providing centralized information, resource provision, and direct services.



APPENDIX

ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES

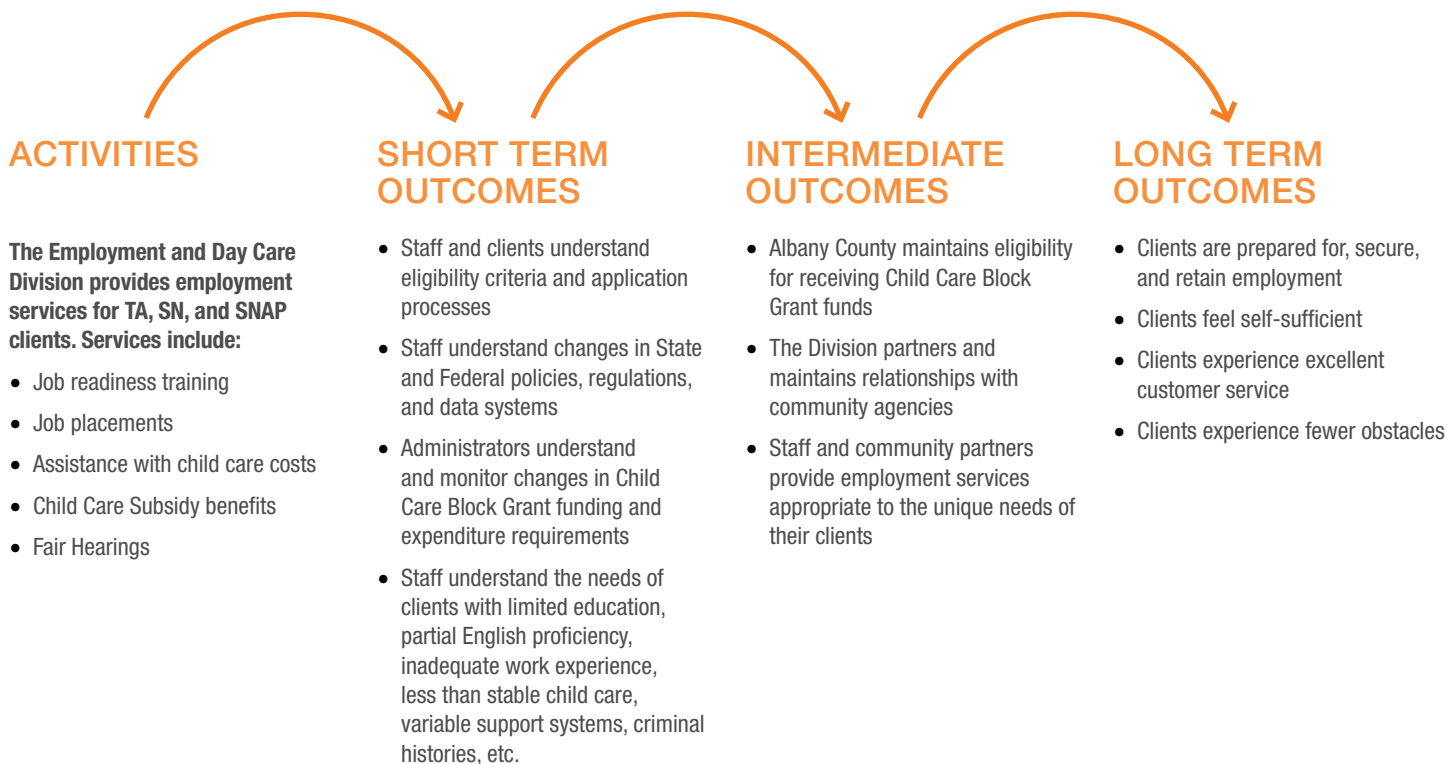
Program Goal: To provide services to identify and locate financially responsible non-custodial parents to establish and enforce child support orders.



