Our ten-year journey

R​oads to Hope
In 1996 Wake County entered a new era when several agencies joined to better help people with their most important needs. The idea was simple. Why not combine our staff, resources and administration to more closely focus on people? That year, the departments of Social Services, Public Health and Mental Health, plus Child Support Enforcement, Transportation, Housing and Job Services, became known as Wake County Human Services.

Since then, we have made steady progress toward our goal of making sure that every resident of Wake County is able to face difficulties or a crisis with a helping hand as they make their way to better times.

Change has been constant in the past ten years. Soon after we began merging our organizations, we launched new programs through Work First, the Partnership for Educational Success and the Southern Regional Center in Fuquay-Varina, which celebrated its ten-year anniversary in March 2006. The past decade has demanded efficiency, and there is more need than ever for our services.

We are meeting our challenges with innovations that allow us to remain flexible enough to adapt with the times.

Wake County’s population was about 423,000 in 1996. Today, it is nearly 750,000. That explosion encompasses diversity, including more Latinos, Asians, Indians and Middle Easterners than ever, along with residents from other states and traditional North Carolinians. Our varied backgrounds include different cultures, religions and values.

While we celebrate our ten-year anniversary, it is time to look at our successes but also to think about our challenges for the future. This report aims to do both. We hope you will see it as the next step of a dialogue between Wake County Human Services and the people of Wake County.

We invite you to share this anniversary with us by meeting some of the people we’ve worked with over the past ten years. Their stories will, we believe, inspire you. We also hope you’ll get to know us better through these stories.

It has been a pleasure to serve the people of Wake County, knowing that our main purpose is helping people find more independence whenever possible, and that whatever their circumstances, all citizens can reach for and attain a better quality of life.

Thank you, Wake County, for letting us serve you.

Maria F. Spaulding
Executive Director, 1996 – 2006
Wake County Human Services
Roads to Hope celebrates the first ten years of Wake County Human Services. This publication tells of the rich history and powerful ways in which Human Services has touched the lives of many individuals and families. This is why I am proud of becoming a member of such a caring and compassionate family.

As I begin my tenure as director, I pledge to continue to work with a team approach—developing innovative programs in public health, community mental health, housing, employment, child protection and self-sufficiency. I will continue to build upon Wake County Human Services’ impressive record of engaging public-private and community partnerships geared toward positive programs for urban and underserved populations.

Given the positive trend that this County enjoys, it is easy to see that in the near future many new buildings, homes and roads will be developed. While new physical and economic infrastructures take shape, we want to make sure that Wake County Human Services rises to the occasion and becomes a catalyst for the development and implementation of a human capital development plan for this beautiful County.

At the onset of this new era, I invite the Wake County community to join Human Services staff and volunteers as we tackle challenges and offer opportunities that will define the quality of life for all Wake County residents both now and in the next ten years.

Ramon Rojano
Director, 2007 –
Wake County Human Services
In 1996, three major departments — Social Services, Public Health and Mental Health — became a single agency: **Wake County Human Services**.

The goal was to bring together the people, resources and programs serving human needs into a single agency. For the first time, we could work hand in hand across departments, regardless of our area or program. That meant the doctors who immunized babies could work more closely with the social workers helping their mothers or fathers find a new career. Counselors helping alcoholics start over could more easily seek support from the nurses treating their health issues.

Today we can offer programs that reach beyond traditional borders. We can work with people and their concerns without limitations. Working together gives us more flexibility to better respond to the most pressing issues of the residents in Wake County, especially our youngest, oldest and most vulnerable.

Human Services helps us all. During times of disaster, we turn to Human Services to safeguard our health and provide shelter. We can count on Human Services to help children achieve school success. Through the regional centers, those who struggle because of illness, injury or other misfortune can find support, no matter where they live.
For most of the 20th century, Wake County, like the state, was largely rural, and services for the public took shape piecemeal, often in response to crisis. The Great Depression brought new programs, many of which continue today. Traditionally, the Social Services and Public Health departments along with the Mental Health Center operated separately with federal, state and local funds, guided by citizen boards, to provide a safety net for the County’s most vulnerable citizens: children, the sick, the unemployed. In 1996, they merged into a single agency: Wake County Human Services.

**Wake County Social Services**

1919   The Welfare Department begins, to serve as a guardian for orphans and for children who commit crimes.

1920s   The Fannie Y. Bickett Home for children opens with donations including a Jersey cow and a mule.

1930s-1950s   The Great Depression brings federal money as part of the Works Progress Administration and other “Alphabet Soup” programs. When the WPA ceases in 1942, the County assumes these responsibilities. New programs include the Social Security pension for old age; unemployment insurance; help for dependent children and disabled people; and a national Housing Authority.

1960s-1980s   The mid-1960s and the “Great Society” bring new programs including Medicare health insurance for the elderly and Medicaid health insurance for people in need, regardless of age. Aid to Dependent Children and Aid to Families with Dependent Children provides monetary assistance to women with children who fell below the poverty line.

1990s   Welfare reform in 1996 brings Work First to North Carolina, linking assistance payments to training in an effort to promote self-sufficiency. This program continues today.

**Public Health Department**

1919   The Wake County Health Department begins with one physician. Well-baby clinics are held at the State Fair as early as 1915.

1930s-1950s   In 1936 a tuberculosis “sanatorium” opens with federal, state and County cooperation. County health department nurses make house calls and, along with County physicians, deliver babies in homes when necessary. Measles, whooping cough, diphtheria, even smallpox are treated.

1960s-1970s   Community clinics throughout the County provide preventive health care through immunizations, child health check-ups, prenatal care, disease screening, family planning, women’s Pap tests and lead screening. Treatment is offered for tuberculosis and sexually transmitted and other communicable diseases.

     The County nursing program reaches out to people unable to travel to Raleigh or who cannot afford doctor’s visits. Small health offices are created at Chavis Heights and Walnut Terrace.

1980s-1990s   Public health issues include AIDS, or Acquired Immune Deficiency Syndrome, sexually transmitted diseases, hepatitis and public health threats such as E. coli.

**Mental Health Center**

1940   The Wake County Mental Hygiene Center, later the Mental Health Center, is formed and operates as a part-time private charity with Community Chest funding through the early 1960s.

1950s-1960s   New state funding establishes local mental health services. By 1963, a landmark law channels long-term state and federal money to County mental health centers. Wake County Commissioners become the governing board of the Mental Health Clinic.

1970s   In 1971, the Area Mental Health Program Act creates a citizen board to operate the Mental Health center, which now provides services for people with mental illness, mental retardation, and alcohol or drug addiction.

1980s-1990s   By 1985, the center offers emergency and on-call services. Growing needs lead to expanded services and by 1992 a supportive housing program helps those with mental disabilities find a home.

2001   Lawmakers adopt mental health reforms that move funding and services from the County to private providers.
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Today, the agency born in 1996 has more than 1,840 employees who serve thousands of Wake County residents.
We were like an old country store that started in 1915 and kept adding rooms. There was no corridor, no main entrance, just rooms hither and yon. This store that started in 1915 now had 134 rooms, but there was no design for all of them to work together.”

Dr. Robert Bilbro, Raleigh physician and Steering Committee chairman, Wake County Human Services

Coming Together

In the 1980s, Wake County was emerging as a metropolitan center. While Raleigh soared, it also managed to hold on to its small-town warmth. Its nickname, the City of Oaks, reflected its heritage as a scenic, welcoming community. Yet, among the oaks, new developments would change its traditional landscape.

Beyond the city limits, the County remained largely undeveloped, but its cities and towns were maturing and adopting their own goals and visions.

While the County grew, most social programs still reflected Depression-era thinking. Funding remained linked to federal sources, making it nearly impossible to develop new approaches, especially those to promote long-term self-sufficiency.

Despite these constraints, local leaders developed distinctive methods and while Social Services, Public Health and Mental Health continued to operate separately, the departments found ways to think outside their institutional boundaries.

That unconventional thinking would help them meet the next decades’ many challenges. In 1980, Wake County had 300,000 residents, up from 228,000 in 1970. By 1990, it would explode to more than 423,000.

With growth came more complex social concerns including homelessness, child welfare issues and a growing responsibility to support the elderly and disabled and to offer job and vocational training. A greater awareness of mental illness and its effects on the community took shape, while AIDS became the most significant public health concern since polio.

For clients, County services were fragmented. Each agency labored under a separate framework, meaning clients had to visit different offices, where they filled out multiple applications and described their circumstances again and again.

