

15-057



Intergovernmental Agreement

Between

**County of Summit, through the County of Summit Department of Job and Family Services
Summit County Combined General Health District
Summit County Children Services
County of Summit Board of Developmental Disabilities
County of Summit Alcohol, Drug Addiction and Mental Health Services Board**

Summit 2020 Quality of Life Project

This Intergovernmental Agreement ("Agreement") is entered into this __ day of _____, 2015, by and between the County of Summit through the County of Summit Department of Job and Family Services ("County"), 175 S. Main St., Akron, OH 44308, Summit County Combined General Health District ("Health District"), 1867 W. Market St., Akron, OH 44313, Summit County Children Services Board ("SCCS"), 264 S. Arlington St., Akron, OH 44306, County of Summit Board of Developmental Disabilities ("DD Board"), 89 E. Howe Road, Tallmadge, OH 44278 and County of Summit Alcohol, Drug Addiction and Mental Health Services Board ("ADM"), 1867 W. Market St. Ste. B2, Akron, OH 44313.

Whereas, from 2002 to 2010, the Summit County Social Services Advisory Board ("SSAB") has operated the Summit 2010 Quality of Life Project, with the aim of building collaboration between hundreds of public and nonprofit health and social service providers to assure that the needs of the most vulnerable citizens of Summit County are addressed consistently, professionally and effectively; and

Whereas, from 2002 to 2010, the Summit 2010 Quality of Life Project collected data for 20 indicators of health and social service quality in Summit County, developed plans and goals to improve these 20 indicators, implemented those plans to strengthen the public health and social service infrastructure and formed collaborations between the major public health and social services providers and systems in order to increase the effectiveness of services they deliver; and

Whereas, from 2002 to 2010, the County first hired a consultant to manage the 2010 Quality of Life Project, with each party to this Agreement sharing in the cost of said consultant, and the Health District subsequently assumed the responsibility for managing the project in 2009 and 2010; and

Whereas, as the manager of the Summit 2010 Quality of Life Project, the Health Department is compensated by the other parties to this Agreement, and also contributes in-kind services to the project; and

Whereas, the parties have determined that the Summit 2010 Quality of Life Project is beneficial to the major objectives of each party, assists each party in improving services to and

quality of life of the parties' respective clientele and addresses the health, social and quality of life issues facing Summit County; and

Whereas, the parties have determined that it is beneficial to each of them and the County as a whole to continue the Summit 2010 Quality of Life Project for the next decade and to rename the project the Summit 2020 Quality of Life Project; and

Whereas, the accomplishments of the Summit 2020 Quality of Life Project from 2012 to 2014 are attached hereto as Attachment E and

Whereas, the Health District desires to continue to manage, and the other parties desire the Health District to continue to manage, the Summit 2020 Quality of Life Project, pursuant to the Scope of Work attached hereto as Attachment C; and

Whereas, the primary objective of the 2020 Quality of Life Project will be to develop and implement initiatives in five main areas to improve public health and social service delivery: (i) Economic Stability and Prosperity, (ii) Early Childhood (First Things First), (iii) Older Adults, (iv) Health and Health Disparities, and (v) Government Efficiency and Effectiveness; and

Whereas, to further these goals, the parties have identified a set of indicators and goals that are aligned with the Wisconsin County Health Rankings Model Structure, a copies of which are attached hereto as Attachment A and B and

Whereas, the parties desire to enter into this Agreement to continue the Summit 2020 Quality of Life Project, to provide for the management of the same by the Health District, and to set forth the funding necessary to continue the project for the period January 1, 2015 through December 31, 2016.

Now, therefore, in consideration of the mutual premises and covenants hereinafter set forth, the parties hereby agree as follows:

1. **Services and Deliverables.** County, SCCS, DD Board and ADM are purchasing, and the Health District shall deliver performance of, the services outlined on, and in accordance with, the scope of services set forth on Attachment C.
2. **Term.** The term of this Agreement shall be January 1, 2015 through December 31, 2016, unless terminated as provided herein.
3. **Compensation.** The County shall pay the Health District a sum not to exceed \$260,000.00 for all services satisfactorily performed under this Agreement. Said compensation shall pay for the personnel costs for the Project Coordinator, Epidemiology/Statistical/Mapping Staff Member, Project Staff, expenses, contracts and other costs as set forth on Attachment D, attached hereto and incorporated herein by reference. Additionally, the parties acknowledge that the sum of \$16,348.00, which was previously funded by the parties in the 2013-2014 contract and remains as a carryover on hand with the County, may be paid to the Health District upon services rendered.

County shall pay the Health District the sum of \$109,405.00, which shall represent the Health District's personnel costs associated with the project during calendar year 2015, no later than thirty (30) days after the execution of this Agreement by all parties. County shall pay Health District the sum of \$109,405.00, which shall represent the Health District's personnel costs associated with the project during calendar year 2016, no later than January 15, 2016.

For all other sums to be paid to the Health District including the non-personnel costs identified on Attachment D and the carry-over funds identified above, County shall reimburse the Health District up to the amounts so stated, upon the Health District incurring necessary expenses and providing a request in writing to the County. County shall make payment within thirty (30) days of receipt of said request for payment.

The above compensation shall be the total compensation due to the Health District from all parties to this Agreement for the services to be rendered by the Health District, including any subcontracts entered into by the Health District for the performance of those services.

In addition to the compensation set forth above, the Health District agrees to contribute at no cost to the parties of this Agreement additional in-kind services in the amount of \$79,000.00 per calendar year, in the form of an additional 14 hours per week of work on the project by the Assistant Health Commissioner, for a total of 14 hours per week on combined compensated and donated work by the Project Coordinator.