APPENDIX A

ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES

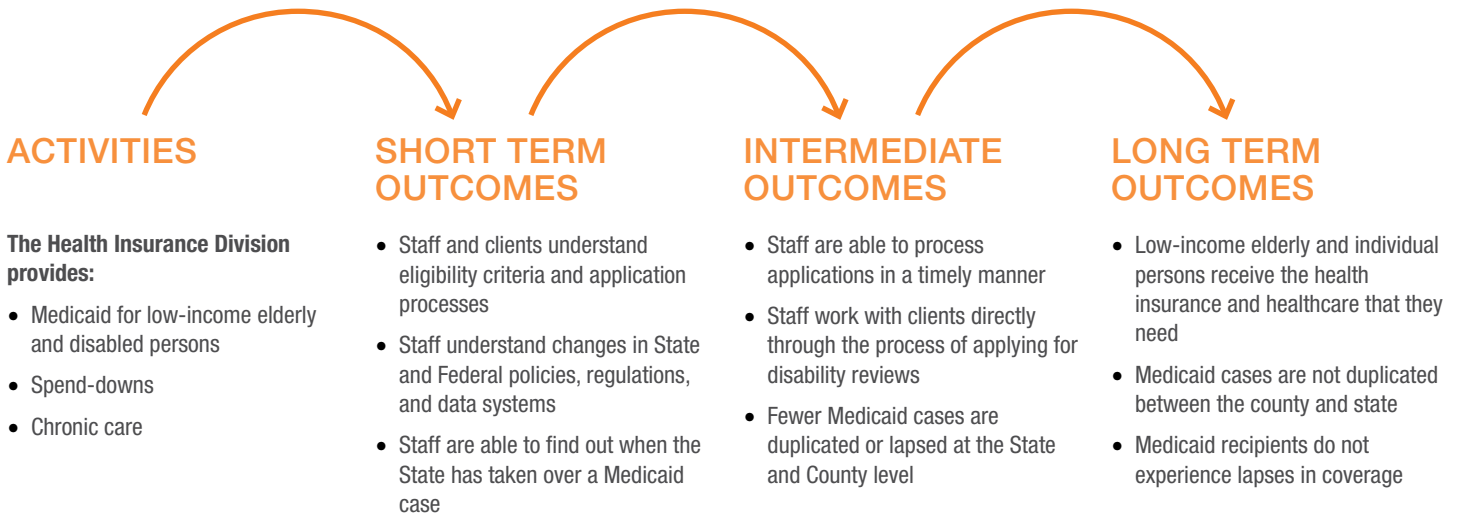
Program Goal: To provide job readiness training, job placements and assistance with child care costs to help individuals prepare for, secure and retain employment.



