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Building a Culture of Learning through Organizational Development: The Experiences of the Marin County Health and Human Services Department

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After determining a need for organizational change informed by changes in workforce demographics, community demographics, the socio-political and economic environment, and constraints on resources, one agency sought to transform its organizational culture into that of a learning organization. An external organizational development consultant was hired to work with agency leadership to identify ways that would help move the agency's culture towards one that was conducive to learning. Specifically, the agency director sought to create a culture where communication is encouraged both vertically and horizontally, frontline level workers are engaged and their voices heard, cross-departmental problem solving is practiced, innovative ideas are supported, and evidence-informed practice regularly implemented. This case study describes the experiences of this agency and the process taken toward engaging an external consultant and moving towards the development of a culture of learning.

KEYWORDS *Culture of learning, organizational development, organizational change*

BECOMING A LEARNING ORGANIZATION

An effective public social service and health agency must be adaptable, creative, and responsive as it is subject to the ever-changing political, eco-

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conomic, fiscal, and knowledge environments at the county, state, and national levels. Furthermore, these agencies are faced with increasing demands and an ever-present emphasis on performance, accountability, and the avoidance of negative or unacceptable outcomes. In this evolving environment, public agencies, particularly those that provide health and social services, are increasingly aware of the benefits of becoming a learning organization. While there are many components to creating a learning organization, a critical beginning step in this journey is the recognition by leadership that new organizational practices and norms are required to maintain relevance, nimbleness, and effectiveness. This awareness usually occurs after it becomes clear that there is increasing tension between the “old” and “new” approaches to “the work”, which is undermining organizational alignment and the ability of the organization to harness its full potential in service of its mission. Marin County Department of Health and Human Services (HHS) is an organization that is in the process of building a learning organization. The need for organizational change is based on changing community demographics, a dynamic socio political and economic environment, a workforce in transition (i.e., Baby Boomers to Generation X), and the unmistakable reality that the organization must become more effective with constrained resources.

The director of Marin County’s HHS Department recognized the need to transform the agency’s organizational culture into a learning organization and consequently engaged an external organizational development consultant to build upon the culture change that was already in motion. In particular, the consultant was engaged to work with leadership and program staff to identify and address critical blockages to communication and understanding that were limiting agency learning related to: (a) supports for individual reflection and creativity, (b) proactive cross-divisional planning, collaboration, and communications, and (c) the need for quality and effective services and supports to clients and community as reflected in the agency’s mission.

The HHS director wanted to create a culture where shared values and motivations are identified, upward communication is encouraged, cross-divisional problem-solving strategies are utilized, and innovative ideas are supported. He believed that by creating a culture that is conducive to learning, the overall efficiency and effectiveness of the agency would be improved through the use of evidence-informed practice. In addition, the director believes that in order to affect change, the department needs a resilient, persistent, and capable staff that is ready to confront complicated socio-political problems and government regulations.

Furthermore, he emphasizes the importance of working with clients and community partners as allies and as active participants. The director continuously refers to harnessing the power that lies in the shared compassion that first motivated HHS employees to public service. Finally, the director sees the diversity within his department in terms of different professional per-

spectives, work experiences, ages, races, and ethnicity as a powerful tool for transforming the agency and impacting the community. The department director contracted with an outside consultant to help transform this vision into a reality. The initial focus was to address communication issues vertically and horizontally in the organization and strengthen the Leadership Council (LC).

The LC was originally created by a previous department director in 1999 to increase collaboration across divisions, develop a common approach to management, increase knowledge sharing, provide trainings, and to develop methods for performance evaluation. In general, the LC served a community building purpose and met quarterly for two hours off campus. The LC was mandatory and consisted of roughly 150 managers and supervisors.

ENGAGING AN EXTERNAL ORGANIZATIONAL DEVELOPMENT CONSULTANT

Several events prompted the hiring of the organizational development consultant (ODC) in 2005 (new senior staff, links with the county strategic plan, and responses to the county-wide use of performance management strategies). First, the department director had hired several new members for the executive team. Previous program directors, who had a command and control management style, were replaced with leaders who gave staff the flexibility to be innovative and take risks. Many staff members had been conditioned to work in a controlled and structured environment, and the department director realized that it was unclear for many of them as to how they should operate within an evolving organizational context with their new freedom. The department director believed that an outside consultant could help people work together in new and collaborative ways and support the development of new models of collaboration (see Appendix A). The hiring of new executive staff created an opportunity for the agency to transform its working environment through the involvement of an external ODC.