4. Allocation of Health District Costs Between the Parties. The parties hereby agree that each shall be responsible for the payment of the following share of the Health Department's costs for the period of January 1, 2015 through December 31, 2016:

<u>Party Name</u>	<u>Percentage Share</u>	<u>1/1/15-12/31/16 Amt.</u>
County	25%	\$65,000.00
SCCS	25%	\$65,000.00
DD Board	25%	\$65,000.00
ADM	25%	\$65,000.00
Total	100%	\$260,000.00

ADM, DD Board and SCCS shall pay to the County each party's share in the amount set forth above, no later than fifteen (15) days of the execution of this Agreement. County shall allocate those funds, as well as the County's share, in a separate fund from which the payments set forth in Section 3, above, shall be paid to the Health District. In the event there is any unused balance in said fund upon the completion of this Agreement, said funds shall be remitted in equal shares to the County, ADM, DD Board and SCCS, unless otherwise agreed in writing by the parties.

5. Additional Subcontracts. The Health District shall obtain the written consent of the County prior to entering into any subcontract for services necessary to perform its obligations under this Agreement.
6. Reports and Records. Health District shall maintain and provide to County upon demand the following reports and records:
 - a. Accounting and fiscal records adequate to enable the County or the State of Ohio or any duly-appointed law enforcement agency to audit and otherwise verify that funds provided under this Agreement are used for the purpose stated in this Agreement.
 - b. Other reports and records as required by the County to enable County to comply with local, state and federal statutes and regulations.
7. Termination. The County may terminate this Agreement immediately upon written notice to all parties. Upon termination of this Agreement, Health District shall immediately cease all activities relating to this Agreement and deliver to the County all work in progress, all property of the County and all information and other materials received or developed under this Agreement. At the County's request, the Health District shall also assist County in efficiently transitioning the Project to any new party who is selected to continue the Project. County shall compensate Health District, at cost, for any services performed in the transitioning of the Project. Health District shall reimburse County for all unspent funds and an unspent prorated share of any funds paid to the Health District for the entire contract term. County shall evenly distribute any funds received under this Section to the County, ADM, DD Board and SCCS.
8. Amendment or Modification. This Agreement may be amended or modified by the parties provided that any such amendment or modification makes specific reference to this Agreement, is executed in writing and signed by a duly authorized representative of each party.
9. Integration. This Agreement represents the entire and integrated Agreement between the parties for the term specified herein. This Agreement supersedes all prior and contemporaneous communications, representations, understandings, agreements or contracts, whether oral or written, relating to the subject matter of this Agreement.
10. Capacity to Execute. Each party hereby certifies that all actions necessary to execute this Agreement were taken and that the person executing this Agreement is authorized to do so and has the power to bind his or her respective party to the terms and conditions contained herein.
11. Compliance with Applicable Laws. Each party agrees to comply with all applicable federal, state and local laws, orders, rules and regulations in its performance under this Agreement.

12. Waiver. The remedies contained in this Agreement shall be cumulative and additional to any remedies provided in law or equity. No waiver of a breach of any provision of this Agreement shall constitute a waiver of any other provision.
13. Relationship of Parties. The parties agree that at no time shall the relationship between the parties under this Agreement be construed, held out or considered a joint venture, principal-agent or employer-employee.
14. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio, without giving effect to the principles thereof relating to conflicts of choice of laws. Any litigation arising under this Agreement must be litigated in the Akron Municipal Court or the Summit County Court of Common Pleas, and each party submits to the jurisdiction and venue of those courts.
15. Execution in Counterparts. This Agreement may be executed in counterparts by the parties, and shall be effective on the latest date a counterpart is executed by a party.

IN WITNESS WHEREOF, the parties hereby sign this Agreement effective as of the date first written above.

COUNTY OF SUMMIT, OHIO

Russell M. Pry, Executive

Date

Approved as to form and correctness:

Deborah S. Matz Date
Director, Department of Law

COUNTY OF SUMMIT DEPARTMENT OF JOB
AND FAMILY SERVICES

Patricia Divoky, Director

Date

Approved as to form and correctness:

Anita Davis Date
CSDJFS Legal Counsel

SUMMIT COUNTY COMBINED GENERAL
HEALTH DISTRICT

Gene Nixon, Health Commissioner Date

Approved as to form and correctness:

Legal Counsel Date

SUMMIT COUNTY CHILDREN SERVICES
BOARD

Julie Barnes, Executive Director Date

Approved as to form and correctness:

Legal Counsel Date

COUNTY OF SUMMIT BOARD OF
DEVELOPMENTAL DISABILITIES

John Trunk, Superintendent Date

Approved as to form and correctness:

Legal Counsel Date

COUNTY OF SUMMIT ALCOHOL, DRUG
ADDICTION AND MENTAL HEALTH
SERVICES BOARD

Jerry Craig, Executive Director

Date

Approved as to form and correctness:

Legal Counsel

Date

LONG- TERM PROJECT GOALS

Initiative 1: Economic Stability and Prosperity:

- Decrease the proportion of people living below the official poverty line from 15.8% to 7.8%.
- Decrease the proportion of African-Americans living below the poverty line from 37.9% to 7.8%.
- Reduce unemployment from its 2012 rate of 9.7% to 6.0%
- Increase the proportion of people aged 25 and over who have a 2-year or greater degree from 37.2% to 45.0%
- Increase the county's high school graduation rate from 83.9% to 90.0%
- Increase the percentage of 3rd graders scoring "Proficient" or above on the 3rd grade reading proficiency test from 59.5% to 80.0%
- Increase housing affordability, reducing the proportion of households spending more than 30% of their incomes on housing from 30.6% to 22.7%
- Reduce the violent crime arrest rate (no county-wide goal set)

Initiative 2: Early Childhood:

- Increase the percent of children receiving immunizations by their second birthdays from 68.8% to 90.0%
- Reduce the percent of children in need of protective services from 17.2 per 1,000 children to 12.3 per 1,000 children
- Reduce the percent of children who age out of foster care from 31.6% of those in permanent custody to 24.7% of those in permanent custody