APPENDIX

ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES

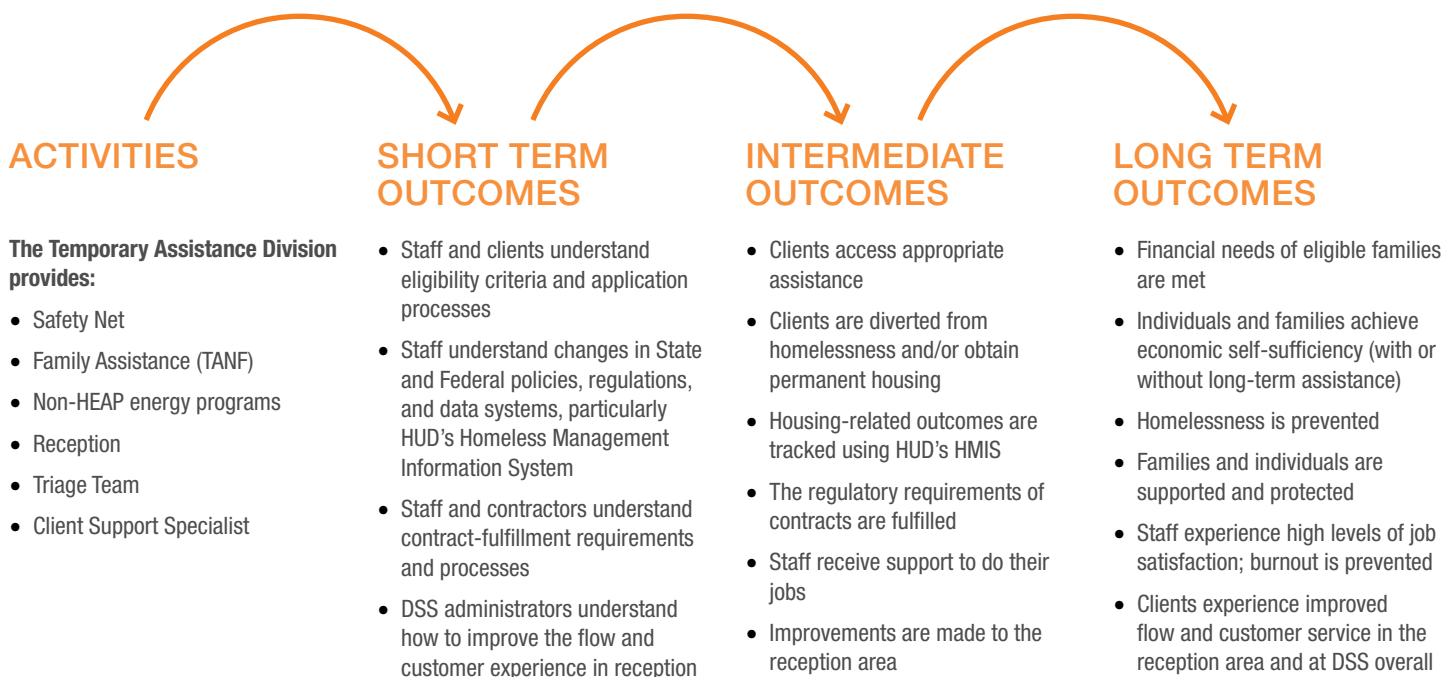
Program Goal: To provide access to Medicaid, primarily for individuals who are aged and/or disabled and meet income guidelines and for those in receipt of Medicare and who are income eligible and would otherwise be unable to afford health insurance.



INDEX

ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES

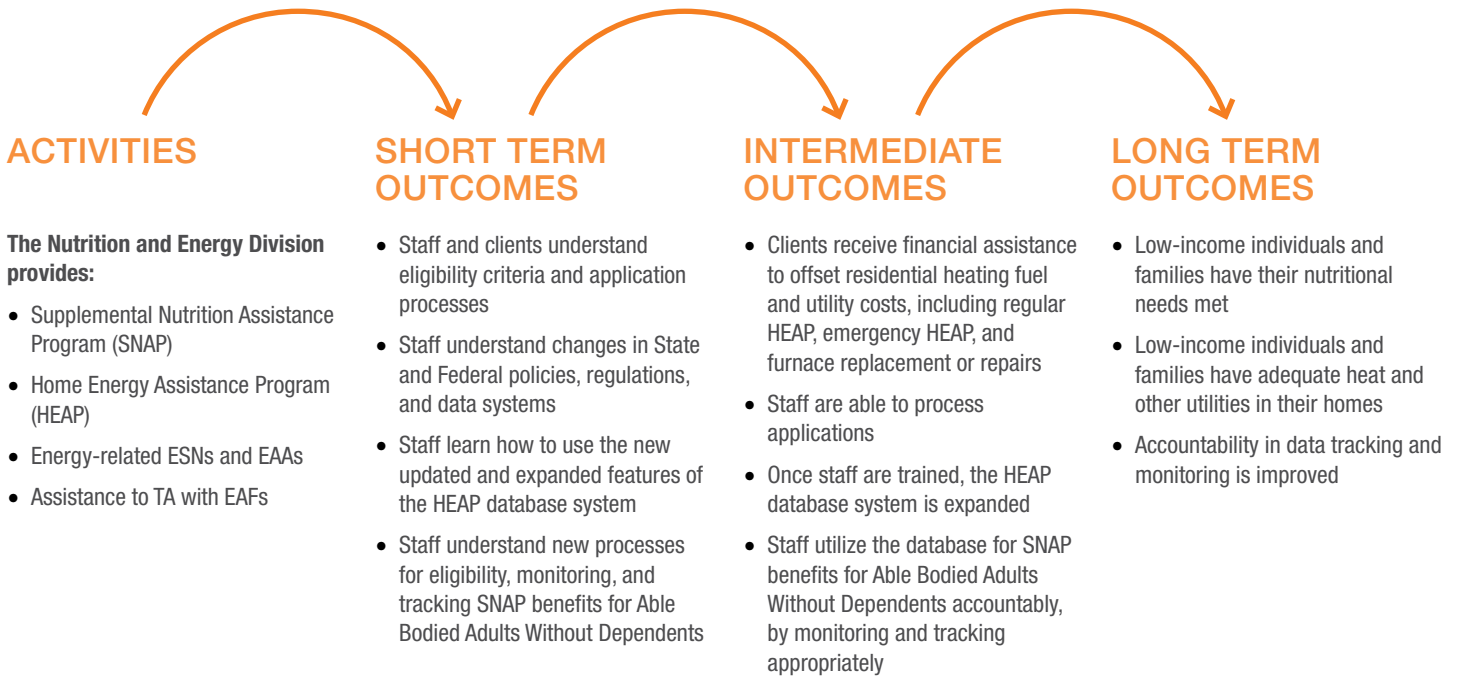
Program Goal: To meet the essential financial needs of eligible individuals and families and foster their ability to achieve economic self-sufficiency.





ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES

Program Goal: To assist low income individuals and families with their nutritional needs. To offer financial assistance to offset residential heating fuel and utility costs.



APPENDIX B

BENCHMARKS

DEPARTMENT FOR AGING BENCHMARKS

| Goal/Measure | 2016 Actual | 2017 Target | 2017 Actual |
|---|-------------|-------------|-------------|
| Increase access to information, assistance and referrals for Albany seniors, caregivers, and their families regarding their options. | | | |
| Number of calls to the NY Connects No Wrong Door Program | | | |
| Number of outreach events attended by department staff | | | |
| Number of presentations made at community events by department staff | | | |
| Number of brochures and handouts distributed throughout the community | | | |
| Number of outreach attempts by department staff specifically targeting low income, rural, and/or minority seniors | | | |
| Help seniors maintain their health in the community, increase outreach and access to Aging's Health and Nutrition programs and services. | | | |
| Number of meals distributed to eligible seniors through HDM | | | |
| Number of meals distributed to eligible seniors through congregate programs | | | |
| Number of outreach events attended by department staff to educate seniors regarding making healthy food choices | | | |
| Number of presentations made at community events by department staff to educate seniors regarding making healthy food choices | | | |
| Number of brochures and handouts distributed throughout the community to educate seniors regarding making healthy food choices | | | |
| Help seniors maintain their independence in the community, increase information, outreach and access to Aging's community support programs and services. | | | |
| Number of outreach events attended by department staff to educate seniors regarding access to senior transportation | | | |
| Number of presentations made at community events by department staff to educate seniors regarding access to senior transportation | | | |
| Number of brochures and handouts distributed throughout the community to educate seniors regarding access to senior transportation | | | |
| Number of outreach events attended by department staff to educate seniors regarding access to senior legal services or other legal programs | | | |
| Number of presentations made at community events by department staff to educate seniors regarding access to senior legal services or other legal programs | | | |
| Number of brochures and handouts distributed throughout the community to educate seniors regarding access to senior legal services or other legal programs | | | |

