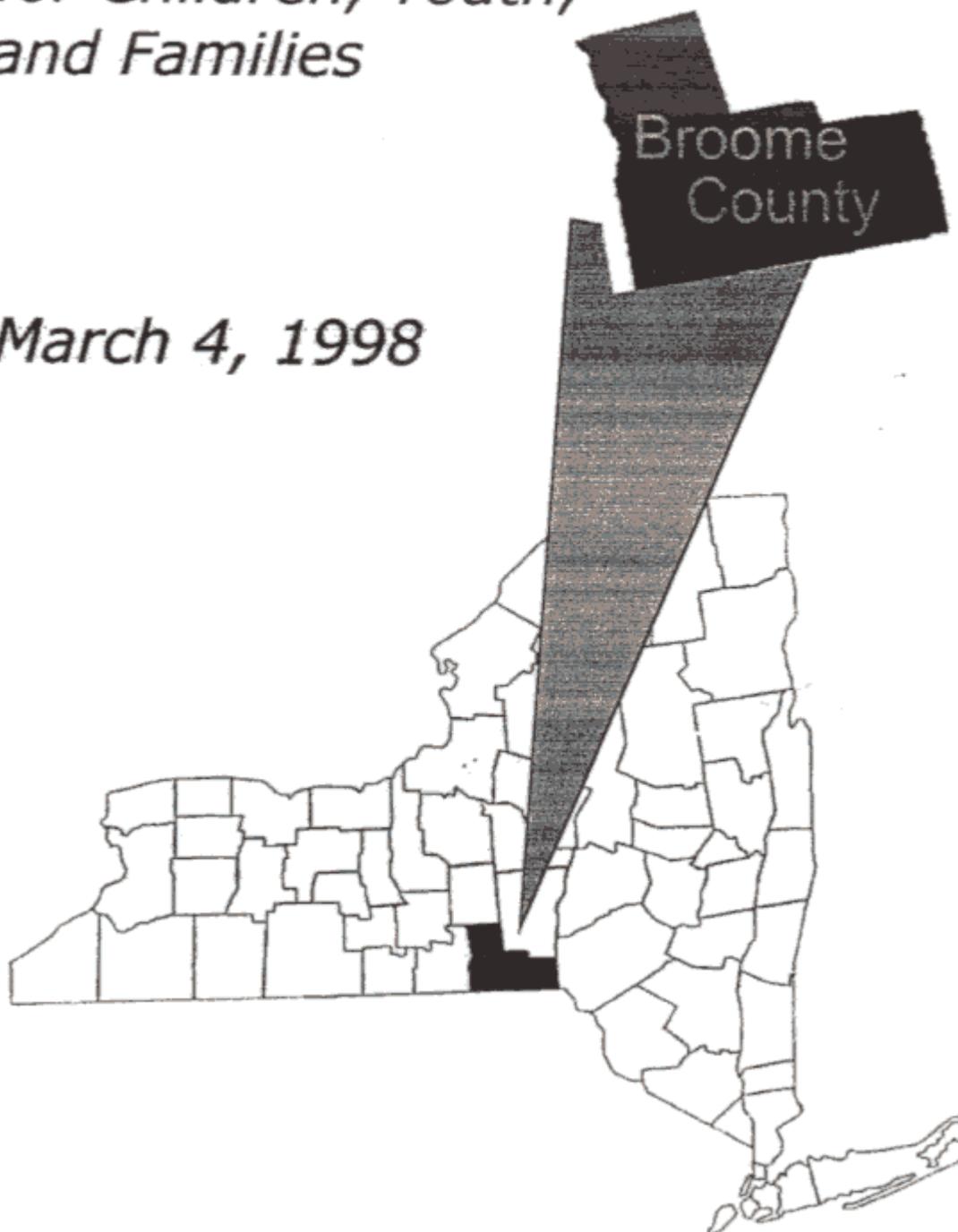


*Proposal for an Integrated  
County Planning Initiative  
for Children, Youth,  
and Families*

*March 4, 1998*





## Office of the Broome County Executive

JEFFREY P. KRAHAM  
Broome County Executive

February 27, 1998

Newell Eaton  
Director Strategic Planning  
Office of Children and Family Services  
52 Washington Street  
Rensselaer, NY 12144

Dear Mr. Eaton:

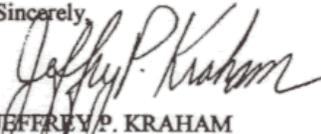
I am pleased to submit the enclosed proposal that describes how Broome County seeks to integrate planning for services to the children, youth and families of our community. As a major provider and chief funder for family & children's services, counties must take the lead in orchestrating an integrated planning process that includes all the public and private service providers in local communities. Our proposal will achieve that end.