Second, the department director had been working toward aligning the goals and strategies of the HHS Department with those of Marin County's Strategic Plan through its Performance Plan. The County Strategic Plan consisted of five goals: (a) provide excellent service, (b) create a sustainable future, (c) promote service excellence, (d) encourage community collaboration and partnering, (e) promote innovative management and employee development. All goals were integrated into the HHS Performance Plan goal: Strengthen methods, practices, and systems to ensure efficient and effective delivery of services and strategic plan implementation.

Strategies to accomplish these related goals identified in the County Strategic Plan involved identifying empowering management techniques, providing comprehensive trainings, improving external and internal communication, promoting collaboration, and assessing impact. The core values

for Marin County are: trust, integrity, respect, diversity, excellence, accountability, responsiveness, quality, innovation, justice, equality, accessibility, citizenship, and collaboration.¹ The director of Marin's HHS wanted to create a departmental culture that would demonstrate these values.

Third, in order to successfully adapt to and take advantage of various accountability and performance focused initiatives (e.g., managing for results by prioritizing initiatives, creating performance plans and performance measures, and complying with the County's new financial management system), it was necessary for the HHS Department to transform itself from a bureaucratic to a learning organization.

THE WORK OF AN ODC

The initial contract with the ODC was for a three-year period. (See Attachment A for a description of the ODC). Several factors contributed to the termination of that contract at 18 months, including a change in the fiscal environment, as well as an emerging desire by staff to assume greater responsibility for its transformation into a learning organization if it was to be sustainable. The scope of ODC services included two key components:

- Complete review, analysis, and update of the strategies, practices, and services of Marin County's HHS Department.
- Development of an action plan to modify services to include revised communication and service delivery models to better meet the needs of Marin County.

In order to support the continuing evolution into a learning organization, there needed to be increased attention to customer service and community partnerships, organization-wide performance management, and the further development of the executive team, supervisors, and line staff.

The consultation also sought to achieve progress in other areas, including:

- Identification of practical areas of intervention necessary for cultural change within HHS and the empowerment of staff to introduce and update practices, especially based on gathering customer/client input and sharing the daily experiences of direct line personnel who maintained the closest contact with the customer.
- Creating pathways for employees (at all levels) to network and engage across the silos of divisional work in order to identify common needs and opportunities to improve customer services.
- Transition from the traditional crisis-oriented "fix it" mentality to a learning organizational framework of continuous improvement.

An initial assessment of HHS conducted by the ODC included several activities: (a) interviews with the director and members of the executive team, (b) facilitating a full day staff session with the director and the executive team, (c) surveying members of the LC, (d) facilitating sessions with LC members without the executive team present, and (e) gathering information from line staff who were not members of the LC. Highlights of the assessment are provided below.

Disconnect from County Government

The HHS Department was functioning mostly as a stand-alone department, separate from other county agencies. When surveyed, only 26% of HHS LC members (a cross section of supervisors and managers from across the department) felt they had any connection with other county departments, even when serving the same customers. In addition, the county directives from the County Administrative Officer and the Board of Supervisors were seen as disconnected from HHS and burdensome, rather than helpful and well intended. There were ongoing references to “us versus them” rather than a shared vision as reflected in the county’s strategic plan or the voice and concerns of service users.

LC Issues

The changes in leadership (three different directors and directions prior to the current director) had been confusing and disjointing for executive staff and staff at all levels. The recent predecessor of the current director had been dynamic, engaging, and had begun a process of reaching beyond her managers directly to staff for organizational information. It felt as if major change was just getting underway when the director resigned her position, leaving a void of disappointment, uncertainty, and distrust created by leadership instability and changing directions.

Moving from Command and Control to Partnership

The executive team of HHS had new members, a new director, and an organization that was confronting changing cultural demographics and customer needs within Marin County. In order to gain control of the situation and cope with expanding workloads, the team was exploring a traditional training model that would align the LC under a philosophy of shared values and with shared practices. When surveyed, 25% of the LC members thought that they not only had some relevant work practices to offer but also could serve as mentors to other staff.

