

**SUMMIT COUNTY SOCIAL SERVICES ADVISORY BOARD
QUALITY OF LIFE PROJECT
GOALS**

Approved December 15, 2003

The Summit County Social Services Advisory Board (SSAB) will provide strategic direction to, and oversight of, plans and initiatives to achieve measurable improvements in the quality of life in Summit County through 2010. The improvement goals – priorities that should drive service delivery and finance in all of the county’s major health and social service systems – have been adopted after an extensive year-long review and analysis by a Working Group under the auspices of the SSAB. These county-wide goals (all for the year 2010 except where otherwise noted) are as follows:

Income, Education & Workforce Development

- Increase the proportion of people living above the federal poverty level from 90.1% to 92.2% (moving 11,000 people out of poverty)
- Increase the proportion of African-Americans living above the federal poverty level from 72.7% to 86.0% (moving 9,500 people out of poverty)
- Reduce unemployment from its 2000 rate of 5.0% to 4.0%
- Increase the proportion of people aged 25 and over who have received a high school diploma from 85.7% to 87.5% (6,500 more high school graduates age 25 or over)
- Increase housing affordability, raising the proportion of households spending under 30% of their incomes on housing from 74.8% to 77.3% (5,000 more households in affordable housing)
- Reduce the proportion of households receiving Temporary Assistance for Needy Families (TANF) from 3.7% to 3.0% (a net reduction of 1,500 households)
- Reduce the incidence of domestic violence-related crime from 2001 reported rate of 3 per 1,000 residents to 2 per 1,000
- In addition to these health and social condition-related goals, it is recommended that the Summit County Criminal Justice Advisory Board establish a consistent, standardized, county-wide system for reporting crime, and that it establish a goal for reducing the rate of violent crime from the 2001 rate of 27 arrests per 1,000 residents to 20 per 1,000 by 2010.

Early Childhood

- Increase the proportion of African-American children age 5 or less living above the federal poverty level from 49.0% to 75%
- Increase the proportion of children receiving their immunizations by their second birthdays from 78% to 90%
- Reduce the incidence of child abuse and neglect from 2001 reported rate of 35 per 1,000 children under 18 years of age to 25 per 1,000

Partnerships for Success

- Increase the proportion of African-American children age 18 or less living above the federal poverty level from 60.7% to 80%
- Increase secondary school (middle and high school) attendance rate from 93.1% to 95.0%
- Reduce the rate of births to teens, focusing on higher rates among African-American youth, reducing the rate from 69.8 births per 1,000 to females age 15 - 17 to the Surgeon General's recommended goal of 43.0

Older Adults

- Increase the proportion of African-American older adults (age 65 +) living above the federal poverty level from 84.5% to 94%
- Increase self-sufficiency of seniors living alone
- Reduce the incidence of elder abuse and neglect from 2001 reported rate of 8 per 1,000 persons age 65 or older to 6 per 1,000

Family Health

- Increase the proportion of individuals with health insurance from 88.0% to 91.5% (providing coverage to 20,000 more people than in 2003)
- Increase the proportion of pregnant women receiving first trimester prenatal care from 88 per 100 live births to 90 per 100 live births
- Reduce the rate of Years of Potential Life Lost from All Causes from 13.9 to 10.0 by 2020

Detailed plans for addressing each of the above goals, including priority communities and neighborhoods, will be developed by July 1, 2004 (please see the attached charts for additional details on each goal). These plans will include the following major initiative goals:

Major Initiative Goals

Income, Education & Workforce Development

1. Create a short term, six-month "Blue Ribbon" workforce development commission reporting to Summit County Executive James McCarthy by July 1, 2004. The commission should be composed of leaders of high growth area businesses and essential stakeholders, to establish workforce development as a community priority and recommend a comprehensive workforce development strategy for Summit County. The overriding goal is to develop a workforce development policy for Summit County that deals with the larger issue of workforce development inside and outside of current mandated services. The commission should be asked to complete its work by December 31, 2004, addressing:

- a. Working with Team NEO to develop a regional workforce initiative that is adopted and promoted by Summit County by July 1, 2004. The County should assist in the workforce development and retention effort for the County's incumbent workers. Job retention and development goals should be established.
- b. Introduction and promotion of the Summit County workforce development strategy, a unique partnership of community stakeholders, to the State of Ohio Department of Job and Family Services by July 1, 2004. Ask that they support a request to the U.S. Department of Labor for a demonstration grant that will be a model for incumbent worker training, job retention and wage progression, as well as regional workforce cooperation.
- c. To achieve maximum performance (people served and placed in unsubsidized employment) development of a financial strategy that results in targeting specific economies of scale in program delivery in the One-Stop Center. A monitoring system that continually assesses costs of various services needs to be in place. There should be clearly defined, measurable goals for outreach, intake, core services, program delivery, and job placement. Quality control and improvement principles should be reflected throughout any such system. A detailed strategic plan encompassing these elements should be completed by the Department of Job and Family Services, and submitted for review to the "Blue Ribbon" workforce development commission by September 30, 2004.
- d. Expansion of the research capability of the Summit County Department of Community and Economic Development, allowing it to continuously tracks in real time and with predictability, modeling for industrial employment and occupational data for the purpose of strategic planning and as a resource for workforce development AND economic development policy. This data should be continuously provided to OWF and WIA program staff for use in job development endeavors. Detailed specifications for additional research capabilities should be completed by July 1, 2004, reviewed by the "Blue Ribbon" workforce development commission by September 30, 2004, and implemented by December 31, 2005.
- e. Creation of a Workforce Investment program specifically for Summit County, terminating by December 31, 2003 the county's participation under the "Ohio Option," a group of 62 different areas in the state that function as Area 7 and are governed under a central Workforce Investment Board.

Early Childhood

2. Establish a comprehensive Prevention and Early Intervention Program for expecting parents and preschool children by 4/1/04.
 - a. Focus on goals established for the following key indicators:
 - First trimester prenatal care
 - Teenage pregnancy rates
 - Immunizations by age 2
 - Children <5 living in poverty

- Child abuse and neglect referrals per 1,000 children
 - Health care coverage
- b. Plan and oversee:
- Coordinated planning, outreach and family and children service delivery.
 - Increased awareness and reporting of risk factors for child abuse and neglect and preventive interventions.
 - Co-location of outreach and assessment staff (e.g., eligibility workers, HealthCheck screeners) from appropriate county systems in existing public (e.g. public schools, public housing) and non-profit (e.g. Head Start) locations in the following targeted neighborhoods (census tract clusters): Central Akron, Southwest Akron, South Akron, Southeast Akron, West Akron, Barberton.
 - i. Establish (operationalize) pilot site and adopt plan for additional sites by 12/31/04.
 - Welcome Home outreach/education visits to 100 percent of new parents in targeted neighborhoods by 12/31/04 and to all new parents in Summit County by 12/31/05.
 - Develop parent information and education (i) centers (in schools, churches, Head Start centers), (ii) information and referral capacity (through InfoLine), and (iii) outreach through Welcome Home outreach/education visits.
 - Training of staff and implementation of Medicaid and CHIP eligibility outreach through public schools and Head Start programs.
- c. Develop financial support for full-time director, manager and support staff with outstanding negotiation and management skills, who are granted access to public agency directors and deputy directors.
- d. Regular monitoring and oversight from Family and Children First Council, reporting, in turn, to the SSAB Health and Human Service Committee.
3. In order to set the stage for periodic evaluation of progress regarding the childhood immunization goal established for the Summit County Quality of Life Project, Summit County Department of Health (SCHD) replicate for the 2004-05 school year and every three years thereafter the retrospective immunization review conducted in consultation with Summit County school districts, specifically assessing the percentages of children who had received their full series of immunizations at two years of age. (The initial survey was completed for the 1998-99 school year in collaboration with the Ohio Department of Health. Periodic updates of this survey are essential to monitoring improvements in immunization rates.)
4. Establish Summit County Center for Children and Families to research, educate, and advocate on behalf of children and families of Summit County. Convene representatives of Family and Children First Council, Domestic Violence Coalition,

Hospitals, CSB and DJFS by May 2004. Develop mission statement (focusing on preventive strategies) and business plan for the Center modeled on the programs that currently exist in Canton and Cincinnati by December 31, 2004.

- a. Designate coordinator and project team by May 2004.
- b. Develop mission statement and business plan by December 31, 2004.
- c. Increased awareness and reporting of risk factors for domestic violence and preventive interventions.
- c. Determine additional data needs and how to meet them; relate system data to environmental stressors such as poverty, teen parenting, and other stressors to be determined.