| Goal/Measure | 2016 Actual | 2017 Target | 2017 Actual |
|---|-------------|-------------|-------------|
| Number of outreach events attended by department staff to educate seniors regarding access to community supports such as aide services, adult day programs, shopping assistance, friendly home visitor and nutrition programs | | | |
| Number of presentations made at community events by department staff to community supports such as aide services, adult day programs, shopping assistance, friendly home visitor and nutrition programs | | | |
| Number of brochures and handouts distributed throughout the community to community supports such as aide services, adult day programs, shopping assistance, friendly home visitor and nutrition programs | | | |
| Number of outreach events attended by department staff to educate seniors regarding access to caregiver supportive services | | | |
| Number of presentations made at community events by department staff to caregiver supportive services | | | |
| Number of brochures and handouts distributed throughout the community to caregiver supportive services | | | |
| Number of outreach events attended by department staff to educate seniors regarding access to community supports such as aide services, adult day programs, shopping assistance, friendly home visitor and nutrition programs | | | |
| Number of presentations made at community events by department staff to community supports such as aide services, adult day programs, shopping assistance, friendly home visitor and nutrition programs | | | |
| Number of brochures and handouts distributed throughout the community to community supports such as aide services, adult day programs, shopping assistance, friendly home visitor and nutrition programs | | | |
| Number of outreach events attended by department staff to educate seniors regarding access to caregiver supportive services | | | |
| Number of presentations made at community events by department staff to caregiver supportive services | | | |
| Number of brochures and handouts distributed throughout the community to caregiver supportive services | | | |

DEPARTMENT OF HEALTH BENCHMARKS

| Goal/Measure | 2016 Actual | 2017 Target | 2017 Actual |
|---|-------------|-------------|-------------|
| Expand outreach to pediatric providers to implement dental sealant applications in their offices | | | |
| Number of outreach contacts completed to pediatric providers | | | |
| Number of mailings sent to pediatric providers | | | |
| Number of sealant applications applied | | | |
| Work with unfluoridated municipalities to encourage fluoridation of community water | | | |
| Number of unfluoridated municipalities that begin to fluoridate water supply | | | |
| Transition to more accurate TB screening test, the T-Spot test, which will improve the evaluation and treatment process for foreign born and other at risk populations | | | |
| Percent of T-Spot test given compared to all TB screening tests | | | |
| Commence testing and enforcement of Local law 1 for 2015, the Toxic Toy Law | | | |
| Number of toys tested | | | |
| Number of citations given for toys that exceed limit | | | |

DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES BENCHMARKS

| Goal/Measure | 2016 Actual | 2017 Target | 2017 Actual |
|--|-------------|-------------|-------------|
| Focus on family engagement through Family Team Meetings, Parent Partners, and familial natural supports in an effort to safely avoid out of home placement for children and youth and to safely expedite permanency for children in foster care | | | |
| Number of Family Team Meetings held | | | |
| Continue to focus on juvenile justice reform through participation in the Juvenile Detention Alternatives initiative (JDAI), as well as the Capital Region Youth Justice Team (CRYJT). In particular, the focus will be on safely reducing the detention admissions and out of home placements of youth identified as a Person in Need of Supervision (PINS) or a Juvenile Delinquent (JD). | | | |
| Number of detention admissions on out of home placements of youth identified as a Person in Need of Supervision (PINS) | | | |
| Number of detention admissions on out of home placements of youth identified as a Juvenile Delinquent | | | |

DEPARTMENT OF SOCIAL SERVICES BENCHMARKS

| Goal/Measure | 2016 Actual | 2017 Target | 2017 Actual |
|---|-------------|--------------|-------------|
| Temporary Assistance | | | |
| Homeless Diversion Team will implement an expanded version of the Homeless Management Information System (HMIS) in order to effectively capture results for Diversion clients. | | | |
| Rate of return of diverted households | | | |
| Rate of return for households receiving eviction prevention services | | | |
| Number of outcomes tracked for diverted households. | | | |
| Adult Services | | | |
| Expand home care assessment to include concept of Community First Choice Option | | | |
| Number of assessments completed | | | |
| Number of clients referred to home care services | | | |
| Number of clients referred to a variety of long term services and supports to help maintain individual in the community. | | | |
| Number of individuals linked with services through NY Connects | | | |
| Number of service plans developed | | | |
| Number of referrals made to long-term services and supports | | | |
| Child Support | | | |
| Collections | \$29030,198 | \$29,400,000 | |
| Established Support Orders | | 1,200 | |
| Established Paternities | 340 | 730 | |
| Medical Support Orders | | 250 | |
| Adult Services | | | |