Dr. Robert Bilbro, a long-time Raleigh physician, says the County resembled an old-fashioned retailer that couldn’t keep up with the times.

“We were like an old country store that started in 1915 and kept adding rooms,” he remembered during an interview in spring, 2006. “There was no corridor, no main entrance, just rooms hither and yon. So this store that started in 1915 now had 134 rooms, but there was no design for all of them to work together.

“Our plan was to put together a new building with a main entrance and some coordination among the different elements of human services, that would help us operate more efficiently.”

A hint of change came in 1985. Richard Stevens was the new County manager and he brought to his role the goals of trimming costs, centralizing services and making the County’s programs more useful for clients.

“I didn’t think the clients were being well served,” Stevens said during an interview from his legislative office, where he now serves as a state senator.

“Clients would go to the health department and sign in for their services, then go to the mental health facility if they had other issues, and sign in there,” he said. “Then, they’d come downtown to the social services programs and sign in. These were often people who lacked transportation and had to rely on buses, or friends or family. It was a very awkward system.

“It seemed there were some logical steps we could take, such as with data entry, since these were all County data bases. Your name doesn’t change, your phone number doesn’t change — so why enter it five times? Most important, from a humanitarian perspective, we were trying to help people in need.”

He first suggested consolidating human services that year, but doing so required special legislation from the North Carolina General Assembly, which did not pass. With time, it would.

An idea comes of age

Fast forward about a decade. Elections bring new faces to the County board of commissioners, who sense they have a directive from the public to create a leaner government.

The time had come, Stevens thought. He again brought forward the idea of merging three major departments — Social Services, Public Health and Mental Health — into one.

Anne Sayers was working in Social Services when an early Department of Human Services was created in 1990. This department was in some ways a forerunner to the future Human Services agency. But in those days it was a small office with only two programs: Child Support Enforcement and Housing and Community Revitalization.

“We undertook some projects in a collaborative way,” Sayers, now a program consultant for Prevent Child Abuse North Carolina and a former outcome group leader, remembers.

Those years brought another milestone: The Children’s Initiative. This bold approach joined staff members from
Top row, from left: Greg Patterson, 1996 WCHS Board chair; in silhouette, a mental health patient receives counseling; a “Passing the Torch” reception was held Nov. 19, 1996, to honor the outgoing boards of three agencies. Shown are, from left to right, Dr. John Sowter, Board of Health chair; Margaret Kirk, Social Services board member; Maria Spaulding, WCHS executive director; and Greg Patterson, first WCHS Board chair.

Bottom row, from left, Dr. Warren Ludwig, Child Welfare Division director, leads a Best Friends volunteer mentor training session; receiving a 2002 Award of Excellence from the National Association of Counties are Joe Durham, deputy County manager; Maria Spaulding, Betty Lou Ward, County commissioner; and Vernon Malone, County commissioner.
It was hard for the clients to know what was going on because they had to check in with three different agencies. We began to think that if we could streamline and integrate some of these services, they would be easier to use from a client perspective.”

Meg Houseworth, former director, Wake County Alcoholism Treatment Center, outcome group leader

As director of Social Services, Tom Hogan was a leader for this new project, along with colleagues and former directors James Kirkpatrick in Mental Health and Dr. Leah Devlin in Public Health. Agents from all three departments, along with school staff and members of the juvenile court system, set aside the most complex cases for their attention.

Hogan said this step was important and meaningful.

“The Children’s Initiative was a precursor,” he remembered. “It was created for children and families who needed more than just one service. We tried to make available to them our full services, by establishing a team with representation from all three agencies. We tried to deliver those services to the child and family.

“As we moved toward welfare reform, employment was going to become a bigger piece of what we did,” he said. “The County had services that helped clients focus on employment, so did it make sense for us to have two different entry points for employment services, depending on if you were a welfare recipient or just happened to be out of a job? We began to think, ‘Is there a way we can merge those services and have a much broader array?’”

Sayers agrees it was a critical step forward. “The Children’s Initiative was the first effort to blend resources from separate departments, to bring their staff together and initiate some actions we could work on together,” she said.

Mental health counselors and nurses were also moving toward modern approaches that considered the whole person encompassing health, mind and physical needs. The Larry B. Zieverink Sr. Alcoholism Treatment Center, which opened in 1976, was dedicated to providing medical support to those trying to stop using alcohol.

Meg Houseworth, then director of the center, said the staff strived to offer patients information and direction. “In mental health, the ‘whole person concept’ was always part of the way Wake County did business,” she said. “We offered not only treatment for our clients, but also information and education.”

But the separation among services could make it difficult for clients. The extra steps could intimidate those dealing with a substance abuse problem, who may feel shame because of it. She began to imagine the possibilities of matching the staff’s strengths to clients with common needs.

“It was hard for the clients to know what was going on because they had to check in with three different agencies,” Houseworth said. “We began to think that if we could streamline and integrate some of these services, they would be easier to use from a client perspective.”

Three new mental health offices opened during this time in addition to the main mental health center. The County’s mental health services now included emergency response, partial hospitalization, on-site counseling and an after-hours on-call service. Mental health services were community-based and available 24 hours a day.

Meanwhile, County leaders, too, thought there could be a better way.

“Many in County government felt our programs weren’t coordinated, and that they didn’t serve the client very well,” Sayers said. “They were concerned that clients had to go to a lot of different places, that the programs weren’t organized in a rational, coherent kind of way. They also seemed to think there were a lot of programs serving the same people.”

By June 1995, Stevens had a green light from commissioners to undertake a study of large-scale re-engineering. Nationwide, only one or two communities — Los Angeles was one — were willing to re-imagine human services so completely.

The idea was so daring that to adopt it required a special act by the North Carolina General Assembly.
An early Human Services leader is warmly remembered for his work with individuals suffering from addiction.

Larry B. Zieverink Sr. helped establish the Alcoholism Treatment Center that bears his name. After serving on the Wake County Board of Commissioners, Mental Health Board and Alcoholic Beverage Commission Board, he joined the inaugural Human Services Board in 1996.

For his dedication, “Mr. Z” was named an “honorary lifetime member” of the board in 2004.

Though he died that year, his contributions live on through programs that continue today.

“He had a warm heart but he was fiscally wise,” recalls James Kirkpatrick, former area director for Wake County Mental Health, Substance Abuse and Developmental Disabilities. “He knew how to get things done.”

From Larry’s Market, his grocery store on Milburnie Street, “Mr. Z” reached out to customers facing hard times, allowing them to run a tab and rarely asking for payment.

In the 1970s, following his own successful recovery from alcoholism, he spearheaded efforts to build a treatment center with a simple yet innovative three-pronged approach:

- provide a medical setting with community counseling;
- offer emotional support;
- involve patients in Alcoholics Anonymous, AA, the program of 12 action steps for addiction recovery.

People found the tools to stay alcohol-free, close to home.

“It was an alternative treatment that went beyond ‘a drunk tank,’” said Meg Houseworth, former director of the center and a friend of Zieverink. “The idea was to stabilize people medically, then provide education and introduce them to AA. It aimed to build the esteem of people who came in for help.”

Houseworth knew Zieverink as a person with plans — and opinions.

“He had positions and wasn’t shy about sharing them,” she said. “If you asked a question, you got a candid and clear answer.”

“He also freely discussed his own struggle with alcoholism,” Kirkpatrick added.

“He had no hesitancy when speaking about it,” Kirkpatrick said. “He wore his recovery as a badge of honor.”

That personal understanding gave his leadership a special force.

“He was an active member of AA and was very distressed about the plight of people who had inadequate places to go when they were really in the gutter,” Kirkpatrick said. “He was a good politician who persuaded Wake County Commissioners and others to believe in his vision.”

The center, part of the County’s mental health services, was funded with County and state funds.

When Zieverink died, his friend Barbara Goodmon, Human Services founding board member and a previous chair, honored him with a moving tribute.

“He was a humble man,” she wrote in the Philanthropy Journal. “He never told anyone what he personally did for others — he gave groceries to people from his small store when they could not afford to pay him; the down-and-out alcoholics who came to him because they had no place to go; and the mentally ill he helped out when they could not afford treatment or medications.

“He knew it was not enough to give of his personal resources: He needed to help bring about programs and policy change that could put people back on their feet,” she wrote.

Over the years, Zieverink helped direct resources to other community mental health programs.

