

CUYAHOGA COUNTY TRANSITION WORK GROUP ON HEALTH AND HUMAN SERVICES

Work Group Process

The Health and Human Services Work Group was co-chaired by John Begala and Rick Werner with significant staff support from The Center for Community Solutions and the Executive Office of Health and Human Services. At our first meeting, a set of aspirations were identified. The Work Group sought to frame the impact and role of human services in Cuyahoga County, make recommendations that would help county government be more responsive, accountable, and transparent, ensure that the most vulnerable have an opportunity for a better life, and build from the positive things occurring in county agencies and making improvements where possible.

All meetings were open to the public and anyone who attended was welcome to participate in the discussion. The co-chairs also enlisted the assistance of a handful of leaders in the health and human services community to develop briefing materials and recommendations. This group of committed volunteers worked over several months to pull together information, develop recommendations, ensure that deliverables were delivered on time, and serve as the review panel before sending reports to the Transition Executive Committee.

Three sub-groups were formed to provide specific input to inform the development of recommendations:

- The **Funder Focus Group** was comprised of representatives of foundations, charities, trusts and other public and private funders of Cuyahoga County health and human services that provide grants and/or service contracts in this critically important sector. This group was led by Denise San Antonio Zeman of St. Luke's Foundation and Bill Denihan of the Alcohol Drug Addiction and Mental Health Services Board. This group discussed how to connect all funders of health and human services within the community.
- The **Provider Focus Group**, led by Mario Tonti of Beechbrook and Debra Forkas of the Department of Child and Family Services, represented a diverse group of providers who work with the county on health and human services. This group discussed systematic challenges in working with the county and opportunities to improve those interactions.
- The **Community Focus Group** included all volunteers collected through the transition website and those who attended any of the Work Group meetings. This group provided initial input that directed the approach of the Work Group and reviewed the draft recommendations before they were finalized.

The Work Group began meeting in February, 2010. In order to engage the hundreds of individuals who had volunteered to assist in the transition process, the Work Group held a series of four Community Focus Group meetings at the Visiting Nurses Association during March and April 2010. Presentations from each of the county agencies and outside Boards and organizations at the first three meetings served to lay a foundation of knowledge for the remainder of the process. Each of these sessions included time for discussion, which was conducted in groups of 8-10 with a volunteer facilitator from the Work Group.

The input gathered during these sessions is included in our materials and was invaluable in shaping our discussions and recommendations throughout the rest of the process. The fourth Community Focus Group meeting was a open question and answer session during which further input was gathered. Nearly 200 individuals participated in these initial meetings – many of whom attended more than one session.

During April and May, the Work Group organized its work and began to gather background information. Leaders from the health and human services community in Summit County, including County Executive Russ Pry, presented information about the strategic planning and goal setting process that has occurred in the only other Ohio county with a Charter government. Through group discussions and examining the outcome of the community focus group meetings, the types of recommendations the Work Group would develop were identified.

While we were pleased with the number of people who attended our Community Focus Group meetings, there was a general feeling that we should gather input from a broader range of county residents. Therefore, we planned and executed more than 25 “community input sessions” during the month of June at locations throughout the county. These sessions were led by a member of the Work Group and handouts and discussion questions were consistent across all sessions. Four questions were asked: *What are some of the strengths around health and human services in Cuyahoga County? What are the most important challenges facing the County with regard to health and human services? How do you suggest that the incoming County Executive and Council prioritize investments in health and human services? If you could tell the County Executive and County Council one thing, what would it be?* A map of these sessions and a summary of input collected is included in the Work Group’s deliverables.

In the meantime, the Provider Focus Group and Funder Focus group met and began to discuss recommendations relating to their specialized expertise. These groups met in person only once or twice, opting instead to conduct much of their work through e-mail correspondence. The recommendations produced by these groups are incorporated into the final document from the Work Group.

Throughout July and August the Work Group meet every-other-week to develop recommendations, with the first draft presented to members in mid-July. The recommendations were edited, expanded, and refined as a result of these discussions. A few weeks prior to completing work on the recommendations, the Community Focus Group reconvened and the Work Group’s draft was presented. Many participants expressed the view that the input from prior meetings was well-incorporated into the final draft. Because of the overlap in focus areas, the Human Capital/Quality Places and Health and Human Services Work Group chairs maintained close contact throughout the transition process.

In general, there was broad consensus among Work Group participants throughout the process. It quickly became apparent that the short time-frame for our work would prevent the Work Group from producing the type of prescriptive recommendations, especially regarding the organization of the Department of Human Services which the Transition Advisory Group originally envisioned as our charge. Instead, Work Group members focused on highlighting critical issues, identifying opportunities, and providing principles that can guide decisions made by the incoming Executive and Council. Broad themes began to emerge from our earliest meetings and came up repeatedly. These comprise the first of our recommendations relating to the need to maintain a focus on the consumer, undertake a strategic planning process, and engage a broad group of stakeholders in planning and coordination.

The Health and Human Service Work Group’s set of ten recommendations are the result of months of deliberation incorporating the input of hundreds of volunteers.

CUYAHOGA COUNTY TRANSITION WORK GROUP ON HEALTH AND HUMAN SERVICES

Summary of Recommendations

Recommendation #1: Consumer Focus - *“The individual consumer must remain the centerpiece of the human service delivery system”*

- Holistic approach
- No wrong door
- Money follows needs of consumer
- Focused on accountability
- Designed around needs of service populations
- Culturally competent
- Focus on economically and otherwise disadvantaged residents
- Put into action by implementing: IT system to share information, single point of entry, coordinated system of case management (for high-risk populations), training for cross-program knowledge

Recommendation #2: Strategic Plan - *“Create a coordinated set of goals, strategies to achieve those goals, and priorities in health and human services across county agencies.”*

- Includes an environmental scan
- Consumer focused
- Incorporates Title XX goals
- Focuses on improving results and reaching goals
- Responsible for providing the safety net
- Well-researched techniques
- Ongoing decisions support/intelligence: Indicators of quality of life, Process map, Best practices/training, Profile of funding landscape

Recommendation #3: Principles for Considering Re-Organization of Human Service Functions - *“A set of principles should guide any consideration of strategic restructuring of health and human services.”*

- Guided by strategic plan
- Continue to be safety net
- Protect levy dollars
- Delivery systems be consumer-centered
- Allows regular evaluation
- Provides services cost-efficiently

Recommendation #4: Communication and Collaboration - *“Systems should be implemented that provide for regular communication, coordination, and collaboration between county entities and other parties involved in health and human services in our community.”*

- External Collaboration including: Social Services Advisory Council – funders, providers, consumer, public, Decision Support Collaborative, Listening Tour
- Intern Coordination including: Human Services Cabinet, Human Services Liaison, Human Services Committee, Regular communication with appointed board members

Recommendation #5: Human Service Levy - ***“County Council and Executive should fully support Health and Human Service levies and ensure adequate core support services”***

- Executive and Council lend full support to levy campaigns including: lead role in fundraising to cover campaign costs, speaking persuasively about importance of levy, encouraging human service providers to take an active role in campaign.
- Levy dollars – provide services to most vulnerable residents, leverage other funding, money follows the consumer and is available county-wide, made in programs that are evidence bases or promising practices or to develop innovative approaches.

Recommendation #6: Intergovernmental Advocacy - ***“The Council and Executive must monitor and influence key developments at the state and federal level that will impact the provision of county Human Services and participate in discussions about regionalism with their counterparts in neighboring communities.”***

- Intergovernmental Liaison for Health and Human Services
- Key issues: state budget, repeal of the Tangible Personal Property Tax, federal health care reform, state and federal regulations, discussions of regionalism

Recommendation #7: Intersection between Economic Development Human Services - ***“Human Service programs focused on self-sufficiency, job preparedness, and economic stabilization should be aligned with economic development initiatives”***

- Department of Economic Development represented on Human Service Cabinet
- Link all economic opportunity initiatives and programs
- Community benefit standards
- Coordinate with other local entities
- Eliminate health disparities
- Consider a separate administrative unit that aligns human service self-sufficiency, federal work and training programs, economic development initiatives

Recommendation #8: County Provider Relationships - ***“The county should effectively manage its interdependence with private providers of health and human services in addressing human needs and seek to maximize the value to each other and to the citizens of the county.”***

- Critical evaluation
- Well-coordinated
- Contracting as consistent as possible – streamlined and transparent, data-driven and outcome-based, reduces unnecessary costs, contract clarity.