DEPARTMENT OF PROBATION BENCHMARKS

| Goal/Measure | 2016 Actual | 2017 Target | 2017 Actual |
|---|-------------|-------------|-------------|
| Assist Probationers in leading a law abiding life | | | |
| Number of Probationers attending Probationers Budget Classes | | | |
| Amount of court ordered restitution paid | | | |
| Amount of DWI fees paid | | | |

| Goal/Measure | 2016 Actual | 2017 Target | 2017 Actual |
|--|-------------|-------------|-------------|
| Number of individuals attending 1 or more Thinking for a Change classes | | | |
| Number of individuals utilizing dedicated employee services computer lab | | | |
| Number of COMPAS risk tool assessments completed | | | |
| Juvenile Services | | | |
| Number of youth diverted from detention and placement | | | |
| Number of YASI risk assessments completed | | | |

DEPARTMENT OF MENTAL HEALTH BENCHMARKS

| Goal/Measure | 2016 Actual | 2017 Target | 2017 Actual |
|--|-------------|-------------|-------------|
| Number of Crisis Intervention Team (CIT) trainings for law enforcement | | 2 | |
| Number of times evidence-based screening tool completed as part of client monitoring process | | | |
| Number of instances Medication Assisted Treatment options were utilized as part of substance abuse treatment program | | | |
| Number of community presentations given regarding addiction, recovery, and the opiate/heroin epidemic | | 5 | |
| Number of incarcerated individuals participating in mental health services | | | |
| Percent of time individuals who have historically been unsuccessful in traditional models of treatment spend successfully in the community | | 90% | |
| Number of high risk individuals placed in Single Points of Access (SPOA) for clinical services, care management, and for housing | | | |
| Cost of inmate/patient psychiatric hospitalizations | | | |

APPENDIX C

2016 ALBANY COUNTY EMPLOYEE SURVEY ITEMS *(All Departments)*

| ITEM | PERCENT POSITIVE RESPONSES |
|--|----------------------------|
| My Work Experience | |
| I am given a real opportunity to improve my skills in my organization. | 61 |
| I have enough information to do my job well. | 72 |
| I feel encouraged to come up with new and better ways of doing things. | 48 |
| My work gives me a feeling of personal accomplishment. | 74 |
| I like the kind of work I do. | 86 |
| I know what is expected of me on the job. | 85 |
| When needed I am willing to put in the extra effort to get the job done. | 97 |
| I am constantly looking for ways to do my job better. | 85 |
| I have sufficient resources (for example, people, materials, budget) to get my job done. | 43 |
| My workload is reasonable. | 55 |
| My talents are used well in the workplace. | 54 |
| I know how my work relates to the agency's goals and priorities. | 85 |
| The work I do is important. | 93 |
| Physical conditions (for example, noise level, temperature, lighting, cleanliness in the workplaces) allow employees to perform their jobs well. | 39 |
| My performance appraisal is a fair reflection of my performance. | 66 |
| I am held accountable for achieving results. | 77 |
| I can disclose a suspected violation of any law, rule, or regulation without fear of reprisal. | 53 |
| My training needs are assessed. | 49 |
| In my most recent performance appraisal, I understood what I had to do to be rated at different performance levels (for example, Fully Successful, Outstanding). | 60 |
| My Work Unit | |
| The people I work with cooperate to get the job done. | 66 |
| My work unit is able to recruit people with the right skills. | 35 |
| In my work unit, steps are taken to deal with a poor performer who cannot or will not improve. | 27 |
| In my work unit, differences in performance are recognized in a meaningful way. | 31 |
| Awards in my work unit depend on how well employees perform on their jobs. | 17 |
| Employees in my work unit share job knowledge with each other. | 79 |
| The skill level in my work unit has improved in the past year. | 50 |
| Overall, the quality of the work done by my work unit is high. | 75 |