“Larry loved having the power to do the things he thought needed to be done in the County,” Kirkpatrick said. “It was hard work and sometimes you have to take risks to make community mental health real.”
Top, from left: Southern Regional Center director Rosena West welcomes Assistant U.S. Surgeon General Dr. Donald Weaver along with Dr. Peter Morris, WCHS medical director, in December 2000; WCHS executive director Maria Spaulding describes her vision for “Changing the Rules of the Road” in creating Human Services. Bottom row, from left: staff celebrated team building at Human Services’ first anniversary in 1997. Pictured are Yolanda McMillian, health educator, at left and Anne Sayers, former Outcome Group leader. Bottom right, the centralized Call Center provides services in English and Spanish to callers. Shown, from left, are Peggy Gillard, Hope Keber and Brenda Tomlinson.
Early Success

Even before special legislation passed, new roads were taking shape. By June 1995, Maria Spaulding assumed leadership of a nascent agency.

One of Spaulding’s first tasks was to set up teams to organize programs, staff and resources to better serve clients and operate more efficiently. These “Re-engineering Leadership Teams” studied ways to bring professionals from the formerly separate agencies together.

“Looking back, I can see that it was difficult work,” recalled Spaulding, who served as director of the agency for 10 years after serving as assistant county manager. “It was a mission for me.”

The vision then, as now, was to respond to each individual by working with them to develop a plan for action. Ideally, the plan would help the person move toward independence. Those with severe mental or physical disabilities, or both, would find the support they needed for an optimal quality of life. For the most vulnerable — the sickest, the elderly, children — a long-term commitment was needed from everyone.

“We wanted programs that related to the issues, so we could work with people in a holistic way. We knew that with a unified approach, the results would be better than with a single-agency approach,” Maria F. Spaulding, executive director, Wake County Human Services

A new law, a new era

In July 1996, with full support from the Wake County Commissioners, the North Carolina General Assembly approved the County’s request to combine its Public Health, Social Services and Mental Health departments into a single agency: Wake County Human Services.

With that endorsement, doors opened, Spaulding said.

A timely approach was necessary as new federal guidelines were taking effect to bring more self-sufficiency to those receiving federal financial assistance.

Work First provided an early challenge for the agencies as they began asking each other: How can we work together to help improve life for our clients? How can they benefit from our services to find independence and a better quality of life?

Within a few weeks, a new collaboration began. Adult Services and Economic Self-Sufficiency brought together team members with various strengths to oversee as many as 1,000 households — a mighty, but important task. More opportunities to cooperate appeared.

In the meantime, the Steering Committee began its work. During the spring and summer of 1995, committee members explored the system and imagined ways to improve it. They identified 134 different funding streams — federal, state and County. Those divisions made a beehive of Human Services. Committee members visited locations where services were provided and even traveled by bus to the rural communities outside Raleigh where they met some Wake County residents who lacked indoor plumbing.

“We probably didn’t talk about what the solutions would be for the first six months,” said Dr. Robert Bilbro. “But after that, we said, here are our facts and here’s what we learned from our consultants. What should the recommendations be? Pretty quickly, it was suggested that the best thing to do was to fold them all together.”

“We wrestled with it, looked at the pros and cons, but there was strong consensus that it was the best way to do things,” he added.

Inside the County, work groups were charged with defining new directions for the agency. Other changes were taking place, foremost among them a plan to create a center in Fuquay-Varina to house several different kinds of County programs together. These buildings would be known as “regional centers” and would bring County services to clients in their own communities.

The Southern Regional Center in Fuquay-Varina opened in March 1996 with 42 employees. It would become, in many ways, a harbinger of days to come and would serve as a model of success.

The Southern Regional Center marked a critical turning point. It took the ideas under discussion and made them real. From the start, it captured the spirit of the merger. Because the center employed full-time reception staff, each area could better concentrate on making its professionals available. Clients could schedule several appointments for the same day. In one visit a client could see a doctor in the clinic, pay taxes, find job training resources and learn about financial assistance to obtain prescribed medications. Spanish-speaking clients were assisted by bilingual staff. Co-location of multiple County services provided better customer service and improved business practices.

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Early Success
Top left: a client receives job training through Spectrum House. Bottom row, from left: Tobacco Talk, WCHS smoking prevention and cessation program, makes a presentation to Fuquay-Varina High School in 1998; the dental clinic’s Sealant Project helps children from the Boys & Girls Clubs in 1999; from left are dental hygienists Wanda Rudd, Kelly Houpt and Kim Jernigen along with Dr. Johanna Irving. Mary Hunter Cooper, dental hygienist, plays tooth fairy, 1999.
“We conducted a lot of forums, workshops and work groups so we could learn about each other,” she said. “You can imagine that it would take years to develop new relationships with people who are not in your field of work, who are in other fields. Before that day, most of us probably never concentrated much on figuring out what someone in another department did. And that was a big change.”

But even as the merger began, stormy days loomed. Only weeks after receiving the green light to re-engineer, Wake County was the target of Hurricane Fran. This crisis brought thousands to the Swinburne Building for emergency relief, but staff members were ready for them. Within a day, the agency organized a Disaster Food Stamp Program, and nearly 12,000 households received $3.5 million in food assistance. Red Cross workers and volunteers provided more than 1,000 meals, using the County’s Spectrum House.

While the storm ravaged the county with flooding, wind damage, and loss of power and water, Human Services staff members rose to leadership roles, in many instances while they faced their own personal loss.

Sen. Richard Stevens, in a letter to his staff after the disaster, commended those who, he said, already seemed like members of the same team. “I observed the entire Human Services staff pulling together in a combined effort to help staff the Emergency Operations Center, the shelter, Disaster Food Stamp application sites and other facilities. You represented a united front to support the County’s entire disaster operation.”

While the County recovered from Fran, re-engineering moved forward and by November new groups were taking shape. “Outcomes” became goals, replacing the old program-centered approach, which reflected funding sources more than the real needs of a person or family.

“We tried to develop distinct groups,” Spaulding said. “We tried to make sure there were opportunities for people to engage in overall issues as part of committees that worked together.”

These first “Outcomes Groups” were:

- Family and Youth Success, led by Dr. Peter Morris;
- Emergency and Adult Health Services, led by Meg Houseworth;
- Adult Community Support Services, led by Martha Crowley;
- Community Health, led by Lou Brewer;
- Economic Self-Sufficiency, led by Tom Hogan;
- Resource Management, led by Camille Schaffer; and
- Accountability, led by Anne Sayers

Because the County had deep needs for health care, safe housing, job skills and a route to a better life, the merger came just in time.

“The vision was that — for instance — a mother and a child could come into a single place and have direct access to all of our services at the same place,” said Sayers. “Or, at least, the people helping her would have a working relationship with people in other clinics and programs. That was the goal, particularly for families with multiple needs. We knew that multiple needs are intertwined, and if you didn’t fix one need, the others would return.”

Services became more closely linked. Those with disabilities, physical or mental, could find support in a single location, with coordinated referrals. Others, such as the homeless, would find more resources to help them build a new life.

“We believed strongly in improving our services to our consumers, and doing the best thing by them that we possibly could,” Spaulding said. “We have always been very consumer oriented.”
Ready to Learn helps parents and grandparents understand how important they are to their child’s education. They are their child’s first teacher.”

Becky Mangum, site coordinator, Southern Regional Ready to Learn Center

Open door, open heart

When Gladys Garner realized her little grandson’s home was unsafe, she knew she had to act.

Though she never intended to become a mom again, she adopted her three grandchildren and today serves as their protector, counselor and best friend.

“It’s been a long road, but I wouldn’t give them up for anything,” she said, cradling 6-year-old Joshua in their cozy home in Fuquay-Varina.

Garner, “60-some years young,” has always been close to her grandchildren — especially when their parents, her son and his girlfriend, became unable to care for them. When they were moved to another relative’s home, she picked them up after school and shared long weekends.

One day she noticed a burn on the little boy’s arm. She called his day-care teacher, who informed Child Protective Services.

“They called me and said, ‘They’re not going back,’” she recalled.

Within minutes, she had to make one of the biggest decisions of her life — either she could take in the children, or they would become foster children and possibly be separated.

Without hesitation, she became their new guardian and legally adopted them.

Her oldest, Marissa, 7, and Joshua have each spent time preparing for school through play groups and classes provided by Ready to Learn. This program provides structured activities that help children become comfortable in a classroom setting. Brianna, 4, is set to start the program when she’s older.