During my tenure in County government, I have come to realize the high degree of service fragmentation in the children, youth and family arena. It is my strong belief that by integrating the planning for these programs, we will be able to change the service delivery system in ways that will control costs and improve outcomes for the children and families these services are intended to benefit.

Broome County offers a unique opportunity to pilot an integrated planning process for several reasons. Historically, the community has worked cooperatively in many areas, such as the Consolidated Children's Services Initiative which orchestrates services to youth, which has set the stage for further integration. We also possess capable and progressive department heads with creative ideas for change. Furthermore, I have reinstated the position of Deputy County Executive for Human Services in Broome County to provide the cross department coordination necessary to bring this project to a successful conclusion.

My human service staff are enthusiastic about the challenge of integrated planning and eager to begin this initiative. They look forward to leading the community toward improving the delivery of services that are so critical to the development of our next generation.

Sincerely,



JEFFREY P. KRAHAM  
County Executive

pc: T. Hoke, Deputy County Executive for Human Services  
Human Services Department Heads

Edwin L. Crawford County Office Building / P.O. Box 1766 / Binghamton, New York 13902  
(607) 778-2109 Fax (607) 778-2044

## Introduction

Broome County is located in the Southern Tier of New York State with a population of slightly over 200,000 people. There are approximately 56,000 children age 0 - 18 in the County. Once a thriving manufacturing and defense industry community, Broome County was hit hard by the latest economic recession and the end of the Cold War. The county has lost some 12,000 well-paying manufacturing and industrial jobs within the past decade. While the economy is improving, job growth is in the lower wage areas of retail and service sector jobs.

The county has a central urban/sub-urban core comprised of the Binghamton, Johnson City, Vestal and Endicott areas, surrounded by traditional rural villages and towns. Most jobs, services, health care and educational facilities are located in the central urban/sub-urban area.

Within the County there are two major medical facilities, a large state university, a community college and a state psychiatric facility.

The governance structure for Broome County is Executive style in that the County Executive is elected separately from our 19 Legislators. There are three Deputy County Executives approved by the County Executive and confirmed by the legislature. One of the Deputy County Executives is responsible for all of the County's Health and Human Service Agencies.

There are some 36 separate Departments in the County where department heads are appointed by the County Executive and confirmed by the Legislature.

The departments that fall under the auspices of the Deputy County Executive for Health and Human Services are:

- Department of Social Services
- Department of Health
- Mental Health Department
- Youth Bureau
- Office for Aging
- Community Alternative Systems Agency
- Willow Point Nursing Home
- Chemical Dependency Services Unit
- Veterans Services
- Office of Employment & Training

Each of these departments is responsible for developing its own separate budget each year, which then becomes part of the County's overall budget. Traditionally, each budget contains funding for both direct services provided by staff of that department and purchased or contracted

services from private and not-for-profit agencies within the community. In addition, most departments operate grants that provide for additional staff and funding outside the normal budget process. The combined budget for all these departments is \$147,369,546 and includes a total of 1284 full and part time staff.

Historically, we have considered ourselves a socially responsible and innovative community. We have sought grants, created new programs, and adjusted our budgets to meet the most recent problems that have confronted our community and the health and safety of our most vulnerable populations.

To that end, Broome County currently has in place the following programs, groups and services:

- Children & Youth Services Council
- Child Abuse Prevention & Education Council
- CCSI Program
- PINS/JD Diversion
- Child Advocacy Center
- Sexual Abuse & Treatment Project
- Adolescent Preventive Services Program
- Mental Health Juvenile Justice
- Broome Community Partners
- The Adolescent Community Services Coalition
- Therapeutic After School Program
- Intensive Case Management for Youth & Adults
- Gateway Drop in Center
- Adolescence Crisis Residence
- Child Development Council
- Juvenile Intensive Supervision Program
- United Way
- Early Intervention Service
- Mothers & Infants Perinatal Network
- Non Secure Detention
- RTF for Youth
- Triad (Elder Victimization)
- Home Program for Assessment of Frail Elderly

While this list is not all-inclusive, it does indicate the breadth and scope of concerns for families and children in our county. We consider ourselves rich in services. Yet within this vast array of the "Health & Human Services Industrial Complex", there is a sense that our efforts and resources are fragmented, duplicative and exclusionary. Many of us sit on several of the same committees in our community and seem to talk about the same issues over and over again in different forums. However, in spite of our desire to coordinate and collaborate, we end up feeling we are not quite getting to the right place.