| | |
|--|----|
| The workforce has the job-relevant knowledge and skills necessary to accomplish organizational goals. | 60 |
| Employees have a feeling of personal empowerment with respect to work processes. | 30 |
| Employees are recognized for providing high quality products and services. | 28 |
| Creativity and innovation are rewarded. | 21 |
| Pay raises depend on how well employees perform their jobs. | 6 |
| Policies and programs promote diversity in the workplace (for example, recruiting minorities and women, training in awareness of diversity issues, mentoring). | 48 |
| Employees are protected from health and safety hazards on the job. | 54 |
| My organization has prepared employees for potential security threats. | 63 |
| Arbitrary action, personal favoritism, and coercion for partisan political purposes are not tolerated. | 25 |
| Prohibited Personnel Practices (for example, illegally discriminating for or against any employee/applicant, obstructing a person's right to compete for employment, knowingly violating veteran's preference requirements) are not tolerated. | 64 |
| My agency is successful at accomplishing its mission. | 73 |
| I recommend my organization as a good place to work. | 56 |
| I believe the results of this survey will be used to make my agency a better place to work. | 42 |
| My Supervisor | |
| My supervisor supports my need to balance work and other life issues. | 81 |
| My supervisor provides me with opportunities to demonstrate my leadership skills. | 62 |
| Discussions with my supervisor about my performance are worthwhile. | 66 |
| My supervisor is committed to a workforce representative of all segments of society. | 59 |
| My supervisor provides me with constructive suggestions to improve my job performance. | 68 |
| Supervisors in my work unit support employee development. | 64 |
| My supervisor listens to what I have to say. | 78 |
| My supervisor treats me with respect. | 83 |
| In the last six months, my supervisor has talked with me about my performance. | 65 |
| I have trust and confidence in my supervisor. | 70 |
| Overall, my immediate supervisor does a good job. | 77 |
| Leadership | |
| In my organization, senior leaders generate high levels of motivation and commitment in the workforce. | 34 |
| My organization's senior leaders maintain high standards of honesty and integrity. | 45 |
| Supervisors work well with employees of different backgrounds. | 65 |
| Managers communicate the goals and priorities of the organization. | 62 |
| Managers review and evaluate the organization's progress towards meeting its goals and objectives. | 55 |
| Managers promote communication among different work units (for example, about projects, goals, needed resources). | 44 |
| Managers support collaboration across work units to accomplish work objectives. | 48 |

| | |
|---|----|
| Overall the manager (the person above your direct supervisor) is doing a good job. | 57 |
| I have a high level of respect for my organization's senior leaders. | 59 |
| Senior leaders demonstrate support for Work/Life programs. | 50 |
| Satisfaction | |
| How satisfied are you with your involvement in decisions that affect your work? | 48 |
| How satisfied are you with the information you receive from management on what's going on in your organization? | 38 |
| How satisfied are you with the recognition you receive for doing a good job? | 39 |
| How satisfied are you with the policies and practices of your senior leaders? | 41 |
| How satisfied are you with your opportunity to get a better job at your organization? | 32 |
| How satisfied are you with the training you receive for your present job? | 59 |
| Considering everything, how satisfied are you with your job? | 70 |
| Considering everything, how satisfied are you with your pay? | 31 |
| Considering everything, how satisfied are you with your organization? | 55 |

About the Center for Human Services Research

The Center for Human Services Research (CHSR) is a research department within the School of Social Welfare at the University at Albany. CHSR has over 20 years of experience conducting evaluation research, designing information systems and informing program and policy development for a broad range of agencies serving vulnerable populations. Rigorous research and evaluation methods, strong relationships with project partners, and timely, accurate and objective information are hallmarks of CHSR's work. For more information about CHSR please visit www.albany.edu/chsr.



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The Evaluation Team

This report was prepared by Erin Berical as part of a contract with Albany County to evaluate six human service departments on their mission, service delivery system, administrative structure, equity agenda, and IT operations. Assisting with data collection and evaluation is Dr. Kenneth Robin, Althea Pestine-Stevens, Ruth Lindenfelser, and Gabriela Melillo.