Initiative 3: Older Adults:

- Reduce the incidence of elder abuse and neglect from 12.7 per 1,000 persons age 60 or older to 6.0 per 1,000 persons age 60 or older

Initiative 4: Health and Health Disparities:

- Increase the percent of pregnant women receiving first trimester prenatal care from 74.8% to 90.0%
- Decrease the African-American teen birth rate from 45.8 per 1,000 to 26.8 per 1,000
- Decrease the percent of individuals without health insurance from 13.9% to 11.0%
- Decrease the percent of persons who say they are in fair or poor health from 14.5% to 10.0%
- Decrease the percent of persons with a BMI of 29.9 or higher from 22.1% to 19.9%
- Reduce the rate of Years of Potential Life Lost from All Causes from 7,737 per 100,000 to 5,317 per 100,000

Initiative 5: Government Efficiency and Effectiveness:

- Maintain the goal of zero Financial Condition Indicators showing "warning trends" for the ADM board
- Maintain the goal of zero Financial Condition Indicators showing "warning trends" for the DD board
- Maintain the goal of zero Financial Condition Indicators showing "warning trends" for SCCS

Summit 2020 Priority Indicators

Initiative / Indicator

I. Economic Stability and Prosperity

- 1 Poverty Rate *
- 2 African-American Poverty Rate *
- 3 Unemployment Rate
- 4 Percent of Persons Age 25+ With a 2-Year or Greater Degree
- 5 Public High School Longitudinal Graduation Rate
- 6 Percent of 3rd Graders Scoring "Proficient" or Above on the 3rd Grade Reading Test
- 7 Percent of Households Paying More than 30 percent of Income on Housing
- 8 Percent of Households Receiving Food Stamps
- 9 Violent crime arrest rate per 100,000 population

II. Early Childhood **

- 10 Percent of Children Receiving Immunizations by Their Second Birthdays
- 11 Number of Children In Need of Protective Services (CHIPS) per 1,000 children
- 12 Number of Children Who Age Out of Foster Care per 1,000 children

III. Older Adults

- 13 Elder Abuse, Neglect, Self-Neglect, or Exploitation Referrals per 1,000 seniors

IV. Health and Health Disparities

- 14 Percent of Pregnant Women Receiving First Trimester Prenatal Care
- 15 African-American Teen Birth Rate
- 16 Percent of Persons Age 18-64 Who Have Health Insurance
- 17 Percent of Persons Age 18-64 Who Say They Are In Fair or Poor Health
- 18 Percent of Persons Age 18-64 With A BMI in the "Obese" Category
- 19 Years of Potential Life Lost

V. Government Efficiency and Effectiveness

- 20 Percent of ADM Financial Condition Indicators showing "warning trends"
- 21 Percent of DD Board Financial Condition Indicators showing "warning trends"
- 22 Percent of SCCS Financial Condition Indicators showing "warning trends"

* While only the overall poverty rates will be tracked as the "official" poverty indicators, we will continue to track and report on poverty for critical subgroups such as children, seniors, and single heads-of-households as appropriate.

** As with poverty rates, while these three indicators will be the "official" Summit 2020 priority indicators, project staff is developing (and will be reporting on) a series of early childhood indicators as part of the county's First Things First initiative.

Summit 2020: A Quality of Life Project

The Summit 2020: A Quality of Life Project, under the direction of the Social Services Advisory Board, continues to have a major impact on health and human services coordination in our community and plans to continue to enhance its programming efforts.

This document describes the work that Quality of Life staff will support within the January 1, 2015-December 31, 2016 contract period. This summary details current and upcoming projects in all of the five broad initiative areas: Older Adults, Early Childhood, Health and Health Disparities, Economic Prosperity and Stability and Government Efficiency and Effectiveness.

Early Childhood

The purpose of this initiative is to develop and implement a comprehensive plan to enhance the early childhood service-delivery system in Summit County. This comprehensive plan will guide acquisition and allocation of resources, integrate new information from research and local experts, set priorities with performance indicators that can be tracked and measured, align local efforts with state initiatives, and build a common community commitment to early care and education.

Current Continuing Initiatives

First Things First Health Committee – A Quality of Life staff member serves as the chair of the Health Committee. The Committee is responsible for fulfilling the goals set out in the original 2011 First Things First Strategic Plan with respect to health (Strategy 1: Assess and identify any existing gaps in data collection in the areas of community resources, population demographics, and community health status; Strategy 2: Increase access to comprehensive health care with a strong focus on wellness including prevention, promotion, and healthy environments; Strategy 3: Identify the data and develop a valid research model to determine the areas of greatest need for infants and children). Strategies 1 and 3 are part of the annual First Things First indicator report. Strategy 2 currently involves promoting Text4baby, analyzing HealthChek data, and developing programming through those two initiatives that will improve access to comprehensive health care.

Activities	Outcomes	Timellne
Data will be collected and analyzed to measure progress on identified outcomes and support improvement activities	Reporting	As requested
A First Things First Indicator report will be developed	Final Report	To be released Q1 of 2015
Text4baby will continue to be promoted and data will be analyzed	Data analysis	2015 Q1-Q4, 2016 Q1-Q4
Analyze HealthChek data from Medicaid HMO's and	Data analysis and geocoding to determine areas of potential	Monthly

Attachment C

implement strategies to address high need population	outreach and intervention	
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First Things First Special Needs/Early Intervention – Quality of Life staff participates on the committee and works with the chair to identify and analyze indicators for the annual First Things First report. Additionally, Quality of Life staff is able to both train and facilitate the ASQ 3 and ASQ SE.

