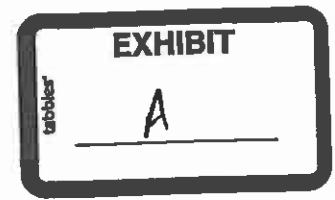


13-051



**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**

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This Intergovernmental Agreement ("Agreement") is entered into this \_\_\_ day of \_\_\_\_\_, 2012, 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"), 1100 Graham Road Circle, Stow, OH 44224, 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"), 100 W. Cedar St., Akron, OH 44307.

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 2010 to 2012 are attached hereto as Attachment A 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 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, 2013 through December 31, 2014.

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, 2013 through December 31, 2014, 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 C, attached hereto and incorporated herein by reference. Additionally, the parties acknowledge that the sum of \$70,496.00, which was previously funded by the parties 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 \$109,800.00, which shall represent the Health District's personnel costs associated with the project during calendar year 2013, no later than thirty (30) days after the execution of this Agreement by all parties. County shall pay Health District the sum of \$109,800.00, which shall represent the Health District's personnel costs associated with the project during calendar year 2014, no later than January 15, 2014.

For all other sums to be paid to the Health District including the non-personnel costs identified on Attachment C 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 \$53,000.00 per calendar year, in the form of an additional 14 hours per week of work on the project by the Project Coordinator, for a total of 17.5 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, 2013 through December 31, 2014:

<u>Party Name</u>	<u>Percentage Share</u>	<u>1/1/13-12/31/14 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

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Gene Nixon, Health Commissioner                      Date

Approved as to form and correctness:

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Legal Counsel                      Date

SUMMIT COUNTY CHILDREN SERVICES  
BOARD

---

John Saros, Executive Director                      Date

Approved as to form and correctness:

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Legal Counsel                      Date

COUNTY OF SUMMIT BOARD OF  
DEVELOPMENTAL DISABILITIES

---

Thomas L. Armstrong, Superintendent                      Date

Approved as to form and correctness:

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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:

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Legal Counsel

Date

# ATTACHMENT A

## Key Accomplishments of the Summit 2020 Project, 2010-2012:

Since its inception, the Summit 2010 and 2020 projects have 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 support.

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 (see Table 1), 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 five initiatives designed to improve health and social conditions, including:

### 1. Early Childhood – Through Age 5

**Purpose:** 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.

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

**Status:** The Summit County Maternal Depression Network (SCMDN) was formed in 2011 to better coordinate maternal depression screening and treatment options. The SCMDN identified 5 mental health agencies who are participating in a fax referral system for women identified as at risk. Once the fax referral is received, the agency contacts the client within 1-2 days and schedules the first appointment within 7 days.

The Early Care and Education Group, under First Things First, created a Transition Skills Summary that will be completed by preschool teachers, reviewed with parents, and then shared with consent with the child's intended kindergarten school. Public school district and community-based preschools are participating. The document was piloted this Spring with 131 children in both public and private preschools. The goal is to have every preschool in Summit County using the Transitions Skill Summary by the 2015-2016 school year.

The Special Needs and Early Intervention Group is currently training child care center staff and community agencies on how to administer developmental screenings and enter results into a central database. Thus far, 14 centers have been fully trained to administer the Ages & Stages Questionnaire (ASQ). The ASQ is administered to children twice a year until age 3 to identify potential delays.

The Health Group is analyzing mental health data for children ages 0 to 7 from Akron Children's Hospital. Similar, de-identified data was received from the ADM Board for this age group to create a more robust analysis of the mental health needs of Summit County children and to provide information of capacity needs of mental health services.

The Family Support Group is creating a cross-system training for home-visitation, direct service and outreach staff. Cross training topics for 2013 are Cultural Competency, Personal Safety, and Trauma Recognition.

### 2. Older Adults – Ages 55 and up



**Purpose:** To develop and implement a comprehensive plan to advocate and build support for change benefiting older adults at the local, state, and national level. SILC's purpose is 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.

**Initiatives under way:** Senior Independent Living Coalition (SILC), Area Agency on Aging 10B (AAoA) outreach, new Adult Protective Services model, Care Coordination

**Status:** Summit County Department of Jobs and Family Services, Summit County Public Health (SCPH), and the AAoA piloted a community-based model for Adult Protective Services (APS) from May 15th through September 30<sup>th</sup> in 2012. The new model created a team approach to APS response by including public health nurses, sanitarians, and Sheriff's deputy as needed. APS staff were placed at SCPH and AAoA to increase service for those in need, provide wrap-around support to APS workers so that they can retain their focus on Revised Code requirements and response, and the appropriate community partners take on the roles of case management and care coordination. Once the senior is out of crisis, the care coordination group coordinates resources and services needed by the individual to improve their quality of life and keep them out of a continuous cycle of crisis.

Given the successes of the APS model, the SILC Committee has restructured the group from a larger Coalition body to a steering committee structure, under which four working subcommittees meet to further the goals of the SILC Strategic Plan. The four subcommittees are individually concentrated on Self-Sufficiency issues for seniors, APS model review and elder abuse, Education regarding senior services/needs, and Advocacy for senior needs.

Quality of life staff are collaborating with the Summit County ADM Board to conduct a joint seniors' needs assessment in 2013 to provide data for future initiative direction and capacity.

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

**Purpose:** 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.

**Initiatives under way:** Job Seeker, Employer Resource, and Career Guides, Bridges Out of Poverty/Circles/Guiding Coalition, Home Repair Network (HRN) database development, Abandoned and Vacant Property (AVP) database development, Attaining Independence Impact Council (AIIC)

**Status:** The Job Seeker, Employer Resource Guide, and the Career Guide are reviewed and updated yearly through the Income, Education, and Workforce Development Committee (IEWD).

At the request of County Executive Pry, the IEWD Committee is working on a soft-skills certification pilot project that will identify critical components of effective, employer-valued soft-skills and possibly the eventual development of a soft skills certification program aimed at high school students and young adults in Summit County.

As of October, 2012, the Bridges Out of Poverty Summit County Collaborative (BOPSCC) had 303 Getting Ahead graduates and 2235 people had completed the Bridges Out of Poverty Workshop. A joint budget for the initiative was developed for the major partners (OPEN-M, Akron Summit Community Action, Inc., Park United Methodist Church, Akron Metropolitan Housing Authority, United Way of Summit County, Harvest Home, Akron Public Schools, Summit County Children Services) to facilitate local funding and remove the confusion and inefficiency of competing funding requests. Beginning in 2013, the initiative will kick off the second phase of the process, known as Circles. The former BOPSCC will evolve into the Guiding Coalition and continue to provide Bridges training, Getting Ahead classes, and the Ally program for Ahead Graduates to provide peer support for those individuals who are trying to work their way out of generational poverty. Assessment of the progress made by Getting Ahead participants has begun. One of the

targeted groups is young adults aging out of the foster care system.

Database development for HRN continues.

Database development for AVP is nearly complete. The last data layer of information to be added to the database is the foreclosure information located in the County tax records.

The ALIC meets regularly to assess housing concerns in Summit County. A small work group comprised of Quality of Life staff, United Way, AMHA, and Summit County Department of Economic Development has met to explore and identify barriers to affordable housing in Summit County.

#### **4. Health and Health Disparities – All ages**

Purpose: 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).

Initiatives under way: Office on Minority Health, Summit 2010 Disparities Report, Summit County Re-Entry Network, Minority Health Roundtable, Care Coordination

Status: Healthy Connections Network has agreed to serve as an advisory board as Summit 2020 staff coordinates the development and implementation of Health and Health Disparities Strategic Plan.

The Summit County Office of Minority Health is moving forward with its 2012-2013 plans to be a data resource and advocacy force for Minority Health issues in Summit County.

The Summit County Re-Entry Network meets regularly and is carrying out its revised strategic plan.

The Minority Health Roundtable meets regularly and plans community events in priority communities to promote healthy lifestyles and awareness regarding minority health issues.

A Care Coordination Unit was formed at SCPH in 2012 to assist Summit County residents with help accessing and connecting to community services they need. The Care Coordination team follows up with callers to help facilitate access to services and to ensure needs were met.

Quality of Life released the "Priority Indicators Disparity Report, 2011" in January 2012. The current plan is to review the priority indicators every two years and provide an update on progress to the community to track progress. Also released in 2011 were the Community Health Assessment and a Community Health Improvement Plan.

Redefining the safety net through programs such as the Access to Care program, this has delivered health services to more than 4,200 Summit County residents without health insurance since its inception in 2006.

#### **5. Government Efficiency and Effectiveness – All ages**

Purpose: 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.

**Initiatives under way:** SSAB Budget and Levy Review committee, Levy Funded Agency Financial Condition Indicators report

**Status:** A Levy-funded Agency Financial Indicator Report is issued yearly to the Social Services Advisory Board to assist the Budget & Levy Review Committee with recommendations regarding proposed budgets and levy requests.  
 Additional funding sources were secured to further initiative progress when applicable (see Table 1).

- 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 2011 Environmental Scan, which provided a detailed economic, health and social condition assessment of Summit County and its communities.
  - The 2008 Behavioral Risk Factor Surveillance Survey, which provided a comprehensive look at health risk behaviors of Summit County residents is under review to repeat during 2013 as well as the Youth Risk Behavior Survey designed for middle schools.
  - Creation of a comprehensive database of birth and death records from 1990-2011. 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 two documents in 2011 to update the community on progress on the project's 20 priority indicators entitled the Community Health Improvement Plan and the updated Community Health Indicator Report.
  - 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.
  - Development of a 0-18 years of age mental health data base to determine areas of greatest need and prevalence among the private pay patients as compared to public patients.
  - Developed a Financial Condition Indicators report and associated database (2012) to help SSAB's Budget and Levy Review Committee analyze the annual budgets of the county's three levy-funded agencies.

- Now creating the abandoned and vacant property (AVP) database, which will identify abandoned and vacant homes by parcel number, and create a system to quickly identify and download key information about those homes. The final product will allow for more effective targeting of available Neighborhood Stabilization Fund resources.
- Update of the Summit 2020 and Summit County Social Services Advisory Board website, which helps the community stay abreast of the project's activities and provides a variety of resources for downloading.

**Table 1: Additional Funding for Service to Summit County Residents Secured by the Summit 2020 Project**

<b><u>Funding Secured</u></b>	<b><u>Description</u></b>	<b><u>Amount</u></b>
1. Youth Risk Behavior Survey (YRBS)	Organized the collaboration among eight community organizations to facilitate the YRBS being completed in all middle schools in Summit County for 2013.	\$80,000
2. Bridges Out of Poverty Summit County Collaborative/Circles/ Guiding Coalition	United Way was secured as the fiscal agent for Bridges Collaborative. Secured United Way and DJFS grants to launch a Summit County Bridges initiative. Resources helped hire a coordinator and allowed the project to purchase books and other materials to help local programs begin training participants in Bridges concepts. An agreement was also reached with DJFS to add Bridges to the county's PRC plan, which led to an ongoing funding commitment.	\$25,000 (ongoing) each year for support of the coordinator. \$1,000 per SCOPE client to complete the Bridges Program not to exceed \$131,000.00
3. Birth Certificate Format Merge	Center for Community Solutions was contracted to merge the birth data from 1990 through the most recent year to assure the formatting was the same.	\$10,000
4. Access To Care (ATC)	Transitioned the program to a new service model utilizing care coordinators to assure access to primary care, pharmaceuticals and social needs like housing.	\$150,000
5. Abandoned / Vacant Property Database (AVP)	Cleveland State University was contracted to create the county's first AVP database, which will identify abandoned and vacant homes, and create a system to quickly identify and download key information about those homes.	\$10,000
6. Adult Protective Services Pilot Project(APS)	Summit County Public Health is partnering with the Department of Job and Family Services for a community-based model to address the needs of the elderly.	\$800,000

**In-Kind Contributions Secured**

<u>Program</u>	<u>Description</u>	<u>Amount</u>
1. Medication Reclamation/PAP	Secured in-kind contributions for the establishment of a prescription reclamation program in Summit County.	\$15,000 for outreach specialists to assure access to medications for Summit County residents
2. Summit 2020 Support	SCHD commitment to staff support for the Quality of Life Project	\$53,000 In-kind staff support
3. AVVP/Quality of Life/All SAS databases	SAS Statistical Analysis Software and Care Scope. In-kind use of existing software licenses and maintenance	\$30,000 for software licensing upgrades and maintenance

## Summit 2020 Priority Indicators

Initiative / Indicator	
<b>I. Economic Stability and Prosperity</b>	
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	Percent of Households Paying More than 30 percent of Income on Housing
6	Percent of Households Receiving Food Stamps
7	Public High School Longitudinal Graduation Rate
8	Percent of 3rd Graders Scoring "Proficient" or Above on the 3rd Grade Reading Test
9	Violent crime arrest rate per 100,000 population
<b>II. Early Childhood **</b>	
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
<b>III. Older Adults</b>	
13	Elder Abuse, Neglect, Self-Neglect, or Exploitation Referrals per 1,000 seniors
<b>IV. Health and Health Disparities</b>	
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
<b>V. Government Efficiency and Effectiveness</b>	
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"