Lack of Transparent Decision Making

Decision making and policies for implementation were made from a command and control framework. The rationales behind changes were not always transparent and decisions were not tested against the practical backdrop of daily work experience. Often policies were ignored by staff or seen as busy work that did not benefit the “real work” of client/customer need.

Reducing Silos to Share Knowledge and Practices

Due to the changes in leadership, the increasing volume of work, and the growth of various divisions, each executive manager was overloaded with their own duties and concerns. The executive team saw little relevance in sharing promising practices or promoting change in the organization’s culture. Executive team meetings consisted of updates from the director with little expectation of priority setting or planning.

In general, there was a lack of knowledge transfer to accomplish combined goals and customer outcomes. The ODC addressed most of these issues through her work with the executive team, the LC, and the LC steering committee. She also worked with smaller work units, including community advisory boards related to various HHS divisions, upper management, and employees of various HHS divisions, to help identify and address critical issues. Her work permeated all levels of the department.

THE EXECUTIVE TEAM

The executive team consists of the department director, the chief operations officer, chief financial officer, directors of each HHS branch, the policy strategist, and the senior policy analyst. The ODC worked with the executive team by focusing on: communication and trust, the team’s purpose, roles and responsibilities, issues and challenges, and problem-solving. This work was done initially by enlivening the group with humor, innovative practices, “breaking the rules,” and beginning to reframe relationship-building and workplace communications. They were encouraged to come to meetings to share questions, examples of best practices, and problems in order to develop trust and reliance on one another.

The ODC helped the group explore the idea that their role as executive’s included serving as a representative of the staff and the customers. She worked with the team to develop a new definition of their organizational role. The executive team became a “core body of clear thinkers who have the discipline, authority, and spirit to draw in the sharpest, newest thinking and build it into a collective wisdom that becomes a tangible product (the work)

based on the needs of the community and the internal workforce dynamics.”² Attempts to lower the pressure on the team included providing them a larger context that included partnerships with their staffs and community members. It was difficult, initially, for the team to give up power to the LC for example, because the executive team was unsure how to operate in a more participatory role and unsure if they were welcome to interact “out of role.” They were coached on how to listen, laugh, say, “I don’t know, what have you tried?” rather than feeling responsible for everything in their jurisdiction.

Some of the main challenges facing the executive team were addressing the pressure they perceived from the board of supervisors (BOS) to take on new initiatives when many felt there were not enough resources to make the initiative successful. Because of the ODC’s background of working with the BOS she was able to help build a communication bridge between the two entities by inviting BOS members to meetings and facilitating question and answer sessions among the executive team and the LC. The BOS learned that HHS was approachable and that staff wanted to meet them and engage in real conversations that would help to reduce demands and forge a partnership. Executive team members thought that it was their role alone to determine the direction of the department, rather than relying on the staff and community partners for guidance. There were also dynamics within the team that made it difficult to operate as a team, including:

- The heads of the smaller divisions felt less important than the larger ones.
- Individuals had different amounts of institutional memory based on their length of tenure with HHS.
- Team members who recently arrived from outside of the county sometimes had difficulty communicating new ideas and approaches in ways that would resonate with long-term team members.
- Executive team members often turned to the director for cues rather than trusting that disagreement among the team was healthy and necessary for cultural change (the ODC would occasionally comment on these interpersonal dynamics by asking the team to rotate power or address underlying issues).

Gradually, the team began to realize that their role was to share and celebrate their successes and concerns and to see the similarities in their work that reflected the needs of service users. They agreed to share all requests for new work with the full executive team before agreeing to take on the proposed project. They also agreed to meet for a half day every three months in order to summarize and reflect on the work that had been accomplished, to examine what they were learning, to celebrate their efforts and accomplishments, and to discuss future organizational goals.