Activities	Outcomes	Timeline
Identify and analyze indicators to be included on the annual First Things First Indicator Report	First Things First Indicator Report that measures progress on indicators in order to assess if interventions and strategies are effective	To be released Q1 of 2015
Participate in the facilitation of the ASQ 3/ ASQ SE at community outreach events targeted towards children and their families	A database of children who have completed the ASQ 3 in order to identify those who may be in need of early intervention programming	As requested by community partners
Train community providers in administering the ASQ 3/ASQ SE	An increased network of community providers that are trained in administering the ASQ 3/ ASQ SE	As requested/ needed

First Things First Maternal Depression Network (MDN) – Quality of Life staff are active on the Network’s steering committee. Quality of Life staff has developed a system for tracking referrals to the MDN and for updating the quarterly report for MDN co-chairs to share with the steering committee. Quality of Life staff has also worked with the chair to develop and implement the survey of MDN providers.

Activities	Outcomes	Timeline
Steering committee participation	Meetings attended	Ongoing
Updates quarterly report for Maternal Depression Network co-chairs	Quarterly report: includes data that tracks referrals in order to target programming to areas of need	2015 Q1-Q4, 2016 Q1-Q4

First Things First Behavioral Health Committee – Quality of Life staff participates on the committee and works with the chair to identify and analyze indicators for the annual FTF indicator report.

Activities	Outcomes	Timeline
Identify and analyze indicators to be included on the annual First Things First Indicator Report	First Things First Indicator Report that measures progress on indicators in order to assess if interventions and strategies are effective	Annually

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First Things First Family Supports- Quality of Life staff participates on the committee and will continue to work with the chair to identify and analyze pre- and post- test assessments of audience knowledge of topics covered in committee's training sessions

Activities	Outcomes	Timeline
Analyze pre- and post-test assessments to determine audiences knowledge in training sessions	Data analysis	Ongoing/ As requested

Older Adults

The purpose of this plan is to develop and implement a comprehensive plan to advocate and build support for change benefiting older adults at the local, state, and national level. Additionally, this initiative develops programming to optimize the self-sufficiency and independence of all our older citizens, with an emphasis on alleviating of poverty, reducing the incidence of elder abuse / neglect, and maintaining senior health.

Current Continuing Initiatives

Senior Independent Living Coalition (SILC) – The mission of the Senior Independent Living Coalition is to improve the quality of life of older adults in Summit County by being an advocate for seniors and their families, educating the public and elected officials about issues of interest to older adults, and by speaking to the community with one voice on behalf of those we serve.

Activities	Outcomes	Timeline
Coordination and administration of SILC activities	Scheduling of meetings, minutes, agenda setting, participation in Executive Committee	Ongoing
Data and Information Sharing	Data that is requested by SILC or SILC subcommittees	As requested
Ongoing direction and assistance with formulating next SILC strategic plan	SILC 2012-2014 strategic plan analysis and update; identification of new strategic goals and strategies	2015 Q1-Q4

Adult Protective Services (APS) – The Adult Protective Services program, which is collaboration between Summit County Public Health and the Summit County Department of Job and Family Services, has been a very successful model gaining state wide attention. Quality of Life staff is heavily involved in the planning and sustainability of this program. Additionally, Quality of Life staff is responsible for data analysis and monitoring of the APS program.

Activities	Outcomes	Timeline
Coordination and	Outside evaluation	Ongoing

administration of APS activities		
Data Analysis		As requested/Monthly/Quarterly

ADM Senior Needs Assessment – Although the ADM Senior Needs Assessment has been completed, Quality of Life staff will continue to provide additional data analysis and mapping as requested. Additionally, as interventions and strategies are identified, Quality of Life staff will assist with any programmatic needs through the Senior Independent Living Coalition (SILC).

Activities	Outcomes	Timeline
Data analysis	Requested reports	As requested
Mapping	Requested maps	As requested
Work with SILC to educate and advocate based on findings from Needs Assessment	Needs Assessment representation on the next SILC strategic plan	Q4 2014- Q1 2015

New Initiatives

GAR Foundation Proposal Adult Protective Services (APS): Extended Services Model- The current Adult Protective Services (APS) model provides services to adults who are screened and found to have a substantiated case of abuse, neglect/self-neglect or exploitation. In many cases, however, adults who are screened out (do not meet criteria for APS), or who are determined to have minimal substantiated risk, are still in need of services. Requested grant funding will be used to expand services for individuals referred to APS in two ways: 1) Grant funds will aid in expansion of contracted services to individuals with minimal risk, but significant need in order to prevent potential deterioration of health and living conditions. 2) Grant funds will allow for extension of services for those individuals who are found to have a substantiated case, but are in need of services beyond the 6 month time frame of the initial APS referral, so that the case worker has time to stabilize the home, work with family members, and close the case.

Activities	Outcomes	Timeline
Technical Assistance – Coordination and Information Sharing/ Grant submission	Outside evaluation	As requested
Data Analysis	Monthly/Quarterly reporting based on number of clients served, service package utilization, recidivism	As requested/Monthly/Quarterly

Volunteer Guardian Program – The Volunteer Guardian program is an initiative of the court that works to provide trained, Court appointed volunteer guardians for indigent wards who do not have family or friends who can help. To accomplish this, Jewish Family Services matches a volunteer with a person in need. Summit County Probate Court, in conjunction with Jewish Family Services, will train all volunteers to serve as advocates and surrogate decision makers for the wards under guardianship. Quality of Life staff supported this initiative throughout the initial planning phases by offering expertise and technical assistance regarding this population. Now that the initiative is underway, Quality of Life continues to collaborate with community partners to raise awareness about this program and recruit additional

volunteers. Additionally, Quality of Life staff sits on the Advisory Committee to assist in future planning initiatives.