Recommendation #9: Public/Private Partnerships - ***“Strengthen collaboration between public and private philanthropic and charitable funders, recognizing that private funders have limited capacity to directly finance basic human needs.”***

- Need commitment from senior officials
- Be pro-active in planning and prioritizing, reducing cost of care, and aligning services and priorities.
- Private philanthropy cannot be expected to replace public funding.

Charter Transition Work Group Recommendation

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| Work Group: | Health and Human Services |
| Recommendation Number: | 1 |
| Area of Focus/Subject: | Consumer Focus |
| Recommendation: | The individual consumer must remain the centerpiece of the human service delivery system. |
| Department(s) affected by recommendation: | Executive Office of Health and Human Services (including Fatherhood Initiative, Health Policy & Programs, Human Services & Workforce Planning, Ryan White Part A&B HIV/AIDS Grant, Strong Start for Cuyahoga's Families), Employment & Family Services, Cuyahoga Support Enforcement Agency, Department of Children & Family Services, Department of Senior & Adult Services, Cuyahoga Tapestry System of Care, Family and Children First Council, Office of Early Childhood, Office of Homeless Services, Board of Health, Board of Developmental Disabilities, Alcohol Drug Addiction and Mental Health Services Board, MetroHealth System |
| Total cost reduction or required investment for recommendation: | Initial investment is required to implement systems that would allow for more efficient operations of agencies and reduction in the duplication of efforts. |

Issue Synopsis

In Ohio, the delivery of human services for economically and otherwise disadvantaged residents – including children, the poor, older persons, persons with disabilities, and workers with barriers to employment – is assigned to county governments. This is often referred to as a “health and social safety net” which catches individuals and families who are falling behind in society and unable to meet their basic needs without assistance.

Funding for such services comes from the federal and state governments, and from local resources including private philanthropy and levy dollars. In Cuyahoga County, hundreds of thousands of residents receive assistance from the health and human service system, which is made up of a wide array of programs (for more information on what comprises the health and human service system in Cuyahoga County, see briefing materials). The county is the connection between funding for human services and the

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recipients of those services. There is no local entity that has as much of a role in ensuring the availability of high quality support and assistance programs for residents as the county.

The human service system is complex, with many distinct funding streams, separate eligibility determinants, and specialized accountability requirements. Although it is necessarily a large bureaucracy, with an economic impact of several billion dollars each year, an effective and efficient health and human service system must ultimately remain focused on the consumer – the individual or family who needs and receives the services.

Alternatives Considered

None considered.

Recommendation

The Work Group recommends that the Executive, Council, and county employees adopt and adhere to a set of principles that would ensure that the individual consumer remains the centerpiece of the human service delivery system. Where there are limitations on the ability of the county to implement these principles imposed by state and federal regulations, county leaders should engage in active advocacy to remove those policy or regulatory barriers. (See Recommendation #6)

- Individuals and families accessing human service programs can have many, often interrelated needs. Efforts should be made to ensure that the service delivery system provides a **holistic approach** so that the individual can receive needed services in a coordinated manner even if they cut across agencies.
- A **no wrong door** approach to eligibility should be taken, so that a family receives fully coordinated, comprehensive services no matter how they enter the system.
- The distribution of financial resources under the control or influence of the county should **“follow the need”** – that is, dollars should follow the distribution of social and health needs of consumers and beneficiaries. The distribution of financial resources should not be driven by arbitrary factors such as set-asides for certain political subdivisions. Human services dollars should be available to provide services to residents throughout the county.
- There should be a **focus on accountability** so that all county human service employees and contractors – including case managers, eligibility specialists, and program administrators– assume responsibility for the efficient functioning of the entire system.
- Administrative structures should be **designed around the needs of the service populations**. This includes not only the organization of the Department of Human Services, but also decisions on where, how, and when to deliver services, and staffing levels (see Recommendation #3).
- Recognizing the diversity of the population of Cuyahoga County, it is imperative that services be delivered in a **culturally competent** manner. This means being responsive to the beliefs, practices, and cultural and linguistic needs presented by consumers and their community.

- The focus of human service activities must continue to be **economically and otherwise disadvantaged residents**, those most in need of county services. Such populations include children, older adults, persons with disabilities, the poor, and workers with barriers to employment.

These principles should be put into action in the following ways:

- Development of an **information technology system to share information** across the many programs and human service delivery systems and improve communication while respecting the privacy concerns of those seeking services;
- Creation of a common screening tool and shared consent form that would serve as a **“single point of entry”** for residents into the human services system;
- **Coordinated system of case management** for high risk populations so that individuals with the need for multiple services have a single case manager that is separate from eligibility determination activities. This would cross county departments and outside contracted agencies when appropriate;
- Implementation of an ongoing training and continuing education program for county staff that incorporates **cross-program** knowledge.

Implications

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| Budgetary | These changes could be implemented with a slight initial investment that would, in the longer term, improve both services for residents and efficiencies within human service agencies. |
| Structural | This recommendation pertains to an outlook that should be consistent throughout the human service system. In some instances, it would require a shift in attitudes and process, rather than change in the current structure. |
| Day One Issues | An appreciation for the important role that the county plays in the lives of residents, especially in terms of human service impact, is critical. Those policy makers who do not enter office with an understanding of the complexity and importance of these services should work to become familiar with them. |
| Long Term Issues | Keeping the consumer at the center of the human service system is an ongoing challenge. These principles should also be incorporated into any planning process that the county undertakes (see Recommendation #2) |
| Stakeholder Issues | All county residents have an interest in ensuring that the county provides the best services at a reasonable cost. Stakeholders who will be most directly impacted by this recommendation are consumers, providers of services, and front-line workers. |

Charter Transition Work Group Recommendation

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| Work Group: | Health and Human Services |
| Recommendation Number: | 2 |
| Area of Focus/Subject: | Strategic Plan |
| Recommendation: | Create a coordinated set of goals, strategies to achieve those goals, and priorities in health and human services across county agencies. |
| Department(s) affected by recommendation: | Executive Office of Health and Human Services Executive Office of Health and Human Services (including Fatherhood Initiative, Health Policy & Programs, Human Services & Workforce Planning, Ryan White Part A&B HIV/AIDS Grant, Strong Start for Cuyahoga's Families), Employment & Family Services, Cuyahoga Support Enforcement Agency, Department of Children & Family Services, Department of Senior & Adult Services, Cuyahoga Tapestry System of Care, Family and Children First Council, Office of Early Childhood, Office of Homeless Services |
| Total cost reduction or required investment for recommendation: | Costs will be incurred when implementing a full-scale strategic planning process. One of the goals of this process should be to identify opportunities for increased efficiency and cost savings throughout the human service system. |

Issue Synopsis

The Work Group realized early in its deliberations that many of the issues we would like to address require intensive examination that is outside the scope of the transition process. With new leadership at the head of the county, it is a logical time to undertake a serious strategic planning initiative for health and human services.

This is not to imply that the county is currently operating without a sense of mission, vision, or strategy. However, while individual agencies and programs may have undertaken a strategic planning process, there has not been a comprehensive examination of the entire public human service system.

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A strategic plan provides a shared vision, mission, values, and strategy and includes an examination of where the organization stands, where it wants to go, and how to get there. The briefing materials provided by the Work Group could be a first step toward an environmental scan that examines current operations of county human services. The strategic plan should provide the basis for the consideration of additional changes to county health and human services.