# Attachment B

## PROJECT GOALS

### Initiative 1: Economic Stability and Prosperity:

- Decrease the proportion of people living below the official poverty line from 14.7% to 9.9%.
- Decrease the proportion of African-Americans living below the poverty line from 34.2% to 7.8%.
- Reduce unemployment from its 2009 rate of 9.8% to 4.0%
- Increase the proportion of people aged 25 and over who have a 2-year or greater degree from 36.6% to 40.0%
- Increase housing affordability, reducing the proportion of households spending more than 30% of their incomes on housing from 27.4% to 22.7%
- Increase the county's median high school graduation rate from 95.0% to 97.5%
- Increase the percentage of 3<sup>rd</sup> graders scoring "Proficient" or above on the 3<sup>rd</sup> grade reading proficiency test from 81.6% to 90.0%
- Reduce the violent crime arrest rate from 0.73 per 100,000 to 0.55 per 100,000

### Initiative 2: Early Childhood:

- Increase the percent of children receiving immunizations by their second birthdays from 68.0% to 90.0%
- Reduce the percent of children in need of protective services (baseline data needed to set goal)
- Reduce the percent of children who age out of foster care (baseline data needed to set goal)

### Initiative 3: Older Adults:

- Reduce the incidence of elder abuse and neglect from 8.8 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 92.3% to 94.4%
- Decrease the African-American teen birth rate from 43.0 per 1,000 to 26.8 per 1,000
- Decrease the percent of individuals without health insurance from 19.6% to 12.5%
- Decrease the percent of persons who say they are in fair or poor health from 31.8% to 15.9%
- Decrease the percent of persons with a BMI of 29.9 or higher from 22.1% to 15.0%
- Reduce the rate of Years of Potential Life Lost from All Causes from 13.9 to 10.0

### 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



## Attachment C

### Deliverables for 2013-2014

**This contract would begin January 1, 2013 and end December 31, 2014 and not to exceed \$260,000.00 for two years.**

- I. **Facilitate the continuity of Initiatives** – Project staff will continue to facilitate and/or provide support to the main five initiatives, *economic stability and prosperity, health and health disparities, early childhood, older adults, government efficiency and effectiveness.*
  - a. The Social Services Advisory Board (SSAB) and the Health and Human Services Committee will make recommendations for future initiative movement. Quality of Life project staff will facilitate SSAB meetings and provide quarterly progress reports to the Board.
  - b. In 2013, a Priority Indicator update report will be provided to SSAB, related committees, and the community. The biennial report will offer the opportunity for the SSAB and the Health & Human Services committee to review initiatives and recommend strategic adjustments as deemed necessary based on indicator progress.
  - c. Project staff will continually monitor and evaluate Bridges Out of Poverty and Circles participant progress at six month intervals including pre- and post-testing for training received. Evaluation materials will be used to apprise the Bridges Out of Poverty Summit County Collaborative and Circles Coalition on participant progress and also to guide program adjustments as needed based on evaluation feedback.
  - d. Project staff will provide an annual performance evaluation of the new Adult Protective Services model that will be used to track and inform key stakeholders and the community about the progress of the model.
- II. **Current Process for Committee Development** – Like First Things First, each initiative's Steering Committee will put together an Initiative Coalition, a fairly sizable group of community members and project stakeholders. Each Initiative Coalition will develop and implement its portion of the overall 2020 Health and Human Service Strategic Plan. The idea here is to have a limited set of major meetings, and then the big group goes into hibernation, leaving the actual work to a variety of individuals (including project staff), ad hoc committees, and organizations that commit themselves to one or more parts of the plan. The last initiative, Health and Health Disparities, will use the identified process as follows:
  - **Identify Advisory Committee:** The Advisory committee provides daily operational support and guidance on all aspects of the planning. The Advisory committee may also be very helpful in choosing members of the each steering committee.
    - ❖ Identify Committee Chairs
    - ❖ Act as scribe during the working committee sessions
    - ❖ Assist with developing meeting agendas
    - ❖ Making copies, reminder phone calls, follow up on incidentals
  - **Identify Steering Committee:** Choose 3-5 high-level community members who have a vested interest in the goal area of Health & Health Disparities. Specifically, this group will:

- ❖ Champion the issue
- ❖ Drive the agenda for moving the planning process forward
- ❖ Recommend working committee members for their particular Goal,
- ❖ Garner community support for the process

➤ **Conduct a community kick-off** meeting to inform key stakeholders of the process, i.e.:

- ❖ Members of their organizations may be called upon to serve on a committee,
- ❖ Discuss how long the planning process should take
- ❖ Discuss the importance of conducting this process, etc.