Activities	Outcomes	Timeline
Advisory committee membership	Technical assistance provided – Information sharing and coordination	As requested
Recruitment of volunteers	Increased network of volunteers	Ongoing
Serve as fiscal agent for project		Ongoing

Respecting Options of Care (ROC) – ROC is a coalition of local health care, legal, social and faith based groups in partnership with the the Area Agency on Aging (Direction Home). ROC’s mission is to educate community members about healthcare choices and empower them to communicate their wishes through Advance Care Planning (ACP) and documented Advance Directives (ADs). Communities with well-established programs of ACP and higher AD completion rates show improved quality of end-of-life care for patients and their families. Through a contract with Respecting Choices® ROC will train volunteers to facilitate ACP discussions that result in the designation of a healthcare power of attorney who fully understands and agrees to carry out healthcare wishes. ROC will engage the healthcare community to establish a standard for documentation of advance directives that clearly express patients’ informed personal choices and are accessible to and honored by healthcare providers across all health care settings in Summit County.

Activities	Outcomes	Timeline
Coordination and administration of project activities	Community engagement, ROC will be rolled under SILC as a separate committee	Ongoing

Health & Health Disparities

The purpose of this initiative is to develop and implement a comprehensive plan to promote improved health and reduce health disparities for all Summit County residents. The plan will address such critical, longstanding issues as the cost of and access to health care and medications, coordination of care and/or case management (particularly among those with both behavioral health and physical health issues), as well as individual behaviors that erode the health of the population as a whole. An integral part of this plan will be the construction of a county health assessment system largely based on the University of Wisconsin Population Health Institute’s county health rankings reports (a system which relies primarily on well-established social determinants of health to provide insight into the long-term health prospects of communities).

Current Continuing Initiatives

Health and Health Disparities Indicator Report – community engagement presentation / plan

Activities	Outcomes	Timeline
Identify and analyze indicators	Health and Health Disparities Indicators report	Baseline report 2014 Q3, annual updates

Community engagement	Community involvement to develop and implement comprehensive health and health disparities plan	2014 Q4
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New Initiatives

Worksite Wellness – The Worksite Wellness initiative was identified in the 2014 Strategic Doing Retreat. This initiative builds on the work that was previously done in 2012 by the Community Transformation Grant that surveyed business owners to assess the availability of wellness programs and policies in the workplace. This initiative would like to work with the Summit County Chamber of Commerce and do a follow-up survey to assess change over the last few years. The goal in this data assessment is to address areas and business sectors which could be potentially influenced to adopt worksite wellness policies and programs that contribute to a healthy Summit County.

Activities	Outcomes	Timeline
Convene a workgroup that will commit to work on this project (representation from initial strategic doing retreat, members who helped with first CTG survey etc.)	Workgroup membership roster	2015 Q1, Q2
Analyze the baseline data and determine if any changes need to be made to survey	Whether or not changes are made to original survey, questions added/deleted etc.	2015 Q1, Q2
Make contact with the Chamber of Commerce to propose using membership to distribute survey	Proposal to the Chamber of Commerce to partner with Quality of Life for this project, access to list of Chamber members	
Draft survey in a way consistent with the 2012 Survey so outcomes are measurable over time	Survey	2015 Q3
Analyze findings of survey	Preliminary report	2015 Q4
Report findings of survey, heavily emphasizing best practices	Report distributed to county leaders as well as participating business owners	2016 Q1

Translation Services (primary and behavioral coordinated care) – Summit County is home to a large, and growing resettlement and refugee population, thus making translation services a necessity for service providers.

Activities	Outcomes	Timeline
Coordinate workgroup activities	Workgroup participation and meetings	Ongoing

Identify a speaker to facilitate a community conversation with relevant partners		Q1 2015
Plan community conversation event	Speaker identified, date/location/time set, agenda created, invitation	Q2 2015
Identify next steps	Strategic plan and goals identified	Q3 2015

Community Health Workers – Community Health Workers (CHWs) will be trained through the MedTAPP grant out of NEOMED. Quality of Life staff participates in the tracking and placement of recently trained CHWs for their practicum experiences.

Activities	Outcomes	Timeline
A database of CHWs will be developed to track placement of all CHWs in Summit County through MedTAPP grant	Database	Q4 2014
CHWs will be placed with community agencies for practicum experience	Number of CHWs placed with Summit County community agencies	Q1 2015 – Q3 2015

Gun Violence- This initiative has been identified by the Healthy Connections Network/ Minority Health Roundtable Policy Committee as an issue needing community support in 2015. Early planning initiatives have begun and seek to increase awareness about this issue within Summit County.

Activities	Outcomes	Timeline
Plan a community outreach event	Attendance	Q1 2015

Economic Stability and Prosperity

The purpose of this initiative is to develop and implement a comprehensive plan to promote the economic stability and prosperity of all Summit County residents, particularly those of working age and their families. This plan will utilize cutting-edge approaches to address long-term, systemic problems that undercut stability and prosperity such as poverty, educational attainment, housing affordability and foreclosures, employment and retraining, and basic financial literacy. This initiative will also promote stability and prosperity by addressing issues unique to special populations such as ex-offender re-entry and children aging out of the foster care system.

Current Continuing Initiatives

Income, Education & Workforce Development (IEWD) - charged with providing employers a competitive and productive workforce. The committee works to improve the work readiness of the current and future workforce of Summit County as well as increasing employers' understanding of

recruitment and retention initiatives of mutual benefit to employers and their employees. It has created and annually updates a Job Seekers Resource Guide and a Career Mapping Guide, as well as an Employers Services Guide. It is currently working on a soft-skills certification pilot project for County Executive Pry.