Alternatives Considered

There was early consensus among Work Group members that a strategic plan would be useful. The components of that plan were the subject of intense discussion, but nearly all suggestions are incorporated into the recommendation below.

Recommendation

The newly created Department of Human Services will need a clear set of goals, and strategies to effectively meet the needs of county residents. To establish those guiding principles, a strategic planning process that builds on the activities of the Human Services Transition Work Group should occur during 2011, prior to consideration of the county's 2012 budget. The Work Group recommends that the following be incorporated into any strategic plan:

- An extensive **environmental scan** to determine the current state of human services within the county that recognizes the value of individual agencies or programs having their own individual strategic plan. This process should assess and incorporate the best of the strategic plans of outside organizations and county agencies to enable greater alignment in the human service system. Such a scan should provide the basis of further goal setting and planning for the entire human service system.
- Any planning process be **consumer-focused** and recognize that the needs of individuals and families often cross department functional areas (See Recommendation #1). Strategies for improving the ability of consumers to navigate the human services system are of paramount importance.
- The Social Security Act's broad goals for social services under **Title XX** could be used as guidance for planning and organizing social service programs. These goals are:
 - "Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
 - "Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
 - "Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
 - "Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
 - "Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions."
 - In addition, the Work Group recommends that a sixth goal be adopted: Preventing, reducing, or ameliorating the effects of poverty, disease, disability, social isolation, and social dysfunction.

- A focus on **improving results and reaching goals**. This should incorporate strategies for prevention and early intervention that can reduce the future need for high cost services. Also, resources must be coordinated to encourage economic independence which includes success in school for children and a path to stable employment for adults.
- Recognition that the county is **responsible for providing the safety net** for its most vulnerable residents. Programs must respond to the county's legal or moral responsibility to assist individual persons, on a short or long-term basis, when the person's ability to function independently and effectively has been compromised or interrupted.
- The process should build upon **well-researched techniques** for collecting ideas and creating buy-in from all county constituents.

In addition to the strategic plan, which is a one-time process, the county will also require ongoing evaluation and decision support. This will allow the county to effectively respond to changes in needs of the community and to update the strategic plan to keep up with trends and changing practices. Such intelligence would include:

- The regular examination and evaluation of statistical data and other forms of information on a variety of social, economic, and health **indicators of quality of life**. Identifying indicators would allow the county monitor trends and progress within the community. Specific goals and targets should be assigned to each indicator to provide a basis for evaluating proposals for programs and strategies. A dashboard or other reporting mechanism would be helpful and would allow county residents to better understand current realities and progress toward shared goals. The various organizations collecting and analyzing this type of data under a Decision Support Collaborative (Recommendation #4) could provide this information.
- A **process map** of the human services community that describes how residents may access services for their specific needs. This map should be published regularly so all residents, providers, and funders can see what parts of the larger human service community may be available for addressing their personal needs or the needs of a loved one or consumers.
- Recognition that human service staff at all levels should use **best practices** for their profession to ensure high quality. The specialized professional capacity of county staff should continue to be developed to enable them to meet the needs of consumer and handle the complexities that consumers often present.
- Provide a profile of the health and human services **funding landscape** of Cuyahoga County tracing the investment of public, private, philanthropic and leveraged support. This would include foundations, charities, trusts, and other public and private funders that provide grants and/or service contracts in health and human services. This report should be compiled annually to:
 - Provide a documented delineation of funding, by sector, to serve as a basis to identify, examine and address, on a timely basis, shifts and trends in funding;
 - Provide a basis for comparison/benchmarking, with other counties and/or similar regions within or outside the State of Ohio, to assess the cost effectiveness and sustainability of health and human service programs and services;

- Enable the use of trend data to provide a basis for the allocation of diminishing resources to ensure that public dollars are used to provide the highest quality and volume of services in the most cost effective, efficient manner;
- Ensure that all federal matching funds are maximized;
- Identify opportunities for funder collaboration on important issues in our community.

Implications

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| Budgetary | <ul style="list-style-type: none"> ● Initial investment is required to undertake a strategic planning process. A consultant experienced in facilitating strategic planning in human services would be very helpful in this process. ● An examination of opportunities for efficiencies within the human service system as part of the planning process should provide suggestions for future cost-savings. ● By identifying strategies, a strategic plan would help ensure that resources are used in ways that further the identified goals of the human service system. ● The ongoing collection of evaluation and decision support described above will also require ongoing investments. |
| Structural | Undertaking a strategic planning process presents no structural issues. However, the plan may include recommendations for structural changes in the future. |
| Day One Issues | N/A |
| Long Term Issues | To ensure that county resources are used in ways that further goals and priorities, it is imperative that budgeting follow identified strategies. We recommend that the strategic planning process be undertaken during 2011, and completed prior to the 2012 budget process. |
| Stakeholder Issues | All stakeholders have an interest in the county having a clear set of objectives and strategies. The process itself will likely identify additional stakeholder issues. |

Additional Background Information

- Briefing materials developed by the Work Group should provide the first step of an environmental scan included in a strategic planning process.

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Charter Transition Work Group Recommendation

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| Work Group: | Health and Human Services |
| Recommendation Number: | 3 |
| Area of Focus/Subject: | Principles for Considering Re-Organization of Human Service Functions |
| Recommendation: | A set of principles should guide any consideration of strategic restructuring of health and human services. |
| Department(s) affected by recommendation: | Executive Office of Health and Human Services (including Fatherhood Initiative, Health Policy & Programs, Human Services & Workforce Planning, Ryan White Part A&B HIV/AIDS Grant, Strong Start for Cuyahoga's Families), Employment & Family Services, Cuyahoga Support Enforcement Agency, Department of Children & Family Services, Department of Senior & Adult Services, Cuyahoga Tapestry System of Care, Family and Children First Council, Office of Early Childhood, Office of Homeless Services |
| Total cost reduction or required investment for recommendation: | Not Applicable |

Issue Synopsis

Section 8.01 of the Charter provides for the creation of a Department of Health and Human Services "which shall administer all programs and activities for which the county has or has assumed responsibility for the protection and enhancement of the health, education, and well-being of county residents". The same section also authorizes the Council to provide for "such deputies and assistants to the Director of Health and Human Services as shall be conducive to the efficient performance of the duties of the Department of Health and Human Services".

The position of Director of Human Service is created by Section 8.02 of the Charter and could be similar to the role currently played by the Deputy County Administrator. Likewise, the Department could simply provide a new name for the current Executive Office of Health and Human Services and the agencies that fall under the prevue of the Deputy County Administrator. On the other hand, this new Department and

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Director could bring a new structure for the organization of the operation of the county's human service agencies and programs. A discussion of changing the organization of programs and services will be a natural component of any strategic planning process which will help determine whether restructuring is necessary or would improve the county's ability to achieve the plan.

The current structure of county human service operations is not an accident. The organization of the functional areas has been the subject of planning over the years. While there are certain structures required by state law, the county has wide discretion to organize its operations in the way that makes most sense for local conditions.

Alternatives Considered

Many of the comments collected through the Work Group's Community Focus Group and Community Input Sessions focused on the effectiveness of various agencies and departments. Suggestions were wide ranging, from keeping the current structure intact to a complete reorganization of the functional areas of county operations. See the briefing materials for a full listing of these items.

The Work Group considered recommending a specific structure for the organization of the Department of Human Services. However, the consensus of the Work Group was that this exercise is better left to the Executive after they take office with the advice of the Council. More important than the specific way services and programs are organized is a set of principles that should guide any deliberations on how to arrange the myriad of human service agencies. Those principles are set out below.

Recommendation

To determine the structure that will allow the Department of Health and Human Services to perform most efficiently, the Executive should use the results of the strategic plan (Recommendation #2) and the advice of the Council. Until a strategic examination of the responsibilities and programs in human services can be completed, the Work Group recommends maintaining the current structure of organization.