THE LC

The ODC's first efforts to engage the LC was the use of a confidential online survey with responses directed back to her private address. The survey inquired about the purpose of the LC, whether the LC was successful in making its members more effective leaders, what was needed to improve leadership skills, and what was needed to help members of the LC operationalize the department's values. The responses to the initial survey (over 140 responses) were clear, unanimous, and honest. According to the survey results, the purpose of the LC was unclear and left participants frustrated, confused, and sometimes angry. They felt talked down to, rather than utilized. When asked how the LC might change, a wealth of ideas were presented. These responses were shared with the executive team and the director who collectively determined and combined efforts to change practice.

Because of the ODC's past experience with HHS and the county strategic planning process, many respondents were familiar with her. She was able to tap into the informal conversation of the organization, and was approached by e-mail, in parking lots, hallways, and bathrooms with questions about what was happening in the agency. The ODC was able to communicate messages upward that might not have previously reached the executive team and the director. The HHS director and executive team were very attentive and listened to staff and customers during these encounters. Members of the LC were encouraged to listen to their own staffs and to be ready to speak up on behalf of all those not present in the room.

Some of the changes in the LC planning and logistics included:

- Extending the meeting time to three hours, rather than two, in order to allow time for greater interaction and information exchange.
- Securing a hotel meeting room that was twice the usual size and ordered food that was different and varied.
- Using nametags and prizes to welcome and reward group members.
- Making the LC voluntary and thereby reducing its size to include those most invested in making changes.

In the first reconvening of the LC, which was facilitated by the ODC, the room was quiet and members hardly spoke. Although many members had worked with each other for years, many only had an e-mail relationship. Members were asked to greet one another for the first 30–40 minutes of the meeting, rather than sitting down, and to make sure that they at least said hello to everyone in the room. The design of the LC meetings included such elements as: (a) games that got members out of their seats to discuss their ideas, (b) the use of bells when new ideas surfaced, and (c) the distribution of prizes that were gifts of appreciation from the director and the executive team to those willing to come forward with new effort and ideas. On several

occasions, executive team members were asked to leave the LC session so that a more open discussion could occur about strategies they could utilize to take more control, share more information, exchange more resources, and really become the heart of a changed organizational culture.

The LC then restructured itself into cross-divisional working teams. These teams were not pre-determined but were generated from the ideas and concerns of staff. The work groups include: (a) technology, (b) staff issues, (c) incentives and rewards, (d) workload, (e) communication planning, and (f) succession planning. Members of the LC formulated the work groups, recruited one another to participate, and conducted the sessions on their own time. Executive team members also participate in the work groups, but as members, without any supervisory or executive powers. The work groups proved successful as they accomplished many tasks including: (a) the initiation of a support group for supervisors and managers from the “staff issues” work group, and (b) research and planning for incentive programs within the agency, by the “incentives and rewards” work group, that eventually led to the funding of an education/training reimbursement account and an annual leadership excellence celebration. Overall, the work groups demonstrated that change was possible when leaders at all levels of the organization work together to address problems and seek solutions.

The LC gradually began to share its new purpose with the rest of the organization by “providing opportunities for networking and team-building to support cross-divisional communication and relationships, providing training events, and developing new policies and procedures for the purpose of improving the department environment.”³ When surveyed more than a year after the consultancy, members noted that the most valuable contribution of the LC was the networking that it enables. Networking increases communication in the agency and encourages cross-division information sharing, collaboration, and trust.

The LC steering committee (LCSC) was established to oversee the development of the LC and to strengthen the communication bridge between the executive team and the LC. The LCSC demonstrates that leadership is available from all employees and includes representatives from each division. The functions of the LCSC is to ensure that power remains well distributed in order to keep ideas moving from the customers to policy makers. The LCSC creates the agenda for the council meetings and carries out many of the processes that the consultant initiated. The committee’s objectives have been defined as follows: (a) gather input from LC members, (b) define crosscutting themes that impact HHS, (c) communicate with the director and executive team, (d) develop LC activities that address crosscutting themes, and (e) work with the LC to assure that all points of view are represented.

Some members of the LC still feel that its purpose and functions are unclear. However, it was also noted that this ambiguity allows the LC to be flexible and better able to support the agency. In order to avoid a top-down

approach and to encourage creativity, some feel it is necessary to let the team evolve naturally as staff continues to learn how to work collaboratively. The LC is currently discussing several possible changes. For example, it is now considering opening the meetings to all who want to participate regardless if they are in a managing or supervising position. New members can either be recommended by a manager/supervisor or they can self-select with the approval of a manager/supervisor. This supports the idea that leadership exists at all levels of the organization and does not depend on role. The LC is also currently deciding whether or not some of the work groups are still necessary since most of their work has been accomplished. Members noted that the work groups should be created in response to pressing issues and should terminate when they have accomplished specified goals or have made significant progress. The LCSC distributed a survey in July 2008 to gather information on topics of interest, opinions about workgroups, most valuable contributions, and reasons for attending or not attending LC meetings. The results from this survey will be used to guide the evolution of the LC. The director noted that the LC and its steering committee continue to engage staff in assuming responsibility for organizational change.

CULTURAL CHANGE HIGHLIGHTS

As is the case with change, it is not one but a series of factors which finally resulted in the organization reaching a tipping point and a new trajectory. In Marin, a key element was the purchase of property in East San Rafael (formerly occupied by Lucas Films: Industrial Light and Magic) which created the opportunity to design an environmentally green physical space which more completely reflected the HHS mission and promoted the integration of services with community and holistic practice. This incredible opportunity has provided a social laboratory for HHS to become a learning organization. The new Marin Health and Wellness Campus consists of the following array of services and supports that reflect the depth and breadth of HHS as well as that of key community partners:

- Adult Mental Health Services
- Children's Mental Health
- Marin's Support and Treatment After Release (STAR) Program (services to mentally ill offenders) and Youth and Family Mental Health Services
- Community Action Marin's Enterprise Resource Center, and Buckelew Programs (employment and housing assistance)
- HHS Health Clinics provide immunizations, reproductive health care, HIV/AIDS, and STD/TB services, as well as health education and counseling
- Children and Family services provide case management, childcare, and counseling services

- The Women, Infants, and Children Program (WIC)
- Marin Community Clinic, a critical partner in the delivery of primary health care services to safety-net clients has also relocated to one of the renovated buildings on the Campus.

The campus provides an array of coordinated services and programs that reflect evidenced-informed practices and asset-based approaches to serving the community using family and individual strengths to promote a preventative “upstream” approach. The campus brings together all of Marin County’s HHS agency divisions that have diverse tasks, professional orientation, cultures, funding, and training along with volunteers and community members. The campus will be fully staffed and operational in October of 2008.

One of the key aspects of an organizational learning culture is the process of rewarding and creating incentives for leadership development. The department director and the “incentives and rewards” work group organized Marin’s HHS Department’s first Celebration of Leadership Excellence, which took place at the San Geronimo Golf Club on May 15, 2008. The three-hour event included a summary of accomplished work, lunch, leadership acknowledgements, and a keynote speaker. During leadership acknowledgements, staff members were free to stand up and recognize their peers for their excellence in leadership. At the conclusion of the celebration certificates of appreciation were awarded to supervisors and managers to acknowledge their leadership excellence. For many staff this event symbolized a cultural shift and illustrated the department’s support of its leaders, even in times of scarce resources. The event was considered a positive step forward in the agency’s goal of becoming a learning organization and will become an annual event.

FEEDBACK FROM STAFF

Staff generally feel that communication in the agency has improved, especially within the executive team and the LC, and that the agency’s decision-making processes have become more transparent. It has been noted that there is an excitement and curiosity about changes in the agency and the goal of becoming a learning organization. Staff members attribute the success of the ODC work to several of her personal attributes, including her strengths-based approach, her listening capabilities, and her positive energy. The engagement however was not without some resistance from staff. First, whenever managing styles are being evaluated or questioned, resistance is a fairly common response. Second, some staff members were close to retirement and did not have the energy to contribute to creating a new agency they would never work in. Third, many were skeptical that concepts of knowledge sharing and learning organizations were organizational development jargon

reflecting fads that would come in and out of fashion. However, in most cases, the ODC was successful in communicating that these concepts served as a foundation for future changes and would remain valuable in the future, regardless of the changing environment.

