

Proposal for:
RFGA#: JFSR1617018115
Healthier Buckeye Grant Pilot Program
Ohio Department of Job and Family Services (ODJFS)

PRIORITY #1

Submitted by:
Lucas County Healthier Buckeye Council

Applicant:
Lucas County Healthier Buckeye Council - Impact Coalition

Fiscal Agent:
Board of Lucas County Commissioners

Lead Collaborator:
Lucas County Department of Planning and Development

Key Health Partner:
The Hospital Council of Northwest Ohio's Pathways HUB

May 2, 2016

TAB 2

Applicant Qualifications

TAB 2. SUB-TAB 2a. Mandatory Applicant Qualifications (Section 3.1)

A. Copy of the resolution instating the local healthier buckeye council, as established under section 355.02 of the Revised Code.

The Impact Coalition was designated as Lucas County's Healthier Buckeye Council (LCHBC) by a resolution from the Board of Lucas County Commissioners on March 8, 2016. The resolution is attached at the back of TAB 2.

B. Signed Memorandum(s) of understanding (MOU) between the applicant and all collaborators, including but not limited to community nonprofit organizations, faith-based organizations, the business community, and physical and medical health groups.

Anne Grady Corporation
Hospital Council of Northwest Ohio Northwest Ohio Pathways HUB
Josina Lott Residential & Community Services
Lucas County Board of Developmental Disabilities
Lucas County Department of Planning and Development
Lucas County Family Council
Mental Health and Recovery Services Board
MultiFaith Council of Northwest Ohio
Ohio Alliance of of Direct Support Professionals
Ohio Provider Resources Association
Pathway
Sunshine Communities
Toledo LISC
Toledo Financial Opportunity Network
Toledo Metro Federal Credit Union
YMCA of Greater Toledo

C. Lead collaborator for proposal

Lucas County Department of Planning and Development
1301 Monroe Street, Toledo, OH 43604

TAB 2. SUB-TAB 2b. Organizational Experience and Capabilities (Section 3.2)

Applicant: Lucas County Healthier Buckeye Council/Impact Coalition

A. Description of organization/background info and prior experience

The Impact Coalition was designated as The Lucas County Healthier Buckeye Council (LCHBC) on March 8, 2016 by the Lucas County Board of Commissioners through Resolution 16-181. Its mission is to engage and equip people and sectors of our community in building sustainable resources that create stability for all. Its vision is to be a thriving, resilient and mutually responsible community.

LCHBC is dedicated to reducing the social costs of poverty, strengthening Greater Toledo's workforce, and building a more prosperous and sustainable community. The LCHBC Steering Committee directs the LCHBC and is an active body of sector leaders collaborating through bi-monthly and standing sub-committee meetings to build a collective impact model that embeds self-sufficiency practices and expands sector engagement across Lucas County. The meetings encourage employers, community organizations and social service agencies to work together to implement change both within organizations and throughout the community to address poverty and increase self-sufficiency. Member organization gain access to valuable trainings to prevent and alleviate poverty as we work collaboratively to move the needle on poverty. The Steering Committee is dedicated to improving job retention rates, building resources, strengthening outcomes, and supporting those who are transitioning out of poverty.

What is now called the Lucas County Healthier Buckeye Council (LCHBC) has been functioning since 2010 (most recently under the name "Impact Coalition"). LCHBC has provided Bridges Out of Poverty (BOP) trainings for partner organizations, and Getting Ahead (GA) trainings for people in poverty. As a result of the efforts of the LCHBC, over 750 people from 100 organizations have received BOP training since July of 2013. In the past six years, 95 under-resourced individuals have graduated from Getting Ahead classes. The Lucas County Commissioners recently approved an agreement with aha! Process to make LCFC a Local Authorized Consultant (LAC). This enables LCFC to charge for BOP/GA trainings, which increases training capacity and establishes expert status to monitor program fidelity. BOP trainings are embedded in the 5-year, \$15,000,000 Health Profession Opportunity Grant awarded to the Zepf Center in October of 2015.