Activities	Outcomes	Timeline
Update the Job Seeker Guide, Employer Resource Guide, Career Guide, and Soft Skills Training Catalog	Updated materials	Annually
Develop and implement a large-scale distribution plan to get these resources into the hands of their respective target audiences (guidance counselors, job counselors etc.)	Electronic distribution plan	Q1 2015
Work with other community partners to begin developing plans for addressing workforce issues for special populations such as older adults, children aging out of foster care, persons with little or no work history, long-term unemployed workers, and others.	Identification of additional initiatives that target specific populations/ workforce issues	Q2-4 2015

New Initiatives

Single-Parents Project – As a means to address poverty, the Single- Parents Project is an initiative identified in the 2014 Strategic Doing Retreat. Quality of Life Staff is planning to address this issue by measuring data that is currently collected from community agencies, engaging community stakeholders, developing a Call to Action, and assisting in the implementation of evidence based practices. It is understood that this is a multi-generational, multi-sectored social issue and it cannot be “solved.” The hope is, however, to work with the agencies that have access to this population of children to identify solutions to increase protective factors while reducing risk factors. This program also aims to increase supports for single parents so they are given the resources they need to be successful parents.

Activities	Outcomes	Timeline
Data collection/ inquiry	Data collected from community partners (Children’s, APS, and Juvenile Court etc.), national and state sources; Anecdotal data	2014 Q4
Engage community stakeholders	Meetings with community partners (Akron Public Schools, Akron Children’s Hospital, SSAB, Non-profit agencies, Juvenile Court, United Way)	2015 Q1
Develop a Call to Action	Report (includes YRBS data to identify risk factors, national data, anecdotal data from SC community partners)	2015 Q2, Q3
Program Planning and Development	Technical assistance and data analysis provided to community	2015 Q4, 2016 Q1-Q4

	partners who implement programs and strategies designed to address this issue	
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In-migration vs. out-migration – Another initiative out of the 2014 Strategic Doing Workshop was to address in-migration vs. out-migration. Or, in other words, make Summit County a place where individuals want to move to, not away from. Many factors are involved when considering this issue but one of the more prominent factors is job availability. Current data suggests that Summit County has an unemployment rate of 5.5% which is comparable to the state and lower than the national average at 6.1%. Nearly 15% of Summit County residents live below the poverty level. Poverty is the result of many factors including educational attainment and job availability. This data suggests that although Summit County’s unemployment rate is favorable compared to the nation, higher wage positions may be scarce. There are many community level strategies aimed at reducing poverty but few strategies exist to increase the availability of good jobs. Because of this, an initiative to promote Summit County on the Ohio Means Jobs website was identified as a potential strategy to continue to reduce the rate of unemployment and encourage individuals throughout the state to consider Summit County as a place they would like to live and work.

Activities	Outcomes	Timeline
Convene a workgroup to identify strategies and objectives (may be a subcommittee of IEWD)	Workgroup attendance and the identification of goals/ objectives and strategies	2015 Q1

Government Effectiveness and Efficiency

The purpose of this initiative is to strengthen collaboration between the county’s major public health and social service systems, and the effectiveness of services they finance or deliver. To fulfill this purpose, this initiative will facilitate the development and implementation by various county agencies and non-profit service providers of a system that links providers in multiple organizations and specialties. These links will help create efficiencies, time and cost savings for both referral initiators and responders, thereby improving the quality of client and patient care. In addition, this initiative will promote increased accountability by the three levy-funded agencies (Summit County Children Services, Summit County Developmental Disabilities Board, and the Summit County Alcohol, Drug, and Mental Health Board). This purpose will be accomplished by providing increased support for the SSAB’s Budget and Levy Review Committee

Current Continuing Initiatives

Budget and Levy – The Budget and Levy committee oversees the activities and financial implications for the three levy-funded agencies in Summit County. This body meets quarterly and lends expertise and support to these agencies as they navigate the ever changing funding world. Each September, the Budget and Levy committee hears presentations about the upcoming year’s budget. They evaluate these budgets in terms of revenue, expenses and cash balances. They then make their recommendation to

support the budget, a precursory action to the final approval by County Council. Quality of Life staff assists Budget and Levy committee by performing administrative duties and serving as a liaison between the levy-funded agencies and committee leadership.

Activities	Outcomes	Timeline
Administrative Duties/ technical assistance	Meeting minutes, agendas, scheduling of meetings/locations, coordinating agency presentations	Ongoing
Levy Funded Agencies' Financial Condition Report	Report	2015 Q3; 2016 Q3

Collective Impact

The following initiatives were created through partnerships fostered by the Quality of Life framework, but have since been adopted by community partner organizations. Quality of Life staff still remains an active partner through participation on steering committees. The guiding organizations, however, are responsible for driving these initiatives, and their success.

Summit County Re-Entry Network - Partners in the Summit County Reentry network (SCRN), work together so that adult felony ex-offenders can overcome the many challenges to their success. Collaborative efforts will reduce the rate of recidivism, increase community safety, help reunite families and make the local economy stronger. Quality of Life staff contributes to this work through membership to the Re-Entry Network Steering Committee.

Activities	Outcomes	Timeline
Steering Committee membership	Number of steering committee meetings attended	Ongoing

Bridges out of Poverty – Bridges Summit County is a collaborative of over thirty non-profits, businesses, governments, and organizations from Summit County who are committed to breaking the cycle of generational poverty through the collective work of individual, institutional, and community partners to inform and engage the community in addressing barriers. Quality of Life staff contributes to this work through membership to the Bridges Steering Committee.

Activities	Outcomes	Timeline
Steering Committee membership	Number of steering committee meetings attended	Ongoing

Youth Emancipation Task Force – The Youth Emancipation Task Force is one of the first products of the Summit on Children Project – a collaborative initiative formed in 2008 to improve community services in three identified areas: School Readiness; Residential Services for Children; and Youth Aging out of Foster Care. Quality of Life staff sits on the steering committee for this initiative offering both expertise and technical assistance for group objectives.