This phenomenon is due to a large extent to the legislative, planning, and funding process employed by New York State. Legislation creating mandated programs, plans and levels of reimbursement have forced counties to follow prescribed formats aimed at specific target populations and delivering specific services In order to comply with regulations and capture adequate funding. The result has been the establishment of an entrenched system of service delivery where results are more often than not compliance with regulation rather than improvement in the lives of the consumers. (See chart--existing planning process.)

A culture has been created in which things are done to and for people and not with people. Programs and services have been created to address problems and deficits. This has resulted in a large and complex service delivery system which segments people's lives into small parts, each part requiring a different agency or program to deal with it, as a consequence, clients are passed serially from program to program with little carryover from where they were to where they are going. Artificial barriers have been created around eligibility for services and narrow constrictive definitions have evolved over time. Often times cases will end up with a half dozen providers all trying to accomplish something different and frequently at cross purposes. At other times, cases just fall through the gaps that have been created by artificially established program boundaries.

Broome County is actively seeking to stop this way of doing business. As one end line consumer stated at one of our public hearings (required for a plan), "just give me one person who will help me." Our goal is to create a seamless system of services that focuses on a set of results established as necessary and desirable by our community.

We believe we have made a good start on moving in this direction particularly in our CCSI program and the Broome Community Partners Program. The Broome Community Partners Program is a \$225,000 grant awarded by the National Community Care Network to enhance health care for children from ages 0-3. This was a highly competitive grant with only 25 awards being made nationally. Broome County's award was the only one granted in New York State.

Both the CCSI and Community Partners programs demonstrate our county's ability, will and commitment to change the business as usual approach to planning, funding and service delivery. Both programs use a collaborative, broad-based community structure that focuses on desirable outcomes. In the case of CCSI, the results are reduction in out-of-home placements. For Broome Partners program, the results are in improved health care for very young children.

Based on our success with the CCSI and Broome Partners approach, Broome County would use the three tier approach to planning and service provision as defined below.

Tier I - Consumers, youth, parents, and front line staff from county and community agencies including schools.

Tier II - Supervisors, Program Directors and Administrators from county and provider agencies

who have the ability to influence and direct the actual provision of programs and services. In addition, we would draw in appropriate town and village officials that run a variety of recreational programs.

Tier III - The Deputy County Executive and the Department Heads for the Youth Bureau, Health, Mental Health, Social Services, Probation and Employment & Training Departments. Also included would be representatives from the United Way, The Hoyt Foundation and Broome Community Partners. These are the people who have the ability to make policy decisions and allocate resources.

### Vision

Broome County's vision is to develop a service delivery system that changes agency and provider behavior, builds on community and individual strengths and relies on standards, best practices, and outcomes that are valid and measurable. We seek to accomplish this by creating a more streamlined and understandable planning process that guides us in allocating and managing our resources. (See chart-proposed planning process.)

To accomplish this vision, we will develop our plan in several phases over the next 5 years.

### Phase I (1998)

Phase I will be done by Tier III, members of their staff and consultants hired by this grant.

- Identify and review all plans currently in place.
- Identify and analyze all county resources including Medicaid expenditures.
- Identify and catalogue all committees, boards, teams, planning groups and task forces.
- Identify all individuals involved in the above.
- Inventory all current caseloads, services and funding.
- Identify and contract with a Computer Consultant to develop an Information Management System to put Phase I activities in a shared, common database.

### Phase II (1999)

- Assemble a Tier II Team from the community.
- Assemble a Tier I team from the community.
- Begin a culture re-orientation on planning for decision makers in the County and community.
- Conduct a needs assessment.
- Conduct research on standards, best practice models, outcomes and performance that are

validated and measurable.

- Develop and commit to 5 - 10 desirable and measurable outcomes for all county agencies and community providers who contract with the County.
- Develop a computer-based tracking system for the identified outcomes.

#### Phase III (2000)

- Provide training and education on outcomes and philosophy.
- Assess barriers to collaboration and integration (e.g. confidentiality)
- Make recommendations to State for legislative and regulatory changes and request any appropriate waivers.
- Promote community awareness.
- Begin to re-allocate existing resources to line up with outcomes.
- Begin to deliver services to identified outcomes.
- Start Tracking Outcomes.

#### Phase IV (2001)

- Compile outcomes and measurements.
- Evaluate and revise outcomes.
- Refine measurements and tracking.
- Re-allocate resources based on results.
- Continue to provide training and orientation.

#### Phase V (2002)

- Analyze results for outcomes.
- Review measurements and tracking.
- Allocate resources based on outcomes and results.
- Continue to promote community awareness.
- Continue education and training.

## RFP QUESTIONS

1. This initiative will benefit our county in the following ways:

- We will identify all of the current plans that are now required.
- We will identify what is currently required by all plans.
- We will identify all of the services currently being provided.
- We will identify the number of cases currently being served.
- We will identify the number of programs and services currently being provided.
- We will identify the staff and financial resources currently being allocated.
- We will identify the non-county agencies who receive funds and provide contracted out services.
- We will identify the agencies and individuals involved in all current planning and coordination efforts.
- We will be able to identify key consumers and stakeholders who are not represented in the current planning process.
- We will be able to identify overlapping, duplicative and similar programs.
- Identifying membership for Tier II Team.

What will improve is our ability to allocate staffing and financial resources within the context of a range of community decided outcomes that promote growth and development rather than providing services to problems.

2. Our process through 12/98 will involve the formal creation of our Tier III Team to review and analyze all existing plans

Tier III will undertake the following activities:

- Collection & Review of all current required plans.
- Cataloging of all current staff allocated by County Agencies.
- Identification of all purchase of service programs.
- Identify all providers and subcontractors.
- Review of all current goals and objectives.
- Contracting with a computer consultant to recommend required hardware and software to collect and analyze the above information.

This will be different in that all current plans are developed and submitted separately with little or no regard for other plans. There is no current relationship among the County agencies around planning or service provision or even target populations.

3. Key ICP concepts for 12/31/98 are:

#1 Locally Controlled Interagency Planning Process Coordination

Key ICP concepts for 12/31/99 are:

#2 Stakeholder Involvement

#4 Community Asset Building

#6 Family Centered

4. This process will become the base of all other County controlled plans. All other plans must build on this plan and use it to develop their plan. The Deputy County Executive will assure inclusion of this approach in his review of plans prior to County Executive signature.
5. The key members on the County planning team are listed below. Each individual listed plays a pivotal role in planning, service provision and resource allocation within their own agency and the County as a whole. They will meet regularly (at least monthly) to review and direct the implementation of this plan. It is expected that they will also delegate some of the work to be done to members of their staff.

KEY MEMBERS:

Thomas P. Hoke, CSW, Deputy County Executive for Health & Human Services

Pat Snieska, Director of Broome County Health Department

Ernest Gagnon, Director, Broome County Mental Health Department

Robert Houser, Commissioner, Broome County Department of Social Services

Ann VanSavage, Director, Broome County Youth Bureau

David Nemeč, Deputy Director, Broome County Probation

Dave Harnan, Deputy Director, Broome County Office of Employment & Training

Elizabeth Hickey, Deputy Commissioner, Broome County Social Services

John Spencer, Executive Director, Broome County United Way

Judy Peckham, Executive Director, Hoyt Foundation

Mary Haust, Project Coordinator, Broome Community Partners

6. Broome County's budget plan revolves around two primary concepts. The first is the development of a computerized information system that will enable us to collect and analyze the data referred to in our proposal. We envision that we would use a server and then connect to it through PC's to the county and community agencies. During the first year, we would build the basic highway for our information exchange and tracking

system. Since the County Department of Information Technology does not have the resources to do this, we would be employing the services of an outside consultant.

The second premise of our budget is that we will need to do a great amount of community education on team building collaboration and outcome measurements. In addition, we would need to promote awareness and orient the community towards our new planning process. Again, we would employ the services of trainers and consultants. Our basic budgets for the first two years are outlined below.

1998 BUDGET

Computer Hardware	\$39,000
Computer Software	7,000
Computer Consultant	20,000
ICP Meetings for 5 people	4,000
Office Supplies	1,000
Parent/Youth Stipends	2,000
<u>Training Consultants</u>	<u>2,000</u>
TOTAL	\$75,000

1999 BUDGET

ICP Meetings for 5 people	\$4,000
Office Supplies	51000
Parent/Youth Stipends	4,000
Training/Education - Consultants	10,000
Training Conferences	5,000
Computer Hardware/Software	12,000
<u>Computer Consultants</u>	<u>35,000</u>
TOTAL	\$75,000

7. The County will contribute membership on Tier III for the entire length of the project. DSS will contribute a percentage of time of its Staff Development Director and its Planner. Other county agencies will provide the services of members of their staff as needed to further the purpose of our project. Office space for consultants will be provided by County Agencies.
  
8. This project will be evaluated by whether or not we can produce the following results:
  - Can we develop 5 - 10 desirable outcomes for children and families in our community?
  - Can we measure and track our results?

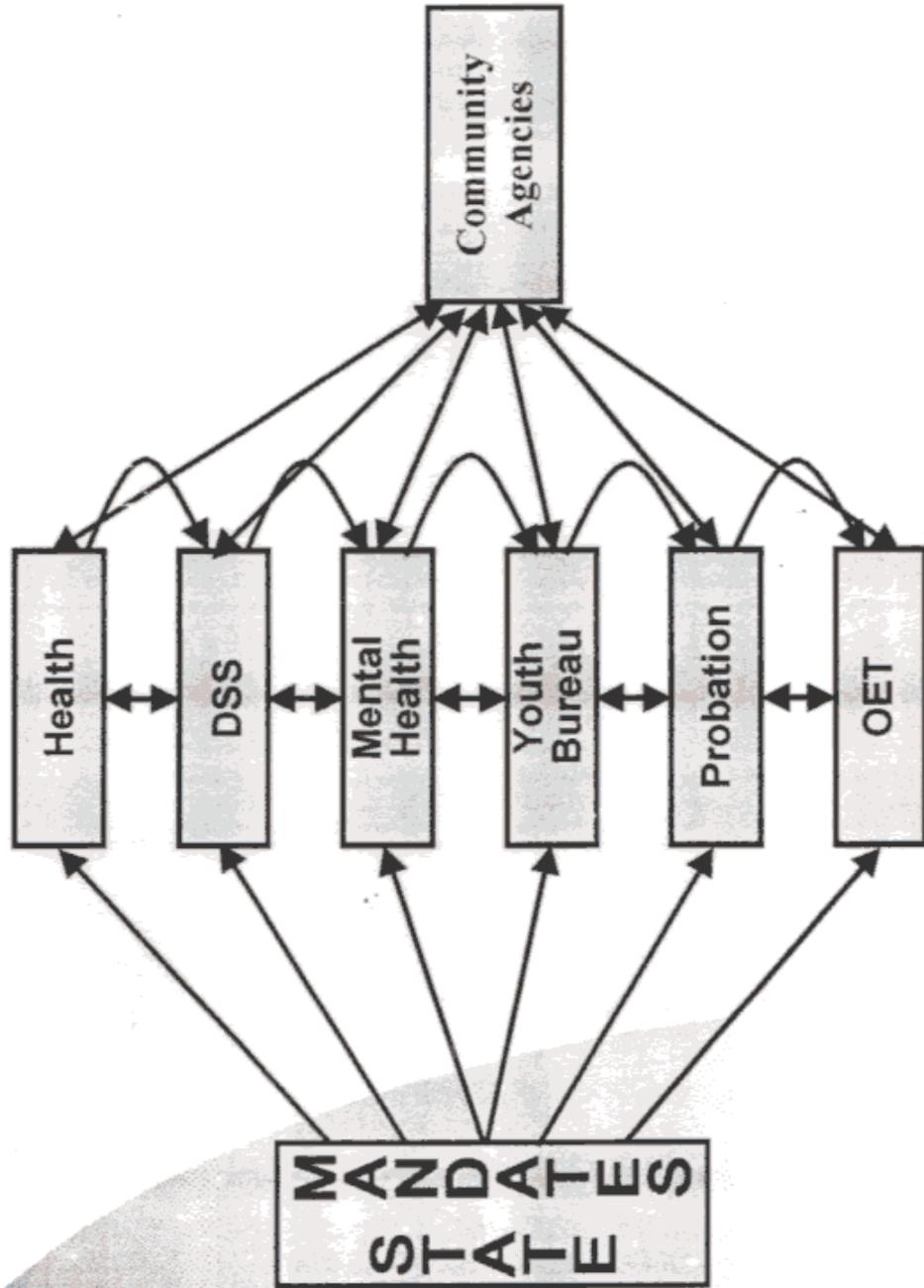
- Can we re-allocate our resources based on outcomes and results?
- Can we develop a Core Planning Process?
- Can we recommend to the State legislative and regulatory changes and the need for waivers?

### Summary

We believe that our proposal has several strengths. First, if you define vision as, “a sense of where you have been and where you want to be”, Broome County is very dear about this. Second, we want to do this because it is the right thing to do. Our Tier III Team is comprised of highly dedicated, skilled, knowledgeable individuals who have a tremendous amount of experience in planning and service delivery. To a person we are committed to this concept and have the relationships necessary to implement change. Third, our County is the right size for a project of this scope. We are big enough to have a wide range of programs, but not so small that we lack resources. Finally, we already have a governance structure in place to make this work.

# Service Delivery System

Existing Planning Process:



# Service Delivery System

## Proposed Planning Process:

