

## Orange County Organizes to Improve Human Services

An example of the kind of organization that Mr. Guffey is proposing can be found in Orange County, North Carolina. This group, called the Human Services Advisory Commission (HSAC), includes the directors of all the county's public services agencies and the voluntary funding bodies. David Kiel and William Woodward served as consultants to the group during its development stages and during large projects like last years county-wide needs assessment. They presented a paper at the 1981 Urban Affairs Conference at the University of North Carolina describing the development of the HSAC, from which much of the information that follows was taken.

The growth of HSAC has been gradual, and has passed through many stages of development. It all began in 1977 when several human services agencies got together for a conference on the Barriers to Human Services Coordination in Orange County. This was the beginning of a deliberate attempt by the human services agencies and local government to improve the effectiveness and efficiency of the service delivery system in the county. The conference planning committee had nine member agencies, and an ad hoc committee resulting from the conference included 14 agencies.

The ad hoc committee developed a plan for a permanent coordinating council, and the HSAC was established in 1979 with the purpose of advising the county commissioners and initiating coordinating activities. HSAC held a second conference in 1980, and by this time the ranks had swelled to 21 members.

The increase in participation augmented the capacity to handle coordination activities. For example, the 1977 conference produced a large amount of information, but there was no available organization to process and implement the recommendations. The ad hoc committee limited itself to two areas: transportation and funding. By the 1980 conference, the HSAC was able to respond to suggestions in ten diverse topic areas as well as carrying on their previous tasks. The tasks gradually changed from specific projects like designing a joint funding application form to more general and complex tasks like board development and needs assessment.

The breadth of HSAC's role can be seen by looking at the mandate set out for the group by the county commissioners at their endorsement of

the organization in its formal initiation in 1979. HSAC is to:

1. Provide advice to the commissioners and other boards that request help;
2. Promote cost-effective approaches in human services coordination;
3. Promote greater communication and coordination among funders and service providers; and
4. Maximize human service resources in the county.

In order to achieve these goals, the HSAC's membership includes a county commissioner, representatives from three municipal councils, members of two school boards, directors from 16 local agencies, a representative from North Carolina Memorial Hospital, and a board member of the United Fund. The agencies vary from the traditional service providers such as the Department of Social Services and the Department of Health to smaller voluntary groups such as rape crisis, dispute settlement, and women's health counseling. This broad spectrum of representatives from both funding and service providers allows the HSAC to look at every aspect of human services in the county -- from health services to housing codes; from summer nutrition/recreation programs to town-county-United Fund coordination of funding.

As this coordination effort evolved the group acquired a more formal organizational structure. The ad hoc committee functioned with two subcommittees and met once a month to share progress. There were no officers, no official decision-making procedures, and no records of deliberations. The HSAC developed an internal structure of committees, by-laws regulating the membership and decision making process, and keeps regular minutes of its meetings. At each progressive stage of the process of coordination has become more complex, less spontaneous, and requires more resources to manage the system.

One of the biggest tasks undertaken by the HSAC was the county-wide needs assessment that was conducted in the winter of 1982, after care-

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ful planning and preparation during the previous fall. The project involved over 80 citizens who were divided into subcommittees which investigated the existing services and predicted needs of different age groups of the population. The subgroups prioritized needs and suggested improvements. Written reports were presented to the county commissioners in March 1982.

Committees were then established to further investigate some of the priority problems and several proposals for action have been offered to the HSAC. At its March 1983 meeting the HSAC endorsed a proposal to create a new child care agency that would coordinate day care services, solicit funds, coordinate parent education opportunities, and develop special care services. Specific funding for the new service was worked out by the committee, and now the proposal is to go to the county commissioners for their endorsement.

The HSAC has demonstrated that efforts to coordinated services can generate community support, although planned change takes time and considerable organization of all groups; county government, public agencies, and voluntary funding bodies. The HSAC model offers an example for other communities, but no doubt, each group will have to go through its own stages of organizational development in order to create effective coordination, cooperation, control, and change in their local human services system.

For further information see:  
Kiel, D. and W. Woodward. "Human Services Coordination in an Urbanizing County: An Action-Research Approach" in Urban Growth and Urban Life. 1981 Proceedings: The Third Annual Urban Affairs Conference of the University of North Carolina.

## Conclusion

Regardless of future changes, the United States human services system will be continually readjusted. Changes in federal policy and financial support for human services will lead to greater interdependence between public and voluntary funding bodies.

Administrators, planners and policy makers may understand why fragmentation exists and agree with some of the attempted methods in coordinating human service delivery systems, but too often the catalyst is absent to generate sustained movement. A joint effort between public and voluntary organizations could provide this needed continuity.

Realistically, it is both risky and difficult to develop a joint effort toward decision making and planning. Understandably, the natural reaction is fear of losing organizational autonomy; but local policy makers and planners have choices to make in the future. One choice can direct us toward establishing a goal for the provision of human services in our communities with a vehicle to implement the goal. Another option is to continue to plan, make decisions, provide services and appropriate funds incrementally for symptoms rather than problems. Without examining the emerging issues of state and local relations, and of new ways to strengthen the local capability to provide services, we will be left in a reactionary posture.