Activities	Outcomes	Timeline
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Attachment C

Steering Committee membership	Number of steering committee meetings attended	Ongoing
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Proposed Annual Budget:

Personnel Costs

	Total Salary	PERS	Medicare	WkComp	Liability	Health	Life	Total Salary & Fringe	
Assistant Director (TBD)	\$ 15,705	\$ 2,199	\$ 228	\$ 392.63	\$ -	\$ 1,194	\$ 5	\$ 19,723	
Elizabeth James	\$ 13,730	\$ 1,922	\$ 199	\$ 343.24	\$ -	\$ 4,020	\$ 6	\$ 20,221	
Craig Thompson	\$ 2,932	\$ 410	\$ 43	\$ 73.29	\$ -	\$ 804	\$ 1	\$ 4,263	
Richard Marountas	\$ 33,278	\$ 4,659	\$ 483	\$ 831.94	\$ -	\$ 2,986	\$ 12	\$ 42,249	
Laura Hoff	\$ 13,995	\$ 1,959	\$ 203	\$ 349.88	\$ -	\$ 6,433	\$ 10	\$ 22,949	
	\$ 79,639	\$ 11,149	\$ 1,155	\$ 1,990.98	\$ -	\$ 15,437	\$ 34	\$ 109,405	
								Salaries & Benefits	\$ 109,405

Non Personnel Costs

Travel	\$ 2,869.00
Meeting Expenses	\$ 1,500.00
Printing	\$ 626.00
Supplies Misc.	\$ 600.00
Contracts Misc.	\$ 23,174.00 (Includes 50% of the \$16,348 Carry over from 2012-2014 over two years**)
Non Personnel Costs	\$ 28,769.00

** 2015-2016 Contract total is \$276,348.00 inclusive of the carry over

Budget Justification:

Salary and Benefits:

The project supports the salary and benefits for an Assistant Director (TBD) 20% plus two days in-kind for Donna Skoda (\$79,000.00), Richard Marountas 50% (\$42,249), Elizabeth James 25% (\$20,221), Laura Hoff 40% (\$22,949) and Craig Thompson 5% (4,263).
 Salary and Benefits total: \$109,405.00

Non-personnel Costs:

Travel for staff: \$2869.00 local and state wide travel
 Meeting Expenses: \$1,500.00 for local planning meetings for each initiative
 Contracts: \$23174.00 for contracts that need to be implemented to assist with each of the initiatives as they are developed
 Supplies: \$600.00 Misc supplies to support the project and initiative development
 Printing: \$626.00 Supplying printed resources and electronic formats for general distribution of materials
Total Non-personnel: \$28,769.00

Key Accomplishments of the Summit 2020 Project, 2003-2014:

Since its inception, the Summit 2020 project has helped the community improve the coordination of its health and human service delivery. This has been achieved through the project's creation of consensus around a shared set of goals for improving economic, health and social conditions in the community which foundations, not-for-profits, faith-based organizations and government agencies have all committed to.

In addition, the Summit 2020 project has always relied on existing initiatives and plans to accomplish community goals whenever possible, rather than trying to duplicate existing efforts and compete for resources already committed to a given task. Where appropriate, the project tries to bring new resources to bear in order to further community priorities and initiatives.

Below is a list of the key accomplishments of the Summit 2020 project to date:

- Creation of a series of plans designed to improve health and social conditions, including:
 - Workforce Development and Economic Opportunity Plan.
 - Partnership for Success Plan (juvenile justice and delinquency prevention)
 - Three Targeted Neighborhood Strategic Plans (Barberton, Buchtel, Lakemore).
 - Comprehensive Health and Social Services Plan.
 - Senior Independent Living Coalition Strategic Plan
 - First Things First (the county's first comprehensive early childhood plan).

- Developed a series of databases and reports to analyze economic, health, and social conditions in Summit County and its neighborhoods and communities on a regular basis. These reports, used regularly by public and non-profit service providers for both daily operations and grant funding, include:
 - The 2003 Environmental Scan, which provided a detailed economic, health and social condition assessment of Summit County and its communities.
 - The 2008 Ohio Family Health Survey, which provided critical information about the health and health insurance status of Summit County residents.

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- The 2008 Behavioral Risk Factor Surveillance Survey, which provided a comprehensive look at health risk behaviors of Summit County residents.
- The 2014 Youth Risk Behavior Survey, which provided a comprehensive look at health risk behaviors of Summit County middle and high school students.
- Creation of a comprehensive database of birth and death records from 1990-2008. These records provide vital information on maternal and child health conditions, as well as causes of death that are being used to analyze health conditions of the general population of the county.
- Release of four regular progress reports to date (2007, 2009, 2011, and 2013) to update the community on progress on the project's 20 priority indicators.
- Development of a Charitable Funding Database and associated report in 2006 which includes dollar amounts of local charitable funding invested in the county and the subject areas which were funded (i.e., education, human services, youth development...).
- Development of an inventory of early childhood services and service providers as part of the First Things First initiative. This inventory includes detailed cluster-by-cluster maps showing location of service providers and relevant demographic information.
- Developed a Financial Condition Indicators report and associated database (2009-2014) to help SSAB's Budget and Levy Review Committee analyze the annual budgets of the county's three levy-funded agencies.
- Collaborated with several community partners to establish the Summit County Reentry Network (SCRN) and the hiring of a Re-Entry Coordinator to coordinate the county's services to ex-offenders returning to the community.
- In collaboration with the Alcohol, Drug, and Mental Health Board of Summit County and other partners in the First Things First initiative, helped establish the Maternal Depression Network to help pregnant women and mothers of young children suffering from maternal depression.
- In collaboration with the Summit County Board of Developmental Disabilities, the First Things First Special Needs and Early Intervention Committee, and the First Things First Behavioral Health Committee, implemented a plan to expand the use of the Ages and Stages Questionnaire (ASQ-3 developmental assessment and the ASQ-SE social-emotional assessment) in Summit County daycare establishments. This effort also includes on-line assessments, giving all Summit County parents access to these important screening tools for their young children.
- Participation in the Summit County Children Services *Emancipation Task Force*.

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- Launched the Bridges Out of Poverty program, an anti-poverty effort, and hired a coordinator for the program with the support of a coalition of government agencies and philanthropic funders. Children who age out of foster care is one of the targeted groups.
- Redefining the safety net through programs such as the Access To Care program, which has delivered health services to thousands of Summit County residents without health insurance since its inception in 2006.
- Establishment of the Care Coordination unit at Summit County Public Health in 2012. The Care Coordination unit responds to calls for assistance, ensuring that callers receive appropriate screening, needs assessment, eligibility determination, referral, and follow-up for a wide variety of community services.
- Piloted four neighborhood projects which have delivered a variety of services to residents and engaged in larger community planning efforts. These services include pilot reading programs and a pilot program to give parents of school children a computer for the home and training to use it in exchange for a commitment of volunteer hours at their child's school.
- Developed and distributed a wide array of community resource guides, including:
 - Neighborhood Resource Guides
 - Social Services Guide (for use by court personnel)
 - Health and Wellness Guide
 - Employer Resource Guides
 - Job Seeker Resource Guides
 - Career Mapping Guide
 - Soft Skills Guide
- Creation of the Senior Independent Living Coalition (SILC), a broad-based coalition of older-adult oriented community leaders including service providers, advocates, members of the community, and public officials. SILC's major areas of focus include:
 - Advocacy and Education
 - Elder Abuse
 - Self-Sufficiency
- The development of a collaborative model with the Summit County Department of Job and Family Services for investigating and following up on cases through the county's Adult Protective Services system.

- Creation and launch of the Summit 2020 website (www.healthysummit.org), which helps the community stay abreast of the project's activities and provides a variety of resources for downloading.
- Management of the First Things First website (<http://summitcountfirstthingsfirst.com/>), a comprehensive on-line resource for parents that provides a wide variety of information and assessment tools for parents of children under age 5.
- Developed a 15-second PSA to call attention to elder abuse and neglect to be shown in various theatres throughout the county. Two three-month showings were held, with an estimated viewership of 500,000 audience members. This initiative, which developed out of a partnership with the Area Agency on Aging, also helped sponsor NEOUCOM's 2009 and 2010 palliative care seminars.

Below is the status of the Summit 2020 project initiatives as of 3rd Quarter 2014:

1. Early Childhood (through age 5)

Initiatives under way: First Things First, Neighborhood group education initiatives

Status: A draft annual report with updated indicators is being prepared for the First Things First executive committee's review. The FTF website has been redesigned, and includes information on the Summit County Maternal Depression Network, online developmental screening tools, and resources for parents. The Early Care and Education Committee (through Summit Education Initiative) reports the second straight year of increasing participation in the Transition Skills Summary. The Special Needs & Early Intervention Committee (SNEI) has begun preparing the first three of several day care centers to participate in the Ages and Stages and Child Care Connection on this project. The Health Committee has kicked off a Text4Baby social media awareness campaign that will provide pregnant women with free text messaging on topics such as immunization, nutrition, seasonal flu, mental health, birth defects prevention, oral health, and safe sleep. Distribution of paper materials picked up steam in August beginning with the Summit for Kids event.

2. Older Adults (ages 55 and up)

Initiatives under way: Senior Independent Living Coalition (SILC), Area Agency on Aging (AAoA) outreach, APS community model

Status: SILC and its subcommittees continue to meet. The APS/Elder Abuse Committee is developing a project to produce a training video for front line financial institution staff to help them identify financial exploitation of older adults. APS and Quality of Life staff have developed a monthly reporting system for APS cases. Also, the second annual outside evaluation of APS services conducted by Minority Behavioral Health and University of Akron has been completed. A new initiative, the Volunteer Guardian Program for indigent seniors, has also begun implementation. A kick-off event was held June 25th.

3. Economic Stability and Prosperity (working ages 16-70)

Initiatives under way: Income, Education & Workforce Development Committee, Summit County Reentry Network

Status: The Soft Skills Guide has been updated for 2014. Summit 2020 project staff continues to participate in the Summit County Reentry Network (SCRN) Steering Committee. SCRN has begun a collaboration with InfoLine to get InfoLine's assistance fielding service requests. InfoLine has two half-time individuals committed to the pilot project. According to InfoLine and SCRN, the pilot is proceeding extremely well and InfoLine plans to extend the pilot project through the remainder of 2014.

4. Health and Health Disparities (all ages)

Initiatives under way: Office on Minority Health, Summit County Re-Entry Network, Minority Health Roundtable, Care Coordination, Healthy Connections Network

The Health and Health Disparities report is nearing completion. Data collection is nearly complete, while formatting and presentation remain to be completed. Healthy Connections Network will serve in an advisory capacity to the larger community roll-out.

5. Government Efficiency and Effectiveness (all ages)

Initiatives under way: SSAB Budget and Levy Review committee, Levy Funded Agency Financial Condition Indicators report, Summit 2020 Work Plan, Strategic Doing Training

Status: The SSAB Budget and Levy Review committee met on September 9th. The Summit County Maternal Depression Network (MDN) has begun collecting baseline data for number of referrals by member agencies (utilizing a data tracking system prepared by Quality of Life staff). Staff is currently working with MDN on a revised provider survey to be fielded later in the fall. Preparation of the annual Financial Condition Indicators report for the levy funded agencies was completed in time for the Budget and Levy Review committee. Quality of Life staff members Richard Marountas and Elizabeth James are serving on the YETF Steering Committee.

Attachment E

SCPH requested and was awarded a grant from the Akron Community Foundation to help fund the training, planning, and technology needed to train child care providers how to administer the screening tools for the ASQ-SE assessment. One Quality of Life and one SCPH staff member were also trained on the ASQ-SE. Strategic Doing training, offered from the Center for Regional Development at Purdue University, was offered to Quality of Life members in early November. This unique strategic planning technique will be utilized to streamline discussions to identify future priorities.