By acknowledging the power dynamics in the agency, the ODC was able to create an environment where most staff felt it was safe to be honest. Others attributed some of the success of the ODC engagement to the access she was given to all staff in the agency. By being able to work with front line staff, the executive team, and everyone in between, as well as with people from different levels of the organization, the ODC was able to deepen her understanding of the agency. Furthermore, her accessibility to all staff members placed her in a position in the department that allowed her to communicate messages upward. Several staff members noted that without the energy that she brought to the work, it would have been difficult to realize the gains made.

Many of the activities used to promote a culture change are process oriented. A number of staff members felt that some of the process-oriented activities were not as successful as they could have been because staff had not yet developed enough trust with one another. Furthermore, more task-oriented staff members felt frustrated by the slow pace of the work. For some staff the scope of the work felt large and overwhelming.

For many, contracting with an outside consultant was a strong reflection of the department director's dedication to this type of work. Many staff members commented that through their work with the ODC they were able to see how strongly the director believed in them and their work. Staff also stated that the director has been more visible since the ODC intervention, attending staff meetings and walking around to other branches to check in. Staff described the director as a visionary, and as an open and supportive director. He directed his executive team to embrace the new ways to work. He endorsed the efforts of the ODC to the council and all staff. He participated in activities that broke down the old frameworks and opened the door for staff to work with their managers, not around them. Without his support and guidance, the efforts of the consultant would have been very difficult, if not impossible. Several factors including the hiring of an outside ODC, have contributed to the organizational changes that the agency has accomplished in its efforts to reach new levels of functioning as a learning organization.

LESSONS LEARNED

Hiring Externally

The core knowledge was already in the agency, but it is often necessary to designate someone to lead and inspire staff to use and share the knowl-

edge. An external consultant can encourage this knowledge sharing and help support culture change within a large organization (HHS has 800+ employees).

Preparing for a Consultant

Before a consultant is brought into the agency, it is important for the executive team to identify the direction in which the agency wants to go and the qualities desired in a consultant. Clear objectives and buy-in are needed before the consultant arrives in order to reduce resistance. The creation of a hiring panel can also increase buy-in as well as provide a learning experience by engaging others in the decision making process. Furthermore, it is important to designate a team to support the consultant's work, including documenting various activities and outcomes.

Contracting

Multi-year contracts reflect a commitment to the effort and desired outcomes but should be reviewed annually to assess consultant performance, changes in context or conditions, and client needs and expectations. In addition, a defined scope of work with regular written progress reports/updates from the consultant are needed to model the knowledge sharing process.

Building a Foundation

It is also important to identify what are the foundational elements that need to be addressed in order for continued change to occur in the organization. In other words, the “sexy” work may not happen during the consultant engagement.

Trying to Do It All

As the consultant completes assessments and begins to work throughout the agency, issues will continually be uncovered. It is important that the work stay focused and that goals are prioritized, otherwise there can be an ever-growing scope of work.

Consultant–Client Relationship

In a successful ODC engagement, the ability to assess and make change begins to shift from consultant to client. Both consultant and client must be able to modify their behavior during this transition so that sustainable models can be tested and the client can begin to develop its own practices

and policies. This transition is a critical step in the organizational development process and is complicated when the client is a team or organization.

Boundaries

Although organizational development work sometimes looks like individual or group therapy, it is not. Working with people to move past their individual barriers in support of the organizational mission is important but must be kept in the context of “the work.” It is important for the consultant to retain an understanding that they are a tool to support change.

Are We Making Progress?

Remember that culture change is a slow process. Furthermore, it is not the task of the consultant to change the agency, but rather to provide staff with the tools they will need to affect change. Persistence is invaluable as is the willingness and ability of the consultant to step aside to let new leaders and ideas emerge from within the organization.

Passing on the Torch

Consultant involvement is time-limited as their high energy and work agenda cannot be sustained. It is important to gauge when the agency has reached a point where its continuing transformation can be internally sustained. The consultant should be there long enough to spark interest and plant seeds and, even more importantly, to provide support and tools to staff so the work will continue, but should exit before a co-dependent relationship develops between client and consultant.