Ready to Learn uses strong family relationships as the foundation for learning. Parents learn to provide academic guidance, while children grow familiar with new expectations at home and at school.

Garner has also benefited from the Child Support Enforcement Program at Wake County Human Services. To make sure she was prepared to become a parent again, she attended foster parenting classes, too.

Garner grew up on a farm and wants to make sure her children have home-cooked food and the routines that help them feel safe and loved. Each night she makes vegetables like green beans, cabbage and corn, along with ribs or pork chops. She limits their desserts, though cookies and ice cream are not out of the question once a week or so.

She irons their clothes, sometimes as many as 100 pieces in a day.

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So great is her love that for three years, she has slept on the couch, giving her bedroom to the girls and providing Joshua his own room.

Their social worker, Gloria Collins, believes adoption and support programs at Wake County Human Services helped keep this family together.

“We want children to have a safe haven,” Collins said. “We provide financial assistance, counseling and any services children and families need.”

Marissa is a sharp, energetic girl who loves to read and dreams of being a ballerina. “I call her my little bookworm,” Garner said.

Joshua, in the family tradition, already shows he’s becoming a musician. He pulls out an electric keyboard from behind the couch to play a melody, then proudly displays his new guitar.

He often joins in musically at church, where Garner sings in the choir and plays tambourine. Brianna, too, is a happy little girl.

Through her act of generosity, Garner has gained more than she ever imagined possible. The children keep her active and sometimes go with her on her daily walks. In spite of the instability they once knew, today they can count on their grandmother.

“They’re good kids,” she said, with a smile.
Top, from left: Mae Vann Hyatt, RN, checks the results of a tuberculosis skin test. The Best Friends program pairs volunteers with young people who benefit from friendship with an adult. Bottom row, from left: Sonya Reid, health educator, checks for proper fit during the Child Safety Helmet Project/Bike Safety Project. Elizabeth and Ellian Jenkins, with the Crash Test Dummies, promote safety at the “We Are Family” Health Fair, 1998. Volunteers in costume are Sarah Gilbert and Jill Andrews. A volunteer reads to children in the Child Health Clinic waiting room.
When the mom and dad are in despair, the child is not ready to learn. If you stabilize the home, you can help parents become comfortable being an advocate for their child.”

Martha Crowley, program manager for Project Management and Development

Family Focus

As the agency’s major reorganization began in 1996, children were at the forefront. Over the next five years, several initiatives took shape that would strengthen support for children, parents, extended families and guardians.

New ways to reach out became possible once the old barriers disappeared. Programs could include new goals and measure results in more human terms, addressing physical needs such as immunizations and health screenings, while also keeping in touch with the mental health of children and their parents, along with their economic and social needs.

One of the first steps for the newly integrated agency was putting together “Leadership Teams” to direct attention toward specific goals. New programs in Child Support Enforcement, Job Training Services, and Housing and Community Development provided additional avenues to meeting these goals.

The first Leadership Team included staff leaders responsible for their outcome groups, who worked to direct the agency toward its new goals.

By November, the new Human Services Board of Directors convened. This brand-new board had 25 members with varied areas of interest, including two physicians, one county commissioner and several lay representatives, family advocates and human services professionals.

Greg Patterson became the first Human Services Board chairman. “Re-engineering tackled the tough questions of what government should do, and how it could do it best,” Patterson said at the time. “It created a new work culture and changed the way Wake County Human Services did business.”

The new board got down to business the following month with its inaugural meeting. It has met monthly ever since.

In the year to come the re-organization saved the County an estimated $1.4 million, which was used to strengthen and expand programs for a growing client community.

Changes for children

With consolidation, child welfare, including financial assistance, child support and nutrition — traditionally part of Social Services — became closely linked with Mental Health and even educational support. The foster care and adoption programs now had ties with programs such as Ready to Learn and the Partnership for Educational Success. Along with Medicaid and attention to health, the mental and developmental issues children face took center stage.

Outside the agency, other changes were taking place to support its goals. The Welfare Reform Act of 1996 lead to Work First in North Carolina and sparked a movement toward self-sufficiency and an emphasis on financial support from absent fathers. Anyone receiving public assistance was required to seek child support from a missing parent.

The Child Support Enforcement program became key to economic self-sufficiency for families at the new Human Services agency. Figures showed that for every dollar spent, the agency recovered $7.71 in child support payments. Human Services helped find missing parents and in some cases, prove paternity.

As protective services became more integrated, the root causes for family problems could be better addressed.

Reports of alleged abuse and neglect reached more than 2,680 that year, with 828 children placed in custody of Wake County Human Services.

The foster family program, then as now, is a critical part of Human Services. It is estimated the program now has about 550 children in its care. These vulnerable young ones, whose parents are unable to care for them, become part of a new family, sometimes temporarily in a foster setting and sometimes for longer durations.

When they can’t return to their biological parents or to relatives, they can be adopted, and Human Services has helped bring many children together with new homes and families. The Family to Family initiative helps ensure foster children stay in familiar neighborhoods, with caretakers with whom they feel comfortable. This culturally sensitive approach helps ease the discomfort when children must be removed from their homes. The Family to Family initiative now includes the Child Welfare Faith Community Partnership, through which churches can help ease a child’s transition to foster care.

Whenever possible, parents are offered the chance to keep or regain their children after taking part in parenting classes offered by Human Services. Programs such as Families on the Grow and Baby Love help parents learn better coping and discipline skills.

Another approach created “Resource Teams” to bring a fuller understanding of children’s needs, especially those who were entering foster care. The Resource
Top left: Francie Auld, English instructor, with a class of moms-to-be. Bottom, from left: A member of the WCHS dental clinic reads to children at Barnes & Noble. Teen Spirit participants. Grandparents who are parents find support through Human Services.
We merged Child Welfare with Child Mental Health and realized that when you worked with a child, you could approach it in a different way than in the past.”

Tom Hogan, former WCHS outcome group leader

Team made sure children received mental health counseling when they experienced a violent home.

By integrating mental health services more fully into Child Welfare programs, children can, ideally, better cope with their transition to foster care and possible adoption.

These programs also dovetail with County child health services. As a result, children are now more likely to receive the total care they need.

**Partnership for Educational Success**

When the Wake County Schools set new goals for students, Human Services rose to the challenge. In 2000, Wake Schools established a goal that 95 percent of students would reach grade-level abilities by 2003.

That ambitious goal helped spark the Partnership for Educational Success, one of the most far-reaching collaborations for the agency. Human Services joined the Wake County Schools to set up pilot programs in several schools and began working intently with families to help them better support their young learners.

“The partnership was a genius idea that had excellent support from the schools,” says Martha Crowley, a counselor and clinical social worker who today serves as Human Services program manager for Project Management and Development. “There was an expectation from both systems to make it work. The change team took on that project and worked for about 18 months to develop the vision. We were surprised at how well it went.”

The Partnership established teams to focus on children who were not at grade-level and to find out why they were falling behind. It became clear that often neither the child, nor the teacher, was at fault.

“They were failing because their homes — the families — were in disarray,” Crowley said. “So we tried to come to the family’s support. Parents wanted their children to succeed, but stresses at home made it very difficult.”

Staff members learned that parents needed help — sometimes with minor obstacles like paying a power bill, but other times, with greater needs. Mothers needed to get away from abusers. Some parents needed help overcoming a substance abuse problem. Families needed stable, safe housing.

“When the mom and dad are in despair, the child is not ready to learn. If you stabilize the home, you can help parents become comfortable being an advocate for their child,” Crowley said.

With this support, and the tools of a new program called Family Decision Making, parents were able to develop a plan for their child to learn at school and at home.

**Bringing services to children**

The merged agencies became more comfortable working together. With time, staff members learned more about the many programs it offered. With their greater understanding, referrals to the appropriate services became smoother.

“What we’ve striven to do is have employees develop relationships with each other, because that is the basis of trust, of having the confidence that your client will be seen by the appropriate person,” said Maria Spaulding, WCHS executive director. “You have to have the knowledge to make those referrals.”

As division director for Family Support Services, Mary Urzi believes early intervention in a child’s life can prevent serious consequences later.

“We have a broad mission to integrate our programs and to try to help families build their own strengths,” she said. “We want to promote healthy births, healthy choices and healthy behaviors, educational success and family independence.”