Partnerships for Success

5. Establish a Partnerships for Success (PFS) coordinating body, focusing on the *targeted outcomes of increased school success, decreased delinquency, and decreased violence*, to assure that the recommendations of the PFS planning initiative are accomplished. The PFS goal is to promote positive child and adolescent development strengthen families, and respond more effectively to child and adolescent problem behaviors. Because the work of this body fits so well within the mission of the Family and Children First Council (FCFC), it should function as a subcommittee of that group. In turn, the FCFC should have a reporting relationship to the SSAB.

- a. The coordinating body would be responsible for:
 - Monitoring the implementation of the PFS community plan. This would include:
 - sharing information about youth-related funding initiatives, to encourage support of the PFS targeted outcomes in those initiatives
 - provide the leadership to coordinate efforts to achieve the PFS outcomes – working with community organizations and boards
 - support of initiatives and programs that are effective in achieving the PFS outcomes
 - Data - identify, maintain and update the data related to the key indicators of the PFS targeted outcomes (data to be available on the Health Summit 2010 website)
 - Evaluation – assure that new programming is based on evidence-based models and that existing programs are evaluated for outcome and process effectiveness. This function is related to the evaluation committee of the FCFC.
 - Primary prevention
 - Community education
- b. The coordinating body would include representation from:
 - Summit County government – DJFS, Public Health, Public Safety & Justice Affairs

- Summit County Juvenile Court
- Children's Services and other County Boards
- Ohio Department of Youth Services, Akron Regional Office
- Private agencies
- Schools
- City governments
- Initiative groups
- Universities
- Police
- Courts
- Prosecutor
- Public Defender
- Neighborhoods groups
- Faith-based organizations

Juvenile Court Administrator and FCFC Director will present this plan to the Executive Committee of the FCFC and the SSAB in January 2004. FCFC should establish the coordinating body by June 2004.

- c. Implement & monitor a coordinated early response & diversion system in the county for youth with problem behaviors.
 - Organizations that provide similar services will work together to develop the model - New Beginnings (Family Services will take the lead), Akron Public Schools (Carla Sibley), & Help Me Grow. They will develop a model based on national and local evidence-based programs (such as Akron Public Schools case management program). Targeted schools will be identified through the PFS Needs Assessment data. The model will include central intake and the plan to get the children to the services. This plan will be written and presented to the FCFC by June 2004.
 - FCFC & SSAB to determine implementation plan by September 2004.
 - The (youth services) coordinating body, identified above, will monitor implementation and assist in coordination.
- d. Summit County Juvenile Court will implement the plan to reduce commitments to the Department of Youth Services by January 2004. This entails the implementation of guidelines and a review process. It also requires a continuum of community-based services/ graduated sanctions that meet the offender needs, while maintaining public safety.
 - Juvenile Court will implement the guidelines in December 2003.

- Juvenile Court will present its plan and needs for a continuum of community-based services/ graduated sanctions to the FCFC in June 2004, and ask for assistance in developing this continuum.
- The (youth services) coordinating body, identified above, will monitor implementation and assist in coordination.

Older Adults

6. Identify and secure additional financial support for semi-independent older adults, including:
 - a. Expansion of vigorous outreach, information, referral and service delivery in census tract clusters with (1) high numbers or proportions of individuals age 65 or older living alone or (2) high numbers or proportions of older adults living in poverty. Priority census tract clusters include:
 - i. West Akron
 - ii. Southwest Akron
 - iii. Southeast Akron
 - iv. Central Akron
 - v. Cuyahoga Falls
 - vi. North Akron
 - vii. Barberton
 - b. Early identification, referral and assessment through home health and other community-based care providers (initial program plan completed by 12/31/04).
 - c. Establishment of a drug interaction referral service through public health, hospital-based and private pharmacies by 12/31/04.
 - d. Increased awareness and reporting of risk factors for elder abuse and neglect and preventive interventions.
 - e. Expansion of respite care, assisted living, and PASSPORT and similar services to individuals who meet Medicaid income eligibility but exceed resource (home, automobile) limits (need and financial analysis completed by 12/31/04 and funding plan adopted by 3/31/05).
 - f. Expansion of adult protective service investigations to a 24 hour/7 day per week operation by 6/30/04.
 - g. Initiate campaign to educate community, facilities, and hospitals about elder abuse, domestic violence, and homelessness by 6/30/04.
 - h. Oversight for this initiative could be provided by an Independent Living Task Force, under the auspices of the Health and Human Services Committee of the SSAB.

Family Health

7. By December 31, 2004, establish a Primary Medical Services Collaborative between Summit County's three public health departments, Area Agency on Aging, and the major hospital-based health systems in Summit County to expand primary care and reduce disparities in Years of Potential Life Lost between the African-American and White populations. This initiative should focus between 2004 - 2010 on the following census tract clusters:
 - a. Cuyahoga Falls
 - b. South Akron
 - c. Northwest Akron
 - d. Twinsburg
 - e. Springfield
 - f. North Akron
 - g. Barberton

Systems, Management & Oversight

8. Social Services Advisory Board sponsor a countywide communications initiative (at least one public forum in each census tract cluster) for the Quality of Life Project, sharing the goals and seeking comments from city and neighborhood leaders, providers and the general public.
 - a. Designate coordinator and project team (with lead staff member from each of the following: Department of Job and Family Services (DJFS); Alcohol, Drug and Mental Health Board (ADAMH); Mental Retardation and Developmental Disabilities Board (MR/DD); Children Services Board (CSB); Akron Metropolitan Housing Authority (AMHA); Juvenile Court; Area Agency on Aging (AAA); Akron Metropolitan Transit Authority (METRO); and County Board of Health (SCBH) by December 31, 2003.
 - b. Conduct first round of briefings to public human service boards and commissions (full SSAB, ADAMH Board, MR/DD Board, MR/DD Board, CSB, AMHA Board, Juvenile Judge, AAA Advisory Board, METRO Board, and SCBH), the Akron Board of Education, Summit County Council and major charitable and philanthropic boards (United Way, Akron Community Foundation, GAR Foundation, Knight Foundation, Barberton Community Foundation); initiate by December 1, 2003 and complete by January 31, 2004.
 - c. Initiate by February 1 in three neighborhoods developing community plans (Buchtel, Barberton, Lakemore) and complete by December 31, 2004.
9. Establish a Health and Social Service Finance Forum by 1/1/04.
 - a. Convenes and operates under the auspices of the Budget and Levy Review Committee of the Social Services Advisory Board.
 - b. Shares detailed information regarding finance of direct services as well as contract services and grants of participating agencies; researches and shares data regarding other public and private finance of health and social services (Medicare, Medicaid,

direct grants from state and local government and regional and national foundations); explores new opportunities for federal, state and regional/national foundation financial support; and develops collaborative funding strategies for meeting health and social service needs in Summit County.

- c. Members include the Chief Executive Officers of:
 - Department of Job and Family Services
 - Children Services Board
 - Alcohol, Drug Addiction and Mental Health Services Board
 - Mental Retardation and Developmental Disabilities Board
 - County Department of Health
 - City of Akron Department of Health
 - Barberton Health District
 - Akron Metropolitan Housing Authority
 - Akron Metropolitan Transit Authority
 - Juvenile Court
 - Area Agency on Aging
 - City of Akron Planning Department
 - Akron Community Foundation
 - Barberton Community Foundation
 - GAR Foundation
 - Knight Foundation
 - Tuscora Park Foundation
 - United Way of Summit County
 - 3 Public Members of the SSAB
 - d. Develop financial support for full-time fiscal analyst/researcher and part-time support staff.
 - e. Chief financial officers may accompany their CEOs to the meetings.
10. Increase coordination between courts and public social service systems.
- a. Designate primary court liaison (case management) staff member for Common Pleas and Municipal Courts, with access to deputy directors and contract service providers, in the Department of Job and Family Services, ADAMH Board, MR/DD Board, Children Services Board, AMHA, Area Agency on Aging, and County Department of Health by 6/30/04.
 - b. Determine relative time demands through discussion with judges and bailiffs.

- c. Develop detailed list of issues and tasks through discussion with judges and bailiffs.
 - d. Conduct training/orientation as necessary (within courts, county jail and agencies).
11. Develop shared case management data system (allowing monthly data sharing/ updating among agencies) in the Department of Job and Family Services, ADAMH Board, MR/DD Board, Children Services Board, AMHA, Juvenile Court, Area Agency on Aging, Akron Metropolitan Housing Authority, Akron Metropolitan Transit Authority, County Department of Health and other selected providers by 12/31/05.
- a. Designate and develop financial support for project coordinator by 1/31/04.
 - b. Develop inventory of shared basic case information required for the case management systems by 3/31/04.
 - c. Develop RFP, choose contractor and secure funding by 12/31/04.
 - d. Plan and install system in agencies noted above and complete protocols and training by 12/31/05; expand to include appropriate contract providers by 12/31/06.
12. Create data tracking capability under the auspices of the SSAB to track progress on indicator goals and other key health and social indicators, coordinating resources with Healthy Summit 2010.

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