➤ **Prepare to convene working committees:**

- ❖ Compile relevant data related to each goal area
- ❖ Book the meeting facility and schedule all meetings
- ❖ Develop a recruitment letter for committee members - please provide the full schedule of meetings in your recruitment letter for each committee member
- ❖ Develop and send out agenda for each meeting in advance

➤ **Convene the working committees** – over the course of the planning period, each committee will work on the following:

- ❖ Identifying goals
- ❖ Reviewing data
- ❖ Develop strategies and activities
- ❖ Report back to their steering committee for mid-course adjustments in planning

In addition, each Initiative Coalition will meet as a group once each year in order to monitor progress on plan implementation and their specific indicators.

The roll of project staff in all of this is to be facilitators, not the driving force behind each initiative. Staff will be available to do the analytical work behind the indicators, to help in building and maintaining relationships between key players, and to help each initiative do the groundwork necessary to succeed. Regular committee attendance and clerical support will be a secondary staff function in this iteration of the project. The driving force behind each initiative, however, must be its Steering Committee, with project staff playing a supporting role.

An additional role of staff will be to set up and implement a progress-reporting system with each Steering Committee which would allow for meaningful feedback on progress to be regularly communicated with project staff. Project staff, in turn, would use these reports to keep the SSAB Health and Human Services Committee apprised of progress by each initiative.

**III. Project infrastructure** – In order to keep the community apprised of the progress on each initiative, we will use the web site [www.ssabsummit.org](http://www.ssabsummit.org) and [www.healthysummit.org](http://www.healthysummit.org). As part of a complete overhaul, the web site will create one section dedicated to each initiative, which will be updated periodically by project staff.

**IV. Indicators** – There will be two sets of indicators. The first set is the list of the indicators for Summit 2020. These will remain the project's Priority Indicators, and the ones we will formally report on to the community through annual Priority Indicators Progress Reports. The second set is composed of those indicators which are specific to each initiative. We will track those on an ongoing basis and report results at least annually to each initiative committee. Assuming that the American Community Survey follows through on its commitment to produce annual 5-year rolling averages, disparity data by cluster should be available on an ongoing basis.

**Summit 2020: A Quality of Life Budget (2013)**

	Total	PERS	Medicare	WkComp	Health	Life	Liability	Total Fringe	Fringe %	Grand Total
Capoun, Alison	29,364.37	4,111.01	425.78	587.29	7,328.36	12.00	-	12,464.44	42.45	41,828.82
Marountas, Richard	30,153.29	4,221.46	437.22	603.07	2,513.16	12.00	-	7,786.91	25.82	37,940.20
Skoda, Donna	10,204.60	1,428.64	147.97	204.09	1,465.67	2.40	-	3,248.77	31.84	13,453.38
Willis, Darrick	11,543.93	1,616.15	167.39	230.88	2,931.34	4.80	-	4,950.56	42.88	16,494.49
	81,266.20	11,377.27	1,178.36	1,625.32	14,238.54	31.20	-	28,450.69		109,716.89

Salary increase Oct 2013 estimated 3% (actual rate not know n)

PERS @ 14%

Medicare @ 1.45%

Wk Comp @ 2%

Health Insurance total County Bi-weekly premium \$757.04 total

Life calculated at \$2/mo. per full time employee

**Total Salaries and Benefits \$109,800.00**

**Non-Personnel:**

Travel	\$2,000.00
Meeting Expenses	\$2,200.00
Contracts Misc	\$12,000.00
Supplies Misc	\$2,000.00
Printing	\$2,000.00

**Total \$130,000.00**

**Budget Justification:**

**Salary and Benefits:**

The project supports the salary and benefits for Donna Skoda 10% plus two days in-kind (\$53,000.00), Rich Marountas 50% (\$37,940.20), Ali Capoun 50% (\$41,828.82) and Darrick Willis 20% (\$16,494.49).

Salary and Benefits total: \$109,800.00

**Non-personnel Costs:**

Travel for staff: \$2000.00 local and state wide travel

Meeting Expenses: \$2,200.00 for local planning meetings for each initiative

Contracts: \$12,000.00 for contracts that need to be implemented to assist with each of the initiatives as they are developed.

Supplies: \$2000.00 Misc supplies to support the project and initiative development

Printing: \$2000.00 Supplying printed resources and electronic formats for general distribution of materials

Total Non-personnel: \$20,200.00