The Work Group proposes the following set of **values** to guide the new administration in considering strategic restructuring of health and human services (i.e. multiple county agencies, reductions, eliminations, mergers, etc.). The Department of Human Services should:

- Be guided by a consumer-focused **strategic plan** across all human service departments and the community that is driven by data about consumers served across departments (see Recommendation #2);
- Continue to provide a **safety net** for its most vulnerable residents from birth through old age, ensuring interventions at all stages of the lifespan. This includes:
 - Recognizing that the county is required to provide certain services by state and federal law, while other programs are expected to be available by the residents of the county and have thus become essentially local mandates;
 - Ensuring that organizational changes do not compromise state and federal funding sources while realizing that there exists some level of local discretion about how programs are structured and delivered, even within mandates;

- Ensure that dollars generated by the **Human Service levies** follow the individual consumer and be used to fund programs and services, including contract awards, that provide the highest quality services in the most efficient and cost effective manner (see Recommendation #5);
- Design service delivery systems that are **consumer-centered** within and across departments, programs, and contract providers (see also Recommendation #1). Such systems should:
 - Recognize that many human service programs cross one another in function, consumers, and funding. Structures should maximize opportunities for cross-program collaboration in ways that improve the consumers' experiences when accessing the human service system and allow for the best outcomes for those consumers;
 - Include linkages, perhaps using a service and teaming approach, to allow customers multiple points of entry and access to services;
 - Be designed around the needs of identified service populations to the extent possible. The organization of programs should make sense for consumers and not simply rely on structures suggested by funding streams or the design of programs at the state and federal level.
- Allows the **regular evaluation** of administration, leadership, and service delivery for consumer results. This means:
 - Ensuring continuous improvement in the timing of service initiation and the high quality of services for both mandated and non-mandated programs;
 - Initiating a consistent system for measuring outputs and outcomes within and across departments, with an approach for educating the community about the successes of consumers and best practices, and a formal process for modifying interventions based on lessons learned;
 - Building organizational structures in support of service strategies focused on defined outcomes. This could include evidence-based and/or promising practices. Evidence-based practices are any practice that has been established as effective through scientific research according to an explicit set of criteria. Since it is not always possible or ethical to conduct the kind of randomized controlled trials prevalent in evidence-based practices in the medical field, in human services qualitative research can enhance quantitative findings. Therefore, promising practices that have yet to have a full body of evidence to support their effectiveness, but show early promise in ameliorating certain issues or producing favorable outcomes should also be supported;
 - Reviewing organizational structures regularly for potential service mode and place shifts. For example, the community may not need multiple units or physical sites if electronic substitutes are available for place-based services;

- Provides services as **cost-efficiently** as possible. This includes:
 - Streamlining the administrative structure and establishing a cap on administrative costs to ensure that funds raised by the Health and Human Service levies are predominately used for services.
 - Making budget and funding decision based on performance measures appropriate for the covered service;
 - Combining back office operations to the extent feasible and efficient. However, such change must produce efficiencies and not harm services. Ideally, such changes would improve services while simultaneously producing efficiencies. Some organizations may require retention of mission critical support structures;
 - Designing leadership structures which allow for optimal balancing of “at will” versus civil service protected leadership employees. Currently there are four separate operating departments with directors who are non-classified civil servants and serve at the pleasure of the Board of County Commissioners. These are the Employment & Family Services, Cuyahoga Support Enforcement Agency, Department of Child and Family Services, and Department of Senior and Adult Services. Keeping the heads of those functional areas non-classified positions is desirable for accountability;
 - Maximizing economies of scale, avoiding both diseconomies of scale from organizational structures which are either too small or too large.

Implications

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| Budgetary | No budget impact. |
| Structural | N/A |
| Day One Issues | N/A – The Department of Human Services can easily lay over the current organizational structure of county health and human service operations. |
| Long Term Issues | The structure of county health and human service operations should be examined to determine if it is the most efficient and effective way to organize the myriad of programs that the county administers. A full restructuring can be implemented after conducting a strategic plan and careful deliberations. |
| Stakeholder Issues | This recommendation presents no stakeholder issues. However, stakeholders should be carefully considered when undertaking any decisions to strategically restructure services. Any discussion of changing the structure of county operations will naturally bring forth a myriad of stakeholder issues as various groups advocate for making change or keeping the status quo in ways that will best fit their interests or the interests of the residents of Cuyahoga County. |

Additional Background Information

List of input collected from Community Focus Group and Community Input Sessions.

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Charter Transition Work Group Recommendation

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| Work Group: | Health and Human Services |
| Recommendation Number: | 4 |
| Area of Focus/Subject: | Communication and Collaboration |
| Recommendation: | Systems should be implemented that provide for regular communication, coordination, and collaboration between county entities and other parties involved in health and human services in our community. |
| Department(s) affected by recommendation: | Executive Office of Health and Human Services (including Fatherhood Initiative, Health Policy & Programs, Human Services & Workforce Planning, Ryan White Part A&B HIV/AIDS Grant, Strong Start for Cuyahoga's Families), Employment & Family Services, Cuyahoga Support Enforcement Agency, Department of Children & Family Services, Department of Senior & Adult Services, Cuyahoga Tapestry System of Care, Family and Children First Council, Office of Early Childhood, Office of Homeless Services, Board of Health, Board of Developmental Disabilities, Alcohol Drug Addiction and Mental Health Services Board, MetroHealth System |
| Total cost reduction or required investment for recommendation: | While impossible to quantify at this time, coordination will undoubtedly allow for the identification of further efficiencies within the Human Service System. It would greatly reduce duplication of efforts that could occur if regular communication vehicles are not instituted. |

Issue Synopsis

The Health and Human Service system is large and complex. Resources must be brought to bear in the most efficient way. This requires coordination and collaboration among the various human service agencies and programs at all levels of the system, both within and outside of the county.

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While creating a single Human Service Department will put all of the county human services programs under one umbrella with a single director, there will remain a myriad of agencies that are part of the Human Service System but do not report through that director. These include the Alcohol, Drug Addiction and Mental Health Services Board, MetroHealth, the Board of Health, and the Board of Developmental Disabilities. In addition, the Department of Economic Development will play a key role in helping residents achieve economic self-sufficiency, a goal it will share with the Department of Human Services.

In addition, the whole human services landscape in our community includes a myriad of service providers, contracted agencies, and private and philanthropic funders. All of these entities have an interest in planning, collaboration, and coordination within human services. Those who utilize human services, the clients or consumer, should also have a voice in planning. Many of these agencies are serving the same individuals. Collaboration and information sharing across agencies is critical at both the strategic level and in day-to-day operations.

Section 8.01 of the Charter states that the Department of Human Services “shall coordinate its activities and cooperate with such other boards, agencies, and offices in order to avoid duplication of services and activities”. Because of the important role the county executive and council will play in supporting an effective, efficient health and human services delivery system, they should develop mechanisms to ensure that health and human services become and remain a top priority of the new administration, and to collaboratively engage in an ongoing, systematic, thoughtful and paced dialogue and analysis of existing county programs and structures with the goal to build the most efficient, effective, consumer-focused service delivery system.

Ohio Revised Code requires that each county have a County Family Services Planning Commission. This Commission requires representation from the county department of job and family services and the public and others so that “the committee’s membership is broadly representative of the groups of individuals and the public and private entities that have an interest in the family services provided in the county” and serves as an advisory body with regard to the family services provided in the county. Currently, this role is assigned to the Family and Children First Council in Cuyahoga County. While the FCFC does meet all of the statutory requirements, it does not provide robust planning and coordination among all human service areas equally.

Alternatives Considered

The Provider Focus Group, Funder Focus Group, and full Work Group each independently identified the desirability of implementing a structure for ongoing, systematic, thoughtful, and paced dialogue between all parties working in the human services arena. We looked at various models of Human Service Advisory boards and other cross-sectoral entities to gain perspectives from a variety of constituencies in other counties.

There was discussion among Work Group member as to whether the roles described below would require specialized staff, or if they should be accomplished using existing resources.

The role of the Director of Health and Human Services as a liaison to the Council, rather than assigning a senior staff position was also discussed. While the Director will undoubtedly interact with Council members, it was the consensus of the Work Group that there should be someone in the department, other than the Director, assigned to ensure that regular and productive communication between the Department and the Council occurs.

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Recommendation

The Work Group recommends that systems should be implemented during the first three months of 2011 to allow for ongoing collaboration and coordination between and among the various groups interested in human services. This would include:

- Formation of a **Social Services Advisory Council** that serves as a forum for dialogue, coordination, and collaboration of social service providers, funders, and consumers. This entity must ensure that all funders of health and human services have an opportunity to engage in **ongoing dialogue and oversight** around issues of mutual concern and to facilitate alignment around our county's most pressing health and human service issues. It should also engage intergovernmental advocacy on behalf of the county and perform the function of the Human Service Advisory Council required under state statute. One model for such a group is the Social Services Advisory Board in Summit County. (See SSAB governing document for more details). Key components of this council include:
 - The importance of including the voices of various types of **funders** (i.e. foundations, federated giving programs such as United Way, Community Shares, Jewish Community Federation, Catholic Charities, etc.); public (boards of health, ADAMHS, and other semi-autonomous parts of county government); nonprofit-but-fulfilling-a-public-function (i.e. Area Agency on Aging); and other local political subdivisions (i.e. cities); as well as third party payors in this dialogue
 - The importance of including the voices of the **providers** of health and human services in this dialogue
 - The importance of including the **consumer** voice in this dialogue
 - The importance of including the **public** voice in this dialogue
- Implementation of a **Decision Support Collaborative** to provide data and information that would report on quality of life indicators across the county and within its communities and neighborhoods. A formal collaboration among these groups would build on the strengths of each to distribute data support resources and contracts among the entities to reduce unnecessary duplication. It could also provide capacity for impartial program evaluation by members of the collaborative that are outside the formal county structure. If outside service providers and funders also made use of the collaborative, it would help to establish a single, community-wide process for collecting, processing, and analyzing data that would be widely accepted.
- A **Listening Tour** in which each County Council Member convenes a public meeting with the County Executive to share information and gather community input related to county health and human services. These meetings could be part of a larger strategic planning process, or be stand-alone and should be spread throughout the various areas of the county ensuring representation of residents of the City of Cleveland, inner ring suburbs, and outer areas of the county and capture the diverse populations of the county. The goal is to alleviate confusion about the role of the county in the provision of social services and changes that are occurring as a result of the Charter.
- Formation of a **Human Services Cabinet** to advise the Executive and coordinate and execute service delivery among agencies. Membership of this executive cabinet should include the Directors of the Human Service Department, ADAMHS Board, DD Board, MetroHealth, Board of Health, and the Juvenile Court, and the Director of the Department of Economic Development or

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their designee that focuses on community development. It might also be helpful to include the directors of the major divisions within the Department of Human Services, which could include Employment and Family Services, Child and Family Services, Senior and Adult Services, or other divisions that fall under the Department of Health and Human Services. The Cabinet should be led by the Director of Human Services.

- Appointment of a **Human Services Liaison**. The Director of Human Services should establish a senior staff position responsible for coordinating the agencies' communications with members of the County Council.
- Formation of a **Human Services Committee**. The Council should establish a separate committee to address human service issues. Membership on the committee should include members representing different types of communities including the City of Cleveland, inner ring suburbs, and outer areas of the county. The committee would provide legislative and oversight functions for matters related to human services including the Department of Human Services, budgetary matters, and programmatic issues.
- Creation of a regular system of communication between **Appointed Board Members** and the County Executive. Agencies that are outside the county administrative structure, but where the Executive has partial authority to appoint members include the Board of Developmental Disabilities, MetroHealth, and the ADAMHS Board. State statute governs the appointment process for members of these Boards and nominations by the County Executive are subject to the confirmation by the County Council.

Implications

| | |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Budgetary | <ul style="list-style-type: none"> • Full implementation of this recommendation will reveal the opportunities for future collaboration and cooperation that could provide significant cost savings to the system over time. |
| Structural | Not applicable |
| Day One Issues | This recommendation should be implemented immediately in the case of the formation of a Human Services Committee of the Council, and very shortly after taking office for the remainder of the recommended items. |
| Long Term Issues | N/A |
| Stakeholder Issues | <p>All stakeholders have an interest in ensuring that there is productive conversation and collaboration within the human service system. The exact composition of the Human Service Cabinet and Committee will naturally bring up issues among stakeholders that should be easily resolved by the authority of the Council and the Executive.</p> <p>By including the various stakeholder groups that are impacted by human services, this recommendation should assist the county with any stakeholder issues that result from implementation of other recommendations or changes.</p> |

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Additional Background Information

- Ohio Revised Code - Section 329.06, County family services planning committee
- Governing document of the Summit County Social Services Advisory Board

Summary of Structures Recommended for Communication and Coordination in Human Services

| | Purpose | Members | Interaction with County |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Social Services Advisory Board (External Collaboration) | Serves as forum for dialogue, coordination, and collaboration to provide ongoing oversight. | Representatives from funders, providers, consumers, public. | Convened by Executive, advises Executive and Council, agency directors may be members |
| Decision Support Collaborative (External Collaboration) | Provides data and information on quality of life indicators and program evaluation | Groups that collect and analyze county data. | Convened by Executive, advises Executive and Council, Planning Commission is a member |
| Human Services Cabinet (Internal Coordination) | Advise Executive and coordinate and execute service delivery among agencies | Director of Human Services, Director of Economic Development (or designee), human service agency directors, related board directors | Part of Executive decision-making structure |
| Human Services Committee (Internal Coordination) | Provides legislative oversight functions on human service issues and budget | Members of the Council | Part of Council structure, works with human services liaison |
| Human Services Liaison (Internal Coordination) | Coordinates agencies' communications with Council members. May also work with Social Services Advisory Board. | Position within Department of Human Services | Connection between Council and Executive on human service issues |

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Charter Transition Work Group Recommendation

| | |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Group: | Health and Human Services |
| Recommendation Number: | 5 |
| Area of Focus/Subject: | Human Service Levy |
| Recommendation: | County Council and Executive support Health and Human Service levies at levels sufficient ensure adequate core support services. |
| Department(s) affected by recommendation: | Alcohol, Drug Addiction & Mental Health Services Board, MetroHealth System, Executive Office of Health and Human Services (including Fatherhood Initiative, Health Policy & Programs, Human Services & Workforce Planning, Ryan White Part A&B HIV/AIDS Grant, Strong Start for Cuyahoga's Families), Tapestry System of Care, Children & Family Services, Office of Early Childhood, Senior & Adult Services, Office of Homeless Services, Family and Children First Council, Employment & Family Services, Juvenile Court, Common Pleas Court, Justice Affairs, Office of Re-Entry |
| Total cost reduction or required investment for recommendation: | Not Applicable |

Issue Synopsis

The county's social service function is by far the largest category of expenditures, and accounts for 44 percent of the total operating budget. An additional 6 percent of the total operating budget is spent on health and safety programs. The annual revenue generated by the county's health and human services levies subsidizes the county's human service spending and promoted the ability to leverage state and federal dollars. In 2010, the two current Human Service Levies generated \$232.8 million that is used to pay for services for children and families, services to seniors, mental health and alcohol and drug addiction services, community health care and MetroHealth, and other human service programs. Levy dollars are restricted to social services and health and safety purposes and serve as a local match to draw down approximately \$300 million in state and federal revenue annually for reimbursement of human services expenditures. The levy dollars are absolutely critical resources, accounting for around one-third of all social services funding and enabling the county to meet its obligation to provide high quality human services.

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Currently, there are two Health and Human Service levies. The larger, 4.8 mill levy was renewed by voters in 2008 while voters approved the 2.9 mill levy in March 2010. Traditionally, support for the levies has been very strong among voters, failing only once since they began in 1976. The latest levy passed by a margin of nearly 2-1, displaying the continuing commitment of Cuyahoga County residents to human services. Historically, the strong leadership and support of the Board of County Commissions has been imperative to the levies' electoral success. There is also a third levy that provides support for the Board of Developmental Disabilities that voters last approved in 2005 and is currently set at 3.9 mills.

The structure and timing of levies is determined by the county. While Cuyahoga County groups all human service programs (with the exception of Developmental Disabilities) into general levies, other counties in Ohio have separate levies for human service areas including Mental Health, Public Health, Alcohol and Drug Addiction Services, Children's Services, Senior Services.

Alternatives Considered

There was strong agreement among the Work Group about the need for the Council and Executive to support the levies and that levy funds should support core services. There was discussion about the future consideration of adding or changing the structure of the levies. Examples of such changes include adding a separate levy for the ADAMHS Board, combining local funding into a single, larger levy, or providing additional specifics about how levy dollars should be spent. However, the Work Group ultimately concluded that the lack of consensus around such issues among members meant that we should refrain from making additional recommendations regarding the issue of levies.

Recommendation

It is imperative that the levies receive the full support of the Executive and Council. Dollars generated from the levies support the core services of the county's programs, which are mandated by state or federal law, or support those mandated services and have become part of the county's community ethic for serving children and families in need.

Levies must be placed on the ballot early enough to maintain a consistent stream of funding. In order for levy campaigns to be successful, the Council and Executive must continue to lend their full support including taking the lead role in fund raising to cover campaign costs, being willing to speak persuasively about the importance of the levy at venues across the county, encouraging human service providers to take an active role in the campaign, and providing additional support as needed.

Cuyahoga County residents recognize that a strong safety net of health and human services for our community's most vulnerable citizens is a community responsibility. This has manifested itself in the passage of three levies, two targeting health and human services more broadly and one specifically targeting citizens with development disabilities. The current Commissioners, whose support for these levies has been consistent throughout the years, have committed to the taxpayers that dollars generated by these levies will follow the consumers of services. Measures should be taken to ensure that the new Executive and Council understand and commit to this same ideal in concept and in practice.

Recognizing that the Health and Human Services sector contributes significantly to the economic vitality of our community, levy funds should be spent to support core services. This includes ensuring that:

- The most vulnerable residents are provided services to maintain a high quality of life and opportunities to become and remain contributing members of our community;
- Local dollars leverage other funding to the extent possible including meeting state and federal match requirements and supporting public-private partnerships, or be applied to priorities for which there are no other funding streams;
- Money follows the needs of the consumer and is available county-wide; and
- Investments are made in programs that are evidence-based or in promising practices or development of new practices to be responsive to emerging consumer needs.

Implications

| | |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Budgetary | If one or both of the levies were not renewed, the county would lose a vital source of local funds. |
| Structural | This recommendation would continue the support of levies by Cuyahoga County officials. Any future decisions to change the types and levels of levies sought would present structural issues. |
| Day One Issues | One levy, currently at a rate of 4.8 mills, will expire on December 31, 2012. The renewal of the levy can be on the ballot as early as November, 2011. |
| Long Term Issues | The levies are an ongoing concern for the county health and human service system. |
| Stakeholder Issues | All stakeholders have an interest in voters continuing to approve the levies. |

Charter Transition Work Group Recommendation

| | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Group: | Health and Human Services |
| Recommendation Number: | 6 |
| Area of Focus/Subject: | Intergovernmental Advocacy |
| Recommendation: | The Council and Executive must monitor and influence key developments at the state and federal level that will impact the provision of county Human Services and participate in discussions about regionalism with their counterparts in neighboring communities. |
| Department(s) affected by recommendation: | Executive Office of Health and Human Services (including Fatherhood Initiative, Health Policy & Programs, Human Services & Workforce Planning, Ryan White Part A&B HIV/AIDS Grant, Strong Start for Cuyahoga's Families), Employment & Family Services, Cuyahoga Support Enforcement Agency, Department of Children & Family Services, Department of Senior & Adult Services, Cuyahoga Tapestry System of Care, Family and Children First Council, Office of Early Childhood, Board of Health, Board of Developmental Disabilities, Alcohol Drug Addiction and Mental Health Services Board, MetroHealth System |
| Total cost reduction or required investment for recommendation: | Not Applicable |

Issue Synopsis

State and federal policies impact the ability of the county to deliver high quality services efficiently. County human service operations are heavily reliant on state and federal funding and are often constrained by regulations set at higher levels of government. It is at the county level where services are actually delivered and where the full consequences of state and federal decisions are seen most clearly. Sometimes, regulations, mandates, and funding prevent the county from implementing programs or delivering services in ways that would be more efficient or better serve consumers.

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Cuyahoga County officials should use their considerable influence to actively advocate for policies and practices at all levels of government that will better serve their constituencies. There are several key issues on the federal and state policy horizon that will require the attention of the Council and Executive. At the same time, a desire to increase regionalism to find efficiencies will require the attention of county officials and their active participation in discussions with officials in neighboring communities.

Alternatives Considered

Not applicable

Recommendation

The Executive and Council are a position to be powerful advocates for the best interests of the county. In addition to advocacy at the state and federal level, county officials should participate in advocacy with adjacent counties and participate in discussions about regionalism, as appropriate.

A senior staff member of the Executive's or Human Services Director's staff should be assigned to serve as Intergovernmental Liaison for Health and Human Services, to advocate on behalf of county residents to municipal, state and federal policy makers. The liaison should coordinate advocacy by people in all levels of county government. Relationships between agency directors and their counterparts at other levels of government are also important and enhance the advocacy capacity of the county. Individual Council members must also be willing to engage in the federal and state budget and policy process when additional support for county positions is needed.

The Director of Human services should make adequate provisions for monitoring changes in state and federal laws and regulations and, where appropriate, recommending and advocating for changes that would enhance local programming and funding. The need to leverage all appropriate state and federal funding sources, including competitive grants for which the county may apply and funding where allocations are made on the basis of formulas, is key. The county should advocate for changes in funding and regulations when residents have needs that cannot be met under current constraints.

Below are some issues that will require close attention during the first months the new government.

- A new **state budget** for fiscal years 2012-2013 will be adopted before June 30, 2011. Many human service programs administered by the county are reliant on funds appropriated through the state operating budget. Ohio faces a shortfall of up to \$8 billion for the next biennium. Decisions on how to fill that gap with additional revenues, changes in tax credits and exemptions, or reductions in programmatic spending will have a direct impact on county funding and operations. Therefore, it is critically important that the Council and Executive be aware of the impact that state budget changes would have on county operations and be fully engaged in the budget process to ensure that state policymakers are aware of the likely local impact of their decisions. This may mean advocating for revenue enhancements and thoughtful reductions in spending.
- Related to the role of the county in the federal system, changes in Ohio business taxes enacted in 2005 will begin having an impact on the value of voted millage for health and social services in Cuyahoga in 2012. The impact of the **repeal of the tangible personal property tax** on school and local government levies was reduced by the General Assembly by appropriations covering a portion of the lost revenue for existing levies. Those partial "hold harmless" payments will be

phasing out during state fiscal year 2012. The County Executive and Council should arrange for the preparation of analysis of the income loss over time, and plan to address the implications through additional revenue and thoughtful reductions in spending.

- **Federal health care reform** legislation enacted in 2010 will change the health and human services landscape. Understanding the implications of these changes for funding, service delivery, and program design is critical. Changes in coverage and the Medicaid program in particular will impact the entire human services landscape. New funding opportunities will arise while thousands of regulations must be written or updated. This presents both opportunities and threats for the effective functioning of the entire health and human service system. The Executive and Council should pay close attention to federal regulations and state implementation activities, take a leading role in deciphering and implementing federal health care reform and influencing state implementation decisions.
- The process of setting **state and federal regulations** is ongoing. County officials should actively pursue changes in regulations that enable the county to meet the needs of residents in a more efficient manner. Specifically, regulations regarding information sharing between agencies are restrictive and often prevents efforts to improve collaboration among agencies and programs. In addition, there are services that the federal government allows to be reimbursed with Medicaid funds, but which are excluded in Ohio's State Medicaid Plan. A more inclusive State Plan could improve the provision of services at the County level, especially in the area of Mental Health services.