Role and Function. As per Resolution 16-181, as passed by the Board of Lucas County Commissioners, the LCHBC's specific role and function is to convene partners from key sectors of the community to work more effectively to help persons in poverty move toward greater self-sufficiency through improved cross-organizational and cross-sector communication, coordination, and collaboration. For this specific project the LCHBC will, through its Fiscal Agent, the Board of Lucas County Commissioners, enter into agreements with the Lead Collaborator and other organizations as determined necessary to ensure the execution of the proposed plan. Additionally, the LCHBC would provide grants administration, training and technical assistance through LCHBC staff employed by the Lucas County Family and Children First Council. These staff will also administer the Charity Tracker Information System - including administering access rights. The LCHBC shall exercise oversight and community problem-solving to measure and monitor progress and address issues related to policy and administrative rules that present significant system-level barriers to project success.

B. Samples of successful experience in providing services/coordinating services leading to self sufficiency

The Lucas County Healthier Buckeye Council pioneered the use of Employer Sponsored Small Dollar Loans (ESSDL) in Lucas County starting in December of 2015. Led by an ad hoc committee, members from the Lucas County Family Council, United Way of Greater Toledo, and Local Initiatives Support Council worked to

create a pilot program in Lucas County to provide an alternative to predatory lending for working people who struggle with poor credit. As of August 30, 2015, six credit unions provided \$235,799 in Employer Sponsored Small Dollar Loans (ESSDL) to 216 employees who might otherwise have used predatory lenders.

C. Samples of effective program evaluation

The LCHBC enlisted the help of the Filene Research Institute to track the data on the ESSDL project. Filene provides independent research and analysis to explore issues vital to the future of credit unions and consumer finance. <https://filene.org/impact/incubator-project/employer-sponsored-small-dollar-loans> “During the 14-month incubator-reporting period (with the exception of the originating credit union who reported data for twenty months), the program resulted in 13 credit unions that partnered with 48 employers generating 1,042 loans with over \$1.2M in loan volume and over \$42K in savings balances. The average loan per borrower was \$1,173 and the average savings was \$152. Also, the average age of the borrowers was 39 years old with an average income of \$36,474 and an average credit score of 554.”¹

In April 2016, and as a result of the work of the LCHBC, the Filene Research Institute began two more years of research and development of the ESSDL. In partnership with the Financial Industry Regulatory Authority (FINRA) Investor Education Foundation, Filene Research Institute, and the six Lucas County credit unions launched a two-year research project to assess the long-term impact of an ESSDL product designed to help employees avoid the high cost of payday lenders, establish or repair credit, and begin to save.

In conjunction with this ongoing research, the parties are working to create a feasibility study and an implementation guide to help financial institutions launch and evaluate the ESSDL product and to help nonprofit organizations partner with their local financial institution to offer the loan as part of a community-based financial stability program. The FINRA Investor Education Foundation supports innovative and educational projects that give underserved Americans the knowledge, skills and tools necessary for financial success throughout life.

Lead Collaborator: Lucas County Department of Planning and Development

A. Description of organization/background info and prior experience

The Lucas County Department of Planning and Development (LCDPD) is uniquely equipped act as the Lead Collaborator in this Healthier Buckeye Grant Pilot Program (HBGPP) grant proposal submitted by the Lucas County Healthier Buckeye Council. LCDPD has the capacity to perform the required duties and meet the expected self-sufficiency outcomes outlined by the Impact Coalition of NW Ohio on the Employee Retention Project.

The Lucas County Department of Planning and Development (LCDPD) brings together workforce, educational, and business partners at OhioMeansJobs-Lucas County to align the skill-sets of local workers with the needs of area employers to enhance opportunities for job-seekers to identify, prepare for, obtain, and maintain quality employment and self-sufficiency. LCDPD offers area employers recruitment and training assistance so they may attract and retain the highly-skilled workforce that will facilitate the growth of their businesses needed to strengthen the local economy. Historically, workforce development and economic development in Lucas County operated independently. In 2014, to build upon the successes of economic development and workforce development in the County, the Lucas County Board of Commissioners integrated both functions into the LCDPD to adapt to rapid changes in the economy and labor markets.

¹ Filene Research Institute - Accessible Financial Services Incubator Report 2016

Comprised of 19 staff under the direction of the Lucas County Commissioners, LCDPD serves both Lucas County residents and enterprises by bringing workforce, educational, and business partners together at OhioMeansJobs-Lucas County. Partners include the One-Stop operator, NetWORK, the Ohio Department of Job and Family Services, the Lucas Metropolitan Housing Authority, and several area educational partners including Owens Community College and the University of Toledo. These partnerships are leveraged to successfully align the skill-sets of local workers with the needs of area businesses.

The OhioMeansJobs Lucas County One-Stop resource room is fully furnished with computers equipped with Microsoft Office and other software designed specifically for job-seekers to develop resumes and cover letters, and learn essential computer skills. Individuals may print quality versions of their resume and other documents free of charge. OhioMeansJobs-Lucas County also provides several regularly scheduled workshops on topics such as basic computer skills, job search skills, resume and cover letter development, job interview skills, and career exploration. To promote self-sufficiency among low-income Lucas County residents, LCDPD administers a number of programs designed to help them to develop and refresh essential workplace skills that will boost their employability and demonstrate to employers that they are prepared to perform the tasks required on the job. LCDPD has partnered with ACT, Inc. to initiate WorkReady Lucas County. Through this program, individuals can earn the ACT National Career Readiness Certificate (NCRC), a tool through which they can demonstrate they have a command of essential workplace skills such as reading, locating information, and applied math. Through the development of the basic essential skills employers require, individuals holding a NCRC are more competitive in the modern labor market.

LCDPD offers additional training resources to low income individuals committed to sharpening particular workplace skills to enhance their employability. For individuals pledged to in-demand occupations, LCDPD employs Workforce Innovation and Opportunity Act (WIOA) funds for Individual Training Agreements (ITA). ITAs must lead to a credential and to employment in the field of training and completed within two years. For individuals already hired, Lucas County can offset a portion of the new employees' training costs through "On-the-Job Training" which offers employers reimbursement of up to 50 percent of the wages paid to new hires during training.

Working together with both employers and potential employees through administration of these proven interventions, LCDPD competently provides services to low-income Lucas County residents motivated to reduce their reliance on public assistance and climb out of poverty, strengthening our community.

Role and Function. As the Lead Collaborator, LCDPD will perform the following as described in the project narrative:

- Lead the planning and development of the Employer Resource Network (ERN)
- Convene employer roundtables to inform the development of the ERN
- Dedicate staff to accomplish the planning and development of the ERN
- Collaborate with the ERN to coordinate and leverage LCDPD workforce programs and services for the DD employees and employers, such as On-the-Job Training
- Work in coordination with the Lucas County Healthier Buckeye Council to accomplish the defined goals of this project.

B. Samples of successful experience in providing services/coordinating services leading to self sufficiency

On-the-Job Training (OJT): LCDPD can provide assistance to low income residents of Lucas County once they have secured employment through the On-the-Job-Training Agreement (OJT) program with the employer. This program successfully serves the needs of both low income individuals and area employers in need of a skilled and trained workforce to grow their businesses or to meet organizational objectives. Whether

due to a lack of skills or other barriers to success, the classroom environment is not suited to every adult seeking self-sufficiency. For individuals who learn best on-the-job, the OJT program is a solution that will best fit their needs.

On-the-Job Training contracts facilitate self-sufficiency for Lucas County adults by providing an incentive to employers paying a livable wage and willing to hire an inexperienced worker through an offset of up to fifty percent (50%) of the cost of training new hires. OJT contracts are available to individuals who secure employment with participating employers paying no less than \$12.00 per hour and are working no fewer than 32 hours during the course of a week. Once hired by an On-the Job Training Program participating employer, individuals will be paid and trained by the employer and LCDPD will provide the up-to fifty percent reimbursement to OJT participating employers during the initial training period. The training period for most OJT contracts has a duration of an average of eight weeks. Once the training period has concluded, the employer retains all workers who successfully complete the training.

The On-the-Job Training Agreement program, as administered by LCDPD, has successfully provided supports to low income individuals working toward self-sufficiency living in Lucas County with an employer retention rate of over eighty percent (80%). At present, LCDPD has developed OJT agreements with three (3) employers for Program Year 2015, which ends on June 30, 2016. Through these agreements, twelve (12) job seekers to date have been assisted with the OJT service. Ten remain employed. For those employed having utilized OJT funds, the full-time hourly wage average exceeds the \$12.00 benchmark with an average wage of \$14.36 per hour.

The Individual Training Agreement (ITA): LCDPD administers its Individual Training Agreement (ITA) program to provide supports through which low income and underemployed Lucas County residents can maintain self-sufficiency. Low income and documented Dislocated Workers can enter into a contract with the department for issuance of grant funding they can use to attend training in high-demand occupations at local State of Ohio approved eligible training providers. ITA funds may be used for classroom training that will lead to a credential that demonstrates job-ready skills to employers. Only in-demand occupations are eligible for LCDPD issued training contracts.

Eligible occupations must be those that lead to a self-sufficient wage as guided by US-Department of Labor (DOL) wage performance targets. LCDPD has set the current minimum required wage target at \$35,000 per year. Examples of such occupations include those that lead to a licensed practical nurse (LPN) or commercial driver's license (CDL) credential. ITA funds may also be used to pay for educational programs training for mechanics, social workers, computer support specialists, dental hygienists, teachers, and carpenters. All training funded through an ITA is required to result in an industry-accepted credential and/or license and must prepare the job-seeker for immediate employment in the field of training. LCDPD currently has a two year (twenty-four month) time limit for ITA contracts, with an average contract lasting 12 months.

LCDPD has had notable success with the Individual Training Agreement program. For the current 2015 program year, LCDPD exceeds the US-DOL six-month wage targets. The federal Program Year 2015 six-month average wage target for the adult population is \$15,800 or equivalent to \$31,600 annually. LCDPD's current six-month Average Earnings for the Adult population is \$19,738 or equivalent to \$39,476 annually. As of April 25, 2016, LCDPD has assisted 155 Adults and documented Dislocated Workers so far this program year with training funding through the ITA service. The program year ends June 30, 2016.

C. Samples of effective program evaluation

LCDPD enters and maintains training participant records in the state mandated Ohio Workforce Case Management System (OWCMS). LCDPD tracks participant progress and Federal program performance targets

through OWCMS. These targets include a) Entered Employment; b) Employment Retention and c) Average Earnings. LCDPD must meet or exceed not less than eighty percent (80%) each of these performance standards each program year. Below are three tables, one for each of the last three program years (the current program year is 2015). LCDPD has exceeded federal expectations for each of these measures for each of the past three years.

2014 Measure	Success	# Participants	Success Rate	Standard	Meet/Exceed
Entered Employment	92	98	93.9%	79.0%	Exceed
Retention Rate	172	180	95.6%	89.0%	Exceed
Average Earnings	\$3,868,665	159	\$24,331	\$15,800	Exceed

2013 Measure	Success	# Participants	Success Rate	Standard	Meet/Exceed
Entered Employment	89	98	90.8%	61.6%	Exceed
Retention Rate	73	77	94.8%	70.4%	Exceed
Adult Average Earnings	\$956,757	53	\$18,052	\$12,640	Exceed

2012 Measure	Success	Total Participants	Success Rate	Standard	Meet/Exceed
Entered Employment	45	49	91.8%	72.0%	Exceed
Retention Rate	80	87	92.0%	87.0%	Exceed
Adult Average Earnings	\$851,201	49	\$17,371	\$15,500	Exceed

Key Health Partner: Hospital Council of Northwest Ohio

A. Description of organization/background info and prior experience

The Hospital Council of Northwest Ohio is a 501 (c) (3) that represents and advocates on behalf of its member hospitals and health systems and provides collaborative opportunities to enhance the health status of the citizens of Northwest Ohio. HCNO is a respected neutral forum with a track record of addressing health issues and health disparities collaboratively throughout Lucas County and northwest Ohio. Initiatives include: Healthy Lucas County, Toledo/Lucas County CareNet, county-wide health assessments; strategic planning; disaster preparedness planning; Northwest Ohio Regional Trauma Registry; Healthcare Heroes Recognition Program, and the Northwest Ohio Pathways HUB.

HCNO's HUB is a regional clinical-community linkages system that in 2014 received national certification in the Pathways Community HUB model recognized by the Agency for Healthcare Research and Quality. The HUB model is a strategy to identify and address risk factors at the level of the individual and also

impact population health through data collected. As individuals are identified, they receive a comprehensive risk assessment, and each risk factor is translated into a Pathway. Pathways are tracked through completion, and this comprehensive approach and heightened level of accountability leads to improved outcomes and reduced costs. The most important functions of the Pathways Community HUB are to: 1) Centrally track the progress of individual clients (to avoid duplication of services and identify and address barriers and problems on a real-time basis); 2) Monitor the performance of individual workers; 3) Improve the health and quality of life of underserved and vulnerable populations; and 4) Evaluate overall organizational performance (to support appropriate payments, promote ongoing quality improvement, and help in securing additional funding). Community-based care coordination through the Pathways Community HUB model has a critical role in ensuring that individuals at risk connect to the evidence-based interventions and services that will improve their health and social outcomes and lead to self-sufficiency. The current siloed and fragmented approaches to care coordination that exist in communities often result in duplication of services, ineffective interventions and uncoordinated care. The Pathways Community HUB model provides centralized processes, systems and resources to allow accountable tracking of those being served and a method to tie payments to outcomes. It also provides system level feedback for policy makers so that services can be coordinated to result in the desired outcomes.

Role and Function: The Hospital Council of Northwest Ohio (HCNO) is a key health partner of the LCHBC to improve health and self-sufficiency among the county's low income priority population by developing the Community Health Worker workforce that will help the priority population resolve barriers to health and self-sufficiency through enrollment in the Northwest Ohio Pathways HUB. HCNO will partner with the Lead Collaborator to provide CHWs to the Employers to assist the DD Employees to determine risk factors and barriers to health, job retention, and self-sufficiency. The CHW will then enroll individuals in Pathways and assist them in addressing their barriers through confirmed connections to health and social services. The Lucas County Healthier Buckeye Council will strengthen existing clinical-community linkages by maintaining CHW positions and increasing community health worker staff to full time while contracts with Medicaid Managed Care Organizations are being developed to sustain the model.

B. Samples of successful experience in providing services leading to self sufficiency

The Northwest Ohio Pathways HUB (HUB) got its start in 2006 as a collaborative approach to addressing Lucas County's high rate of low birth weight babies, especially among African American women, by focusing on the social determinants of health. The HUB coordinates and provides regular training sessions for community service navigators – including certified community health workers and other care coordinators – employed at sites throughout Lucas County who find and connect at-risk, low-income residents to needed medical care and social services. The HUB also tracks and reports outcomes using a web-based system utilized by community service navigators, ensuring the timely provision of appropriate, high-quality, cost-effective, evidence-based services while reducing duplication of services. The HUB utilizes a “pay for performance” model, with contracted clinical and community partners employing community service navigators receiving payments when specific, measurable outcomes are achieved. The HUB has such a strong record for reducing health disparities among pregnant women that Medicaid Managed Care Plans started paying for improved outcomes in 2010; HCNO tracks outcomes and reports data to these plans.

In mid-2015, using Centers for Disease Control and Prevention (CDC) Partnerships to Improve Community Health (PICH) funding, the HUB expanded the clinical-community linkages system to address chronic diseases among low-income adults in Lucas County. The CDC requires monthly progress reports and quality improvement from HCNO and partners, and it identified implementing the HUB for chronic disease

prevention and management as an innovative practice and is an evaluation collaborator. The HUB is expanding again in mid-2016 to address psychological and other needs of human-trafficking victims, another large and vulnerable population in Lucas County.

Since August 2014, the HUB and educational partners, including the University of Toledo, have utilized Ohio Medicaid funding to train 88 local people to become certified as community health workers by the Ohio Board of Nursing. As of March 2016, the HUB is coordinating 33 community service navigators at 14 clinical and community organization sites in Lucas County that are focused on outcome-oriented care coordination for pregnant woman and adults with or at risk for chronic diseases.

C. Samples of effective program evaluation

The Pathways HUB Model provides program evaluation metrics: Enrollment, demographics, risk factors, and barriers of enrolled clients as well as successful resolution of the barriers and achievement of health and social service goals. For the Northwest Ohio Pathways HUB, connecting residents to needed medical care and social services is making a difference among Lucas County's newborns, with African American HUB clients enrolled at least 90 days having a low birth weight rate of 8.2%; compared to the county's rate which was 14.7% for African American women overall, according to the Ohio Department of Health (ODH).² Being born full term at a healthy birth weight is the first step toward self-sufficiency.

Information not requested in 3.2 but requested in 6.2 A. 1 b. (pg. 17 of RFGA)

Organizations that are collaborating on the project and receiving funding include: Lucas County Department of Planning and Development, Lucas County Family Council/Lucas County Healthier Buckeye Council, and Hospital Council of Northwest Ohio as outlined in the other sections of this proposal. In addition the following organizations will receive funding for the role outlined:

Disruptive Innovations for Social Change, L3C (DISC). Disruptive Innovations for Social Change, L3C (DISC) will provide technical assistance for the development and implementation of an Employer's Resource Network (ERN) for DD employers. The ERN model was developed with the purpose of helping people move out of poverty and stabilize into jobs that pay a living wage. It resulted in an "Employer of Choice" movement that promotes retention and engagement of employees, as well as attraction of new talent. Implementing the ERN model will help facilitate workforce and economic stability for people, businesses, and the community in which they operate. DISC will consult with key stakeholders in Lucas County, Ohio to:

- Provide presentations and case studies to key stakeholders to explore the fit of an Employer Resource Network for DD employers in Lucas County, Ohio
- Provide technical assistance to the Grantee to launch an ERN,
- Provide tools and resources and utilizing best practices learned from other ERNs in nationally to help avoid pitfalls and serve the needs of all sectors represented.

Toledo Local Initiatives Support Corporation (LISC) will support LCHBC to build capacity by providing technical assistance consultation to establish a strategic framework for overall organizational development. As a result, LCHBC will establish the most effective approach to accomplishing goals and further sustainability of the coalition. LISC will conduct an organizational assessment and complete development

² Ohio Department of Health. 2014 Infant Mortality Data.

planning, including initial assessment and recommendations, resulting in a written organizational development plan. The implementation of the organizational development will achieve the following:

- Effective steering committee and working committee governance;
- Clear delineation and coordination of steering committee, working committee, and sector partner roles;
- Structures and processes to guide the steering committee, working committees, and sector partners toward achieving the goals and objectives of the coalition;
- Enhanced credibility and image among stakeholders; and more proactive direction-setting, decision-making and problem-solving.

aha! Process, Inc. will provide training of trainer certifications in Bridges Out of Poverty and Getting Ahead in a Just-Gettin'-By World. They will also provide books and training materials.

Lucas County Family Council/Lucas County Healthier Buckeye Council will provide Bridges Out of Poverty training, Getting Ahead in the Workplace trainings and consultation and technical support for program implementation.

Organizations that are collaborating on the project that are not receiving funding include:

Lucas County Board of Developmental Disabilities is taking local leadership to support the DD employers in this project. They are providing staff support and guidance to the employers.

Eight DD employers have chosen to participate in the ERN as a part of this pilot project: Anne Grady Corporation, Bittersweet, Inc., Champaign Residential Services, Inc., Community Residential Services, Epilepsy Center of Northwest Ohio, Josina Lott Residential & Community Services, Sunshine Communities, and Triad Residential.

YMCA of Greater Toledo is organizing its membership and affiliated faith partners to support DD employees to increasing their resources and further the development of their