Programs supporting these goals emphasize prenatal care, mental health care and school mental health, child care and physical health. “We want to make sure children are prepared,” Urzi said. “Because if they come to school already behind, they are much more at risk for not succeeding.”

Ready to Learn, another family-focused program, began in 2000 and today helps children prepare to start school. There are eight centers offering immunizations, health and developmental assessments, family support services and parent education through Human Services. Human Services also connects families and students with volunteer tutors through programs provided by 4-H and the Boys & Girls Clubs in Wake County.

Families, Human Services and community partners work together to provide the support a child needs to overcome obstacles to success at school and home.
Phil Brickle, manager, CASA’s Community Property Alternatives.
Trimming a sidewalk neatly means more than you’d expect for a distinguished group of lawn care workers.

This landscaping team, known as Community Property Alternatives, works for CASA, Community Alternatives for Supportive Abodes, which is a nonprofit housing agency. It provides lawn care for CASA apartments throughout Wake County, whose residents are referred for housing by Human Services.

For this grounds crew, training brings heavier-than-normal demands. That’s because they each have a unique disability, such as mental illness, former substance abuse or developmental delay.

Because the individuals face their own heightened challenges, they need the right kind of encouragement, said their manager, Phil Brickle, 51.

“They need a lot of love, patience and compassion,” Brickle said. “They have appointments, they need to take medication. Some employers wouldn’t have the resources to support the complicated conditions our staff are coming in with. But for me, it’s been a joy.”

For the past ten years Brickle has worked among the destitute in Raleigh and Wake County. He is a beloved figure to many people, especially those who have lost everything through illness, addiction or hardship.

It’s not just goodwill that drives him, though he’s got plenty of it. It’s a deep understanding of street life. Before he became a minister, he was a heroin user for 20 years. Ten years ago, he moved to Raleigh and recovered, thanks to the love of family and, he believes, divine inspiration.

“I was touched by the Lord and delivered from my addiction,” he said.

Once he accepted this grace, he said, his cravings eased and then went away altogether.

Soon, he felt a powerful urge to reach out to others with more than a donation: with his time and his heart, to walk beside them to understand their needs.

He went to a public park with a pot of chili, some bowls and his friends. That night, he understood the desperate needs around him.

He eventually started Lost Sheep Outreach Ministries, which today sponsors meals, clothing give-aways, Bible study groups and frequent cook-outs and holiday events.

He brings the qualities that make his ministry a success — compassion and a no-nonsense approach, to his job as manager.

“When love is missing, people will struggle,” he says.

The CASA landscapers are so successful they recently added new positions and are accepting outside contracts. These triumphs come from their hard work and show the power of a bold collaboration among several agencies, including Wake County Human Services, said Mary Jean Sayda, CASA’s assistant director.

CASA, an innovation in its own right, took shape about 14 years ago as part of Wake County Human Services, to provide housing for people with mental illness, substance abuse or other mental disability.

CASA has since become a separate agency. It supervises about 150 apartments at more than 30 locations.

“The County has always had a role in creating and supporting partnerships in the community,” Sayda said. “With CASA, the County has been able to create housing for independent living. Sometimes, it’s hard for our residents to find jobs in regular employment and this landscaping service creates opportunities for them.”

For Brickle, an attractive lawn reflects another kind of beauty: the beauty of working together.

“If you don’t have spiritual support it’s easy to fall,” he said. “If all of us could partner in this way, we could reach so many people.”
Top, from left: Michelle Kelly of the Capital Area JobLink Career Center provides support in the job search. Inter-Faith Food Shuttle volunteer chef Terri Hutter assists with food preparation for the homeless. Bottom row, from left: Guests at the South Wilmington Street Center picnic. Visitors listen to Phil Brickle during a September 2006 picnic at the South Wilmington Street Center.
We blend services, whereas in other cities, you’re more likely to have only bits and pieces. We have a service philosophy that offers more than just a meal and a cot. If these men are successful, they can move into affordable, safe housing.”

Jack Rogers, division director for Economic Self-Sufficiency

By 2000, strong collaborations were in place along with new programs that were transforming Human Services.

Five characteristics defined the agency’s priorities. The agency aimed to be

- Community-based
- Family-centered
- Prevention-focused
- Culturally-competent
- Outcome-driven

These principles helped to drive programs that would make available more opportunities than ever before for people who sought economic self-sufficiency. Clients could find the roads they needed to take to gain financial independence.

**Working with respect**

Finding a first job can be daunting, but for those in mid-life who do not have the experience employers seek, the search can seem impossible. Those with mental illness, developmental disabilities, substance abuse or who lack a high-school degree face even tougher odds.

Human Services was able to assist clients with these needs and others by bringing together resources from vastly different areas. They could seek employment support, health care, counseling and emergency financial assistance when needed, said Jane Tallis, a nurse practitioner, now serving as a project manager.

“We changed the way we work,” Tallis said. “When you look at a program like Work First, someone who needs job training can, for the first time, be partnered with a substance abuse counselor, for instance, if that was the reason they couldn’t keep a job. Before, those were separate services in separate buildings. Now they’re right here together.”

In 1997, a new office opened to help them all. The JobLink Career Center, located in the Swinburne Human Services Building, provided a central location and computers, where people could create a resume, learn to complete applications, search through job listings and even polish their interview skills.

The center welcomed job-seekers no matter their age, needs or education level. It complemented other County programs by offering the next step toward a new job. For those who completed a high-school diploma equivalency degree through Wake Technical Community College, or for clients completing required training as part of Work First, the welfare-to-work program, the JobLink Center showed the way to employment.

The JobLink Career Center each year helps thousands of people find leads for a new life. Computers, printers and Internet access link them with employers, and regular classes provide the savvy and skills for their success. By 2004, the JobLink Center was serving more than 3,200 new clients and about 19,000 repeat clients.

People receiving treatment for mental illness or developmental disability also found more opportunities through the new Human Services agency, especially through a program called Supportive Employment, which focused solely on their needs. Supportive Employment offers work at The Daily Grind cafe and other coffee shops in the Swinburne and Sunnybrook buildings. These locations provide the supervision these clients need while enabling them to strive and contribute their abilities fully.

Supportive Housing applies this principle to independent living. It matches appropriate housing, say a duplex apartment, with a suitable tenant who also has a mental illness, developmental disability or substance abuse issue. That’s only the beginning, however. A social worker keeps in close contact to make sure the client is taking care of all the responsibilities of apartment life such as rent and bills, while also making sure the client is following a treatment program, which may require appointments, medication and health checkups.

“In supportive housing, we’re working with people who have severe, persistent mental illness,” said David Harris, director of housing services. “It’s best to place someone in the least restrictive situation. We believe that, although they’re in permanent housing, they still need support.

“We have a community-based approach,” he said. “We decide how intensely they need our services to get to a stable level. We may meet once or twice a week or maybe we just give a monthly phone call. We also develop a relationship with the landlord.”

CASA, or Community Alternatives for Supportive Abodes, is an independent, nonprofit agency that helps provide housing for people with mental illness or other disabilities. It began as part of Human Services with County support and now has more than 150 dwellings in several locations throughout the county.

The Wake County Area Business Council became a partner as Human Services looked for ways to link with the community. This business group gives
Top, from left: Collecting food for charity in March 2003 are, from left to right, Jhansi Gurram, Vivien Omile, Sarah Plentl. All are nutritionists. Blache Royall, left, shift supervisor, South Wilmington Street Center, with Michael Rogers, president of the Guest Advisory Council, in the Resource Room at the South Wilmington Street Center. The room has computers, phones and other resources for men in transition. Bottom row, from left: The South Wilmington Street Center offers clean, safe temporary housing and job programs for the homeless. At the Larry B. Zieverink, Sr. Alcoholism Treatment Center are, from left to right, Judy Gooding, director of nursing; Martin Woodard, director of acute services; and Carolann Jenkins, executive assistant.
You have to meet people where they are. You can't be judgmental. They need to feel that if they fall down, you won't shut the door. You say, 'Let's keep trying.'”

Blanche Royall, lead shift supervisor, South Wilmington Street Center

notice of available jobs and looks for other ways to build bridges with clients. It is one of many community partnerships that flourished as a result of the new merged agency. Because people had more doors to services, they were better able to sign on for classes and programs. In turn, the community, too, had more doors to build relationships with the new agency.

From homeless to hopeful
The year 2000 marked a turning point for homeless services when Human Services began operating the South Wilmington Street Center for men. More than a shelter, this location today functions as a hub of learning and a home base for men making a better life. It offers faith-based study, substance abuse support groups, career-building classes and even anger management workshops. For some, the center also provides a job while they get back on their feet, hiring them for housekeeping and other duties. While a resident, everyone has clean-up duty and other responsibilities.

The center formerly provided emergency housing only and was operated by the city of Raleigh. When City and County leaders recognized the potential to provide larger services, it was decided the shelter would become part of Wake County Human Services.

“Today, the South Wilmington Street Center is a totally different type of housing,” said Jack Rogers, Human Services’ division director for Economic Self-Sufficiency. “It allows men to begin changing their life, so they can move on and get a job.”

In many ways, the Wilmington Street Center mirrors the Human Services philosophy, Rogers said. For instance, when a tuberculosis outbreak threatened, public health rapidly mobilized to conduct testing there. Vocational services, too, has a close working relationship with the center. Moreover, Wake Technical Community College offers regular classes in the resource room to help men develop living skills and job qualifications.

“We blend services, whereas in other cities, you're more likely to have only bits and pieces,” he said. “We have a service philosophy that offers more than just a meal and a cot. If these men are successful, they can move into affordable, safe housing, and there will be less need for a shelter.”

Those who want to work can begin looking for a job using the center’s computers to create a resume. A voice-mail service allows them to receive messages from potential employers. If they need a high-school equivalency degree, they can take GED classes.

“We have a job coach, a substance abuse counselor, a mental health social worker and a case worker who specializes in finding housing. They do everything together,” said Carson Dean, center director. “We have on-site GED classes, job skills and life skills classes, NA, AA and a veterans officer on the case management team. If we don't do it, we're connected to someone who does.”

Steps such as taking a class or trying to find a job allow men to stay at the center for longer periods of time.

Experience and understanding are vital for the center’s staff members, whose goals include matching clients with resources and, ideally, inspiring them along the way.

Blanche Royall, a lead shift supervisor, has formed meaningful relationships with clients, and provides compassion and guidance as they seek to improve their circumstances. It’s essential to offer support without judgment, she believes.

“One of my joys is to provide an opportunity for people to turn their lives around,” Royall said. “But you have to meet people where they are. You can’t be judgmental. They need to feel that if they fall down, you won’t shut the door. You say, ‘Let’s keep trying.’ In the end, it’s a good feeling to know you made a difference in someone’s life."

Other clients can find support at Cornerstone, a neighborhood resource for those in transition. It offers a place to shower and find health-care referrals and information about employment. Homeless women with families can find shelter in a community setting through churches, the Salvation Army and other agencies that work closely with Human Services.

In the months ahead, new efforts to ease homelessness will take shape as part of a ten-year plan developed in 2004. “Ending Homelessness” is a partnership among Human Services, the City of Raleigh, Wake Continuum of Care and Triangle United Way. This initiative calls on the community to pool housing dollars, recruit volunteers, explore new hiring and safe, affordable housing opportunities, while looking for ways to help reduce the numbers of people without a home. The long-term goal is to eliminate homelessness.
The Esteban Family, from left to right, are Margarita, Jose Dorman, Maribeth, Jose Angel and Agustin Esteban Jr. (not pictured Edgar).
It’s hard for Margarita Esteban to convey the many ways her life is better these days. That’s because her native language is rarely used outside of Michoacan, her home state in Mexico.

When her marriage ended a few years after she moved to the United States, she found herself alone, unskilled and silenced because she did not speak English. Though she still struggles with the language, she is no longer isolated, thanks to PRO-Familia, a program that lends support, guidance and a comforting ear to Spanish-speaking residents, helping them develop the skills they need to find a job and become self-supporting.

PRO-Familia also helps clients find resources through churches and other nonprofit agencies, while directing them to useful services such as JobLink Career Center, and legal advice.

Separated from her husband, a legal resident, Esteban lives with her five children in Raleigh and works for North Carolina State University.

She’s grateful she can support herself and her children and grateful her family was able to stay together despite their hard times.

She thanks Wake County Human Services’ PRO-Familia for helping make a better life possible.

“There were times when I felt, ‘What am I going to do?’” she said through her interpreter and case worker, Sandra Painter. “Now, I am a lot happier. If I have a problem, I can call and get help from PRO-Familia.”

PRO-Familia began six years ago in response to Wake County’s surging Latino population, one of the fastest growing in the United States.

PRO-Familia offers English classes, resume writing, practice interviews, housing information, even nutrition and budget workshops.

“We have made a real commitment to serving the Latino residents of Wake County,” said Tony Zarcone, program coordinator. “Our mission is the same as the County’s. We want to help the Latino population and other disadvantaged clients achieve self-sufficiency.”

While emphasis is on employment, PRO-Familia recognizes that many family factors impact the ability of a parent to obtain and retain employment. PRO-Familia connects their clients to other resources within Human Services. Bilingual staff help support groups learn about budgeting, housing and parenting including gang prevention tips, nutrition and child development. The County health clinics provide health care and assist families to apply for health insurance; child care subsidy enables parents to work; and services intake helps parents find short-term assistance to meet basic family needs.

Family is so important to the program that it’s part of the name, a Spanish acronym that means Program of Occupational Resources for the Family.

“We want to help those with limited English proficiency, usually adults with kids, find stable, good employment while they improve their language and living skills,” Painter said. “Our ultimate goal is independence through employment. Not only for them to get a job, but to make sure they can support their family.”

When Esteban and her husband separated, she was left without a car, income or ability to take care of herself in her adopted country. At first, she and her children survived on her son’s meager wages.

“My oldest daughter asked me, ‘How are we going to be able to do this,’” Esteban remembers. “At that point, I was really sad, and I cried a lot.”

Today she has a steady job in housekeeping and her family is at last together, with brighter days ahead.

Her oldest son, Edgar, and daughter Maribeth are working, and sons Agustin and twins Jose Dorman and Jose Angel attend school.

She’s still learning English, but there’s one language Esteban speaks much better these days.

She communicates through the universal language of a smile. That’s one language you could say has become second nature for her.
Top, from left: Jeanne Harris, nutritionist, dressed as Minnie Mouse, encourages healthy eating habits with a coloring contest at the Child Health Clinics. Members of the Wendell community take part in a creative strategic planning exercise. Bottom row, from left: Teen Spirit helps young people make healthy choices for living. View of the mezzanine, Human Services’ Swinburne Street location.
The past ten years have brought deep changes to the traditional population of Wake County. New residents have moved in from other states and from around the world. The characteristics of the population are changing, too.

A federal survey showed that in 2000, 10 percent of the county’s population was foreign-born. A different but related number showed that 5 percent were Latino and 3 percent were Asian. These numbers will continue to grow. Meanwhile, more people from diverse cultures, including Pacific Islanders, Haitians, Africans, Indians, Vietnamese and other nationalities, will call Raleigh and Wake County home, as well.

New residents have brought unfamiliar cultures to the traditional ones, and brought new opportunities for reaching out.

At the same time, changes from within are giving Wake County a different appearance. The population is growing older, and it is estimated that by the year 2020, the number of adults 65 years old and older will increase by 170 percent. By that year, there will also be a 70 percent increase in those with severe disabilities.

“In the next 20 years, people over the age of 60 will redefine what our priorities are,” said Robert Sorrels, Human Services deputy director.

Town in the countryside, once refuges from city life, now find they are bustling hubs. It is estimated that the town limits of Fuquay-Varina will grow five times by 2020, according to the town’s Chamber of Commerce. Like other towns, it will see its population age in the years ahead.

In January 2006, Human Services adopted a new vision for guiding services for the elderly. The six areas of focus are:

- Transportation
- Personal care
- Safety
- Economic self-sufficiency
- Housing
- Health

A strong public and private foundation for senior services is in place. In some cases, expansion of existing programs is all that will be needed to echo growth of this population. In other cases, innovative new programs will be required; often these will involve volunteers and public-private partnerships. Prevention efforts will be critical, using educational interventions earlier in the lifespan to promote personal responsibility and forestall or postpone physical and economic disability.

The “GOLD” (Growing Older Living with Dignity) Coalition was formed to help improve services and create approaches that will ensure older residents have the opportunity to keep their good health through exercise, nutrition and health care, while enjoying social and recreational activities.

Role models for youth

At the other end of the age spectrum are teenagers, who need support to navigate difficult moral times. Gangs can reach far into a community, so reducing their hold will take strong alternatives. In 2006, the County received a state Juvenile Crime Prevention Council Grant to help.