Implications

| | |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Budgetary | <ul style="list-style-type: none"> • Failure to attend to these critical issues could add significant costs or reduce revenue in the future. • The outcome of state budget deliberations will have a direct, immediate, and significant impact on county finances. |
| Structural | N/A |
| Day One Issues | Ohio's Executive budget proposal will be introduced to the General Assembly in the early months of 2011. It will be necessary for county officials to be monitoring the process, evaluating the impact of proposals on county finances, and advocating on behalf of the county from the beginning of their terms. |
| Long Term Issues | Health care reform and regulatory changes are longer-term issues. Other issues that demand attention will undoubtedly emerge at the state and federal level. |
| Stakeholder Issues | N/A |

Charter Transition Work Group Recommendation

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|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Group: | Health and Human Services |
| Recommendation Number: | 7 |
| Area of Focus/Subject: | The Intersection between Economic Development and Human Services |
| Recommendation: | Human Service programs focused on self-sufficiency, job preparedness and economic stabilization should be aligned with economic development initiatives. |
| Department(s) affected by recommendation: | Employment & Family Services, Department of Human Services, Department of Economic Development |
| Total cost reduction or required investment for recommendation: | Not Applicable |

Issue Synopsis

Human services are inherently an economic engine in the county first because of the significant amount of money that flows through the community and second because of its potential for linking job creation efforts with employability and economic stabilization of its consumer population. With up to \$3 billion in total financial impact annually, Health and Human Services is by far the most significant sector the new administration will have to learn and manage. In 2009, \$362 million in food stamp benefits and \$48.1 million in cash assistance under Ohio Works First (our state's Temporary Assistance to Needy Families program) were issued to Cuyahoga County residents. Nearly \$2 billion in Medicaid benefits for low-income children and families and persons with disabilities were paid for Cuyahoga County residents. These federal dollars must be spent in our community, and have a large economic impact. In addition, human services represents the programs that empower the most vulnerable county residents.

For the 2010 budget, Cuyahoga County identified a number of goals, including encouraging economic opportunity, helping citizens unable to help themselves, promoting the health of citizens, providing resources citizens need to be skilled and productive, and ensuring that the county's children are well cared-for and safe. From these goals, it is clear that human services and economic development are closely related. Human Services promotes health and well-being, fosters self-sufficiency, and protects vulnerable populations. All of these activities are interconnected and equally important to having a well-functioning human services system for the residents of the county. The connection between economic development

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and human services comes in those programs which promote independence and provide support that make it easier for family members to be employed outside the home.

During this transition process, the intersection of the two areas manifested into the separate Human Capital/Quality Places Work Group. While safety-net services will always be needed, the greater the number of residents who are able to maintain employment, the fewer people who will need to access the traditional social service system. In the past, economic development efforts have left behind large segments of the population and helping people overcome barriers to employment traditionally falls to the human service system. Populations with significant barriers to employment include ex-offenders, stay-at-home mothers attempting to obtain employment outside the home, youth aging out of foster care, persons with disabilities, and those without a high school diploma.

It must be recognized that full economic independence is a reasonable outcome for only a portion of the consumers of county services. For others, partial economic independence may be a result. For example, a worker at a minimum wage job needs ongoing public support for health care, housing, and child care. There are some residents, including the permanently disabled and the elderly, for whom achieving economic independence is not a reasonable expectation. The Human Service system should encourage those consumers who are able, to take the risks associated with becoming employable.

Alternatives Considered

No alternatives considered.

Recommendation

In the past, Human Services and Economic Development efforts have not been adequately aligned. The introduction of a new Department of Economic Development for Cuyahoga County presents an opportunity to ensure that these two interrelated fields work more in tandem in the future. Therefore, the Work Group Recommends that:

- The Executive appoint the Director of Economic Development, or their designee focusing on community development, to the **Human Services Cabinet** (see Recommendation #4).
- **Economic opportunity** initiatives and programs, including assistance to meet basic needs, should be closely linked and coordinated across administrative units of the county.
- Economic development efforts undertaken by the county must ensure that **all county residents** who are able can reap the benefits of such investments.
- **Community benefit standards** should be adopted, monitored, and enforced that ensure investments of county financial support for economic development provide fair and reasonable contract and employment opportunities for Cuyahoga County citizens regardless of race, religion, national origin, gender, or sexual orientation.
- Human service and economic development programs should provide opportunities for **innovative approaches** to enable people with various levels of skill and barriers to employment to transition to self-support independent of public support and to combine employment, public benefits, credit stabilization, and asset development for those who cannot achieve full economic independence.

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One such strategy is investing in businesses sponsored by non-profit organizations that are self-supporting or profitable and provide employment to vulnerable populations.

- Community development and land use initiatives should include strategies to eliminating **health disparities** between historically under-resourced communities and other parts of the county. Such strategies could include park construction, cultivation of community gardens, improved access to health care, and the elimination of brownfields.
- Economic and community development initiatives should **coordinate** with the existing efforts of, and have significant input from, city and township governments, Community Development Councils, and other neighborhood organizations.
- A distinct administrative unit that aligns human service self-sufficiency support programs, federal work and training programs, and economic development initiatives be considered. Such a unit could be responsible for:
 - Coordination with federal income transfer programs devolved to county governments by the State of Ohio, including Temporary Assistance to Needy Families, Workforce Investment Act, Medicaid and SCHIP, Food Stamps, Child Care Block Grant, Title XX (Social Security Act) Social Services Block Grant;
 - **Contracting** for education and training services for TANF recipients;
 - Coordination of county support for the **Workforce Investment Board**;
 - Providing **eligibility data** to, and coordinating benefits information on behalf of, various county human service agencies and their contract agencies.

Implications

| | |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Budgetary | No direct budgetary impact. |
| Structural | Aligning economic opportunity and training and work support programs could be accomplished through the design of divisions within the Economic Development and Human Services Department. This would likely require some structural changes. |
| Day One Issues | From the outset, economic development efforts must align with existing efforts within human services as they relate to self-sufficiency. |
| Long Term Issues | There will be ongoing opportunities to improve coordination to ensure that county residents have the resources to be skilled and productive. In the future, a distinct administrative unit to oversee these programs should be considered. |
| Stakeholder Issues | Those working on self-sufficiency issues both within and outside the county could be greatly impacted by this recommendation. |

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Charter Transition Work Group Recommendation

| | |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Group: | Health and Human Services |
| Recommendation Number: | 8 |
| Area of Focus/Subject: | Contract Provider Relationships |
| Recommendation: | The county should effectively manage its interdependence with the private providers of health and human services in addressing human needs and seek to maximize the value to each other and to the citizens of the county |
| Department(s) affected by recommendation: | Executive Office of Health and Human Services (including Fatherhood Initiative, Health Policy & Programs, Human Services & Workforce Planning, Ryan White Part A&B HIV/AIDS Grant, Strong Start for Cuyahoga's Families), Employment & Family Services, Cuyahoga Support Enforcement Agency, Department of Children & Family Services, Department of Senior & Adult Services, Cuyahoga Tapestry System of Care, Family and Children First Council, Office of Early Childhood, Office of Homeless Services, Board of Health, Board of Developmental Disabilities, Alcohol Drug Addiction and Mental Health Services Board, MetroHealth System |
| Total cost reduction or required investment for recommendation: | Savings can be achieved by reducing unnecessary paper work and the audit burden on the providers and creating clear reasonable focus on outcomes and compliance contracts for the county departments |

Issue Synopsis

In our community, services are actually delivered by both county employees and outside agencies with which the county has contracts. Private social services organizations and the Cuyahoga County social services agencies are strongly interrelated in their functioning. Both have clear missions to serve the people of this community. Cuyahoga County has a robust and widely varied community of human service

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providers. Often, both public and private agencies are serving the same individuals or families or are working to address similar problems. In these cases, coordination is especially important.