Essential Ingredients

The essential ingredients for success include:

- A sense of urgency must be established before attempting to transform the agency culture. Examining performance measurements can create a sense of urgency and illustrate the relevancy of this type of work to all staff members.
- The agency needs guiding principles and a vision to be able to maintain the momentum of change after the consultant leaves.
- Baseline measurements, especially regarding relationships with supervisors, job satisfaction, and empowerment, need to be taken so that the agency can track, acknowledge, and celebrate progress.

NOTES

1. County of Marin, Strategic Plan: A Blueprint for Excellence in Public Service, 2001.
2. Executive Team Meeting: Changing the Conversation minutes 8/15/06.
3. Leadership Council Purpose handout.

APPENDIX A: ORGANIZATIONAL
DEVELOPMENT CONSULTANT

Mary McGovern Gebhardt had begun working in social services, state hospitals, schools, and in family advocacy programs while still a teenager. Because her own family had utilized services due to family members with disabilities, she understood from a young age how it felt to be a recipient of needed supports. She attended graduate school at Dominican College in San Rafael majoring in Special Education, which demanded internships in local organizations and schools as part of her graduate studies. She was hired by her graduate instructor, while still completing her degree, to be the Director of Rehabilitation at Marin Community Workshop in San Anselmo in 1976 where she transformed a traditional sheltered environment to a supported work setting. Mary McGovern Gebhardt set up the first centralized job bank for persons with disabilities in the county and integrated clients who had been “sheltered” for years into employees in local businesses. She was then hired by Foothill College and in collaboration with Stanford University, to design and direct a community-based alternative learning center, *Foothill Community House* that helped students with special needs to complete college courses and acquire the necessary social skills to transition to a regular college setting.

Then in 1980 Mary was recruited by the University of San Francisco (Rehabilitation Administration Department in the School of Business) to train non-profit and social service managers nationwide and internationally. She was initially employed to direct all training in profit and non-profit in the western states and the Pacific Rim as well as work with non-profit organizations serving native peoples (including Navajo, Hopi, Samoan, Native Alaskans, Native Canadians, and Hawaiians). Mary taught in the BA program initially, as well, and then became Director of the international MBA Program in Rehabilitation Administration at the University. This program became the prototype of the first non-profit management degree program offered by USF, where she designed and ran an external degree program for employed CEO's and managers who participated in campus courses and then implemented cultural change in their own settings. Mary was able to travel internationally to these sites for nearly ten years, implementing many of the ideas she had seen utilized in native cultures to bring about collaborative solutions to long standing problems. Her understanding of the *connections* between managers

and staff helped her pioneer the concept of learning organization within a traditional university setting.

Beginning in 1990, she left the university to consult around the world with projects that included the Governor's Committees for Employment, the World Institute on Disability, and the Community College Systems where she helped formulate the concepts of seamless, continuous organizational improvement and learning based on assessing the changing needs of service users. Finally, in 1992, with the birth of her daughter, she began focusing her attention on Marin County and the needs of non-profit organizations, including a pioneering collaborative organization called the *Coordinated Youth Services Council*. Begun in 1995, the Council brought together county HHS, non-profits, and the Marin Community Foundation to develop a seamless system of service that included local businesses, schools, hospitals, grass roots community child abuse prevention programs, and prenatal screening programs to focus on the wellness of the overall community. She was well known within the county as a resource for change and an outspoken advocate for client services. In addition to working with nonprofits, she worked with various divisions of HHS as well as with the Marin BOS and the CAO in the development and implementation of the county strategic plan. Mary McGovern Gebhardt is still employed by Marin County and is currently continuing her cultural change activities in other departments while staying in contact with the staff of the Marin Health and Human Department.

APPENDIX B: SOURCES OF INFORMATION

Interviews

Catherine Condon Brent, Resource Development Administrator, Division of Alcohol Drugs and Tobacco, Marin County Department of Health, and Human Services, CA

Edwin Bermudez, Fiscal Supervisor, Administrative Division, Marin County Department of Health, and Human Services, CA

Larry Meredith, PhD, Director, Marin County Department of Health, and Human Services, CA

Mary McGovern, Organizational Development Consultant, Marin County Department of Health, and Human Services, CA

Charlene Reid, Director, Division of Social Services, Marin County Department of Health, and Human Services, CA

Nick Trunzo, Director, Division of Aging, Marin County Department of Health, and Human Services, CA