The County and its partners will create programs based on the Plan to Prevent Youth Gang Activity and Violence in Wake County, which commissioners adopted in 2006.

As a result, support will be available for young people at Haven House, a shelter for homeless youths. The grant will also fund a partnership with El Pueblo, an organization targeting Latino youth.

Teen Spirit is a program that emphasizes school work and success with rewards for good grades and for those students who meet regularly with tutors. The Best Friends mentoring program, which matches a volunteer with a child, can also help.

While the population’s age patterns change, so will its health status. New antiviral treatments mean those with HIV, which causes AIDS, are living longer and enjoying better health and fewer...
Top, from left: A teen from Temple Beth Meyer participates in a youth program developed in partnership with faith communities. Community Alternatives for Supportive Abodes, or CASA, apartments in central Raleigh. Teens and seniors together. Bottom row, from left: Tai Chi classes are part of the GOLD Program (Growing Older Living with Dignity). Making puppets with children in the Child Health Clinics.
of the debilitating symptoms that once characterized this disease.

Human Services, in partnership with the Alliance of AIDS Services-Carolina and the Hospital Alliance for Community Health, marked the opening of “Under One Roof,” near the Sunnybrook Building, in 2000. This Wake County office offers many services and resources helpful to those with HIV/AIDS. With 18 staff members, volunteers and interns, Under One Roof has a food pantry, faith-based care, counseling and a socializing area.

Neighbors from around the world
The most significant group of new residents to Wake County are people from Puerto Rico, Mexico, Central and South America. Mostly Spanish-speaking, these new residents face challenges in obtaining housing, health care and employment. In 2000, Wake County had the second-fastest-growing Latino population in the United States.

In 2006, the County’s Latino population was about 60,000 or 7.4 percent, said Martha Crowley, a counselor and clinical social worker who serves as Human Services program manager for Project Management and Development. While she has been a strong contributor to the agency’s programs in many areas, as a native of Colombia, she has special understanding of Latino concerns.

She helped the agency establish PRO-Familia. Funded with federal dollars PRO-Familia helps non-English-speaking Latino residents gain the skills they need to become self-sufficient.

Most new residents are likely to first become clients at the County’s health clinics, where they seek prenatal care and pediatric health care.

Sometimes 60 to 75 percent of the people who use the clinics are Latinos. Young people are coming here for employment and they are of the age to marry and have a family. “This changing population requires us to look at how we provide those services,” she said.

Once a Latino family is identified, staff members can screen them for other services, even language learning. “They are able to receive skilled coaching and training for jobs,” she said. PRO-Familia offers English language classes at night. A Latino mental health team also provides support.

“We help individuals get a job, keep a job, budget their money, maintain or improve housing and ultimately become self-sufficient through employment,” said Tony Zarcone, program coordinator. “We do this through intensive case management, but we also care about how our clients are doing within the larger community. Our philosophy of inclusion is as vital to our participants’ success as any training that we offer.”

PRO-Familia helps Latino families feel comfortable, accepted and appreciated by holding events and offering support groups.

“Our clients often come to see our program almost as an extended family instead of just another service,” he said.

In addition to Latinos, each year Human Services assists about 150 refugees as part of its Economic Self-Sufficiency services. The support they receive includes finding sponsor families to look out for them, and churches that can help with housing, furnishings, clothes and food. As a first step, refugees receive health screenings and information about medical and dental care.

Awards
In 1998, the International City-County Management Association recognized Wake County with its Program Excel-
Top, from left: The line for emergency assistance following Hurricane Fran in September 1996 outside the Swinburne Building. (Photo courtesy The News & Observer.) Gov. Easley, at podium, visits Wake County Human Services during Katrina. With him are Joe Bryan, Wake County commissioner, left, and Peter Morris, M.D., director of Clinical Strategies Division. Bottom row, from left: Human Services helped staff the Emergency Operations Center during and after Hurricane Katrina in September 2005. Standing, left to right, are Jack Rogers, director of the Economic Self-sufficiency Division, and Crystal Farrow, director, Local Managing Entity for mental health, developmental disabilities and substance abuse services. After Hurricane Katrina, Wake County, City of Raleigh and partners in the public and private sector transformed a vacant office building into an evacuee relief center. Residents were taken by bus to the nearby RBC Center to use the locker rooms and showers.
Disasters arise quickly and without warning, as was the case when Hurricane Fran raged through Wake County in September 1996.

The just-formed Human Services’ initial board meeting was still two months away, but the agency swiftly came together to take on its first potential crisis. Its response was known as “The Five-Day Wonder.” During that time, more than $3.5 million was distributed as one-time assistance to more than 12,000 households.

“One of our finest moments came during that time of huge community crisis,” remembers Robert Sorrels, Human Services deputy director. “When I worked in the County’s Emergency Operations Center during Hurricane Fran, I began to realize how we could take command of our collective resources and do more, and do it better and more quickly than if we were apart and having to ask permission to cross lines and boundaries. We just reached out and got it done.

“I knew then we had the opportunity to do great things that was a real catalyst for us.”

With the past ten years the agency’s ability to meet disasters has become even stronger, with more coordination among County emergency agencies as well as within Human Services. Since the agency incorporates the critical public health services, it is often on the forefront of response to disasters, which often are trailed by disease outbreaks, illness, contamination and unsanitary conditions caused by flooding, lack of sewer, running water and power. Moreover, during these crises, people need food and even emergency cash assistance.

When a chemical plant burned in Apex, Human Services, along with emergency responders, helped staff the Emergency Operations Center and responded to questions from a worried public about the chemicals involved. Human Services also assisted with emergency sheltering of evacuees.

Wake County has also faced threats from flooding, ice, snow and wind storms. In 2003, when Hurricane Isabel loomed, it drove thousands of residents from their homes into shelters set up in several public schools. In addition, during extremely hot or cold weather, Human Services issues a white flag alert which opens the doors of multiple community sites for people seeking emergency shelter. Human Services, along with other County agencies, has helped provide a united response.

“The past ten years have seen us improve our capacity and responses multifold,” said Dr. Peter Morris, medical director, Wake County Human Services. “Wake County has always been affected by hurricanes. We have also conducted exercises to help prepare us for a theoretical event at Shearon Harris nuclear plant, about 20 miles from Raleigh. We have examined and refined our response to the communicable diseases that occur and can affect the entire county.”

“What’s changed for us as part of a larger agency is that we have a more systematic, unified response to unexpected, possibly disastrous events,” he said.

“Today, we have structures and plans deep within the organization that can respond. That depth extends not only to our medical preparedness, but also to our colleagues in economic services, environmental services and mental health.”

**Weathering storms**
The years’ recent storms have bolstered the County’s advance planning, and Human Services, too, has developed systematic responses. Its plans contain directions for alerting other agencies and directing staff. Communication is key.

With 740,000 residents — about 300,000 in Raleigh alone — hurricanes mean devising exits and watching for floods that can emerge suddenly.

The Disaster Preparedness Task Force in Wake County, established in 2000, brings together key services. During emergencies, these agencies open all lines among themselves, allowing them to best determine the next steps. These responses are based on existing models adjusted to suit the immediate, local need.

“We, and that’s the big ‘we’ — the city and County, and all the response providers — plan what we need to do, how we can be better prepared,” said Gibbie Harris, M.P.H., who has served as Community Health director since 1998. Members of Human Services, along with emergency management, fire-rescue, EMS, law enforcement and hospitals have contributed to the plans.

“We don’t have a different plan with different people for every scenario,” she said. “We have good plans, already in place, that are adaptable. In Human Services, we have people available 24 hours a day, seven days a week, who are familiar with public health issues and who can activate systems. Our emer-
Top, from left: Lynda Muriera, 2005, disaster prevention and response coordinator. Claudia Vepraskas, school nurse at Durant Road Middle School, provides essential care to Wake County Schools children. Gibbie Harris, director of Community Health Division. Bottom row, from left: A dog rescued during Hurricane Katrina in 2005. Dean Simpson, Economic Self-Sufficiency program manager, playing the role of disaster victim, is monitored for radiation during a practice drill.
We have partnerships in place that allow us to address our needs. We work closely with many agencies, as well as with nonprofit and faith-based organizations. Our planning with those organizations allows us to have an effective, immediate response.”

Gibbie Harris, community health director
Christini Wiggins, 10, and sister Kyamber, 7. Christini overcame a rare liver disease after receiving part of her mother’s liver.
We care so much about the Wiggins family, and they will always be special for us. When Christini was sick, we called every day to check on her. I wanted Teresa to know she could count on me during her daughter’s illness.”

Dr. April Connell, pediatrician, Wake County Human Services

Sharing hope, sharing life

It seemed strange to Teresa Wiggins that her newborn little girl’s eyes stayed yellow and dull when they should have been bright.

For answers, she turned to her doctor and nurses at Wake County Human Services.

The news was not good. Christini, her daughter, had a potentially fatal liver disease (biliary atresia) which causes the bile ducts to fail.

In the difficult months ahead, Teresa counted on the staff at the Children’s Health Clinics on Sunnybrook Road for advice and support.

“They treated us like family,” Teresa said.

The smiles come easier these days for the Wiggins family of Raleigh — Teresa and her husband, Frederick, daughters Casual, 22, Christini, 10 and Kyamber, 7.

Teresa said the medical staff at Wake County Human Services, including pediatrician Dr. April Connell, helped save Christini’s life.

“There were many times Dr. Connell would call me at home, to say, ‘How’s she doing? Is everything OK?’ There was a lot of concern.”

Christini had corrective surgery soon after her birth in 1996, but desperately needed a liver transplant.

“They said she probably wouldn’t live to be two years old without a transplant,” Teresa said. “That was the hardest thing in the world. I said, ‘That’s my child. She has a right to live.’”

At only 18 months, Christini received part of her mother’s liver in a bold new procedure performed at UNC Hospitals in Chapel Hill. When she woke, she was already better.

“She opened her eyes to look at me and they were clear and white,” Teresa said. Today, Christini takes medication to prevent organ rejection and is otherwise a healthy girl.

The Children’s Health Clinics bring together many county resources for families, said Cindy Evans, R.N., director.

“We have a close connection to social workers and to economic services,” Evans says. “If we see a child who doesn’t have insurance and whose family has never applied for Medicaid, we refer them to that office and to other assistance for which they may be eligible,” she said. Most programs are located in the Center. “It’s that kind of closeness.”

There’s another kind of closeness, too, Teresa said. The staff held a special dinner for Chris with stuffed animals and gifts. Each fall, her school nurse, also an employee of Wake County Human Services, calls to get an update on Christini’s condition.

Frederick Wiggins is a loving, quiet father who rarely speaks about the time two precious people in his life lay in adjoining hospital rooms, one of them close to death.

“He walked the soles off his shoes,” Teresa said.

He no longer has to pace. Nine years after her transplant, Christini is a vivacious girl who enjoys writing, singing and styling hair. She sings “Jesus Loves Me,” and her brilliant eyes light up the room. Her family listens in silence, then breaks into laughter.
Top, from left: Project Direct’s programs for managing diabetes are offered through churches and neighborhood groups. Raleigh is at the center of Wake County, which today has more than 740,000 residents. Bottom row, from left: Decked out in pink, Human Services staff celebrate National Breast Cancer Awareness Month. Sen. Vernon Malone, left, jokes with Maria Spaulding, center, and Tony Gurley, Wake Commissioners chairman, during the agency’s tenth anniversary celebration.
The future is now for Wake County Human Services, which began in 2006 to set goals for its next ten years.

A strategic plan taking shape recommends the agency hold on to the strengths that have allowed it to bring clients and resources together since 1996. At the same time, Human Services continues to search for better ways to serve as a leading partner in the County.

One way to continue to serve will be through the regional centers. Wake County spans nearly 830 miles and to better respond to every community, Human Services now operates local branches in the heart of the regions it serves. These offices have many services: childhood immunizations, job training, Work First, and applications for other programs and health services. The centers have reduced travel time for clients and in many cases, allowed them to receive care and programs that would otherwise remain beyond their reach.

The first of these centers was the Southern Regional Center, which opened in 1996 in Fuquay-Varina. Since then, the Eastern Regional Center has opened in Zebulon and plans are under way for a Northern Regional Center in Wake Forest.

Working with community agencies, volunteers, churches and government, Human Services can provide programming that matches local needs, said Rosena West, director of the Southern Regional Center.

“If the County is going to live its mission of a better quality of life for everyone, then we need to make sure we have a presence within communities,” West said. “We have made sure to develop strategies and coordinate locally.”

At the Southern Regional Center, that has meant supporting the development of networks of medical care. A nonprofit group now provides the area with much-needed basic medical care, while Human Services continues to offer immunizations and other public health services.

“We have really built a strong system of public health and primary care,” she said. “We have to walk hand-in-hand with our community. It helps us to be good stewards of public funding and it’s our responsibility.”

Dr. Warren Ludwig, director of Child Welfare at Human Services, is also guiding the agency as it explores new roads. Wake County is participating, with nine other states and Guilford County in a national Breakthrough Series Collaborative through the Casey Family Foundation, which aims to reduce racial disproportionality and disparate outcomes in child welfare.

The project examines why, in the United States as in Wake County, African-American children are overrepresented in child welfare systems and tend to have worse outcomes in foster care. In Wake County, the project is leading to new strategies that focus on reducing this overrepresentation, while addressing larger problems such as education, poverty, health and criminal justice outcomes. The long-term goal is to eliminate differences in well-being based on race, to help improve the outlook for children.

“African-American children should be no more likely to come into foster care than other children,” Ludwig said.

Critical changes are taking place in mental health as well. These changes stem from state laws that now require counties to serve more as a manager than as a provider of mental health services.

Crystal Farrow serves as director for the new Local Management Entity, which oversees mental health, developmental disabilities and substance abuse services for the County.

Serving as a coordinator, rather than a provider, allows the County to direct clients to the best treatment options, she said.

“We look out for the consumer,” she said. “We help recruit, train and develop providers in the community. We also manage state and local funds, and evaluate services and the use of funds with our quality management services.”

The only certainty for the next ten years is growth. By remaining flexible, while true to its mission of service, Human Services will be able to keep clear the roads to hope for the people of Wake County.

“As the county grows, we will be challenged to meet all of its needs,” West said. “The best way for us to do that is by building strong partnerships. We’ve seen it really work in helping us take care of the concerns and needs that our communities have. To continue taking care of them is our charge for the upcoming years.”
Mission

Wake County Human Services, in partnership with the community, will anticipate and respond to the public health, behavioral health and the economic and social needs of Wake County residents. We will coordinate and sustain efforts that assure safety, equity, access and well-being for all.

Goals for ten-year strategic plan

- Wake County Human Services will ensure that every individual, family and community will have the opportunity to meet their basic needs and to thrive
- Wake County Human Services will eliminate differences based on race and ethnicity in public health, behavioral health, economic and social outcomes
- Wake County Human Services and community partners will anticipate and respond to threats to public health and safety
- Wake County Human Services will make decisions for improved outcomes based on the effective use of data
It seems hard to imagine that only a few years ago Wake County Human Services was just an idea.

Today we are an agency with a $230-million budget, serving thousands of Wake County residents from all walks of life each year.

While we reflect on this success, we continue to seek innovative ways to serve our clients and the residents of Wake County. The best way to do that, we believe, is to focus on people — their mental and physical well-being, their housing and basic needs. This approach has already led to incredible initiatives and many happy endings. By remaining faithful to this vision, we have a proven road map for the years ahead.

Today, our agency can aim for goals far beyond our original intention of streamlining services. As individuals find a better way, it helps us build a better tomorrow for us all.

Even as we celebrate our accomplishments, it’s important to keep in mind the challenges ahead. We know our future will look different than the past ten years. Our population is changing, and our County is growing. Our approaches need to stay in line with our residents’ needs.

Chances are good that sometime during the next ten years we will find ourselves in a situation we have never experienced before. Based on our past successes, we can imagine how we’ll respond: together. By working together, we can find the best approach to difficulties, whether they affect us as individuals, or as a community overall.

Whatever changes await us, you can count on our steady commitment to you, the people of Wake County.

We have been guided by our community during these first ten years, and that mission will remain at the forefront in the years ahead. We hope to continue bringing together clients, staff members and community partners to share in our vision and our work. By changing the rules of the road, we can make a better way for Wake County.

We invite you to travel with us on our Roads to Hope.

Dr. Dave Filipowski, Chair
Wake County Human Services
Board of Directors

Helen Poole, Past Chair
Wake County Human Services
Board of Directors

Afterword

Dr. Dave Filipowski, left, and Helen Poole