Private agencies are at times able to use a variety of funding sources for a given service, which allows the county to maximize its investments. There are times when such outsourcing results in more service value than the county could buy on its own as well as improved consumer experience, access, and outcomes. On the other hand, given the complexity of funding streams, mandates, and contracting, it is sometimes more cost-effective or easier to ensure high quality services if the county provides services directly. But the decisions about contracting or county direct service provision should be undertaken in a consistent, coordinated manner and always focus on the goal of providing better services to the consumer.

Alternatives Considered

No alternatives considered

Recommendation

Recognizing that in the future there will be fewer dollars available for health and human services from the State of Ohio and the county, and building on the interrelated nature of human service delivery which relies on both the public and private sector, there are steps that could be taken by both sectors to increase their combined value to the consumers of health and human services in Cuyahoga County.

The better coordinated and functioning Cuyahoga County's health and human services operations, the more private agencies will be able to provide high quality, outcome based innovative services at competitive prices. The contracting process with the private sector must be stream lined, transparent, data-driven, and outcome's based.

- It is important for a **critical evaluation** to identify the strengths of the county providing services directly and to identify areas where client experiences, outcomes, and access can be improved by entering into contracts with outside providers. Understanding current collective bargaining contracts is critical when making this evaluation. There must be focus on the cost/outcome ratio, the quality of services, access, and the benefit to the consumer provided through contracts between the county and private providers.
- Overlapping functions and programs by county departments must be minimized. Efforts should be undertaken to ensure that agencies serving the same individuals or families or addressing similar issues are **well-coordinated**. This includes communication and care coordination.
- The contracting process must be as **consistent** as possible across county divisions. Under the current arrangements, each county division maintains its own contracting process. This often means different processes, forms, and reporting requirements. The end result is that a contract provider must collect different types of data and produce different reports for the same consumer depending on the funding source. This places an undue burden on contract agencies. To address this problem:
 - The contracting process must be **streamlined and transparent** and ensure that the process and requirements are harmonized across the various public human service agencies as much as possible.

- Contract outcomes must be clear. Evaluation of performance by both outside contractors and internal programs should always be **data-driven and outcome-based**.
- Efforts must be taken to reduce **unnecessary cost** to the provider.
- Contract **clarity** should be sought, where contracts are written in plain language and include clear descriptions of expectations, resources, and outcomes.

Independent Boards and Commissions, such as the ADAMHS Board, Board of Developmental Disabilities, Board of Health, and MetroHealth should make efforts toward consistency, but cannot and should not necessarily be expected to have the same contracting process as the county itself.

Implications

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| Budgetary | <ul style="list-style-type: none"> • The variety of contracting processes with outside agencies creates inefficiencies. • While a small investment may be required to develop a more uniform and centralized process, savings should be realized over the long-term. |
| Structural | The contracting issues raised by this recommendation will require that new processes be implemented. |
| Day One Issues | None – existing contracts for services should be left in place to ensure that service delivery is not interrupted. |
| Long Term Issues | This recommendation addresses changes that should be implemented over the long term. |
| Stakeholder Issues | Consumers of health and human services should receive more and better services |

Charter Transition Work Group Recommendation

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| Work Group: | Health and Human Services, Funder Focus Group |
| Recommendation Number: | 9 |
| Area of Focus/Subject: | Public/Private Partnerships |
| Recommendation: | Strengthen collaboration between public and private philanthropic and charitable funders, recognizing that private funders have limited capacity to directly finance basic human needs. |
| Department(s) affected by recommendation: | Executive Office of Health and Human Services (including Fatherhood Initiative, Health Policy & Programs, Human Services & Workforce Planning, Ryan White Part A&B HIV/AIDS Grant, Strong Start for Cuyahoga's Families), Employment & Family Services, Cuyahoga Support Enforcement Agency, Department of Children & Family Services, Department of Senior & Adult Services, Cuyahoga Tapestry System of Care, Family and Children First Council, Office of Early Childhood, Office of Homeless Services, Board of Health, Board of Developmental Disabilities, Alcohol Drug Addiction and Mental Health Services Board, MetroHealth System |
| Total cost reduction or required investment for recommendation: | Not Applicable. |

Issue Synopsis

Cuyahoga County is fortunate to collaborate with private philanthropic and charitable organizations to address the needs of county residents. Through these partnerships and agreements, the capacities and assets of each sector (public and private) are shared in financing a service for the benefit of the public. In addition to the sharing of resources, each party shares in the risks and rewards potential in the delivery of the service. Public/Private Partnerships provide the opportunity to meet both public sector needs and private sector goals.

This work is a product of the Cuyahoga County Charter Transition Process and represents a recommendation for consideration developed by a team of volunteer citizens in support of the new charter government.

Even in the best of times, governments at all levels are challenged to keep pace with the demands of their constituencies. In human services in Cuyahoga County, public/private partnerships have presented opportunities for the development of innovative approaches to our community's problems. This cooperation between government and private agencies and funders is invaluable in both times of economic uncertainty and in periods of prosperity. Cuyahoga County is a model for exemplary public/private partnerships that have been very effective in building community consensus around important issues, and designing and delivering programs and services that pro-actively address many of our community's most pressing needs, opportunities, and concerns.

While private philanthropic support can and should be used in order to maximize investment and collaboration, there are limits to the extent to which private partners are willing or able to engage with government. The safety net of health and human services is a fundamental responsibility of government, administered in Ohio by counties. Cuyahoga County health and human services have enjoyed wide support from its many foundations, charities, individuals and federated giving programs. While it is anticipated that this will continue well into the future, private philanthropy cannot be expected to be a source of revenue to meet current and projected funding gaps created by reductions from public funding sources, particularly for mandated services. Philanthropy may be more inclined to partner with county government on prevention efforts, for example, than on any kind of service intervention, because these activities are closely related to the mission and goals of private funders and are valuable to the county as they seek to reduce the number of people who end up needing and seeking services from the county.

Alternatives Considered

No alternatives considered

Recommendation

In order to meet the community's needs in the areas of health and human services, the county should continue to actively engage in Public/Private Partnerships. Additional opportunities to combine the considerable resources of private philanthropy with those of the public system to better meet the needs of county residents should be considered going forward.

- A successful partnership can result if there is commitment from **senior officials** from both the county and private entities. County officials must be willing to remain actively involved in supporting existing effective public/private partnerships and take a leadership role in the development of additional partnerships where they make sense to build community consensus around important issues, and deliver programs and services to meet some of our community's most pressing needs.
- It is important to be **pro-active** in planning and prioritizing, committed to the provision of high-quality, evidence-based services, reducing cost of care, and aligning services and priorities.
- Only a segment of NE Ohio's organized philanthropic sector "funds" in the area of health and human services. Each foundation/ philanthropic entity has a particular mission and not all are interested in partnering with government. While health and human service philanthropy is often on a "parallel track" with government funding in terms of supporting one or more components of the community safety net, it cannot be considered an **alternative to public funding**.

Implications

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| Budgetary | New public/private partnerships could require additional investment from the county, as determined by the Executive and Council. |
| Structural | Continuing to support existing public/private partnerships should present no structural issues as these partnerships are already well-established and functioning. |
| Day One Issues | Maintaining support for public/private partnerships that are effectively addressing some of our community's most pressing partnerships should be a priority of the new county government from the beginning. |
| Long Term Issues | Additional opportunities to combine the considerable resources of private philanthropy with those of the public system to better meet the needs of county residents should be considered going forward. |
| Stakeholder Issues | Not Applicable. |

Additional Background Information

A profile of select public/private partnerships that address both mandated and non-mandated services, to include partnership members; goals; activities; funding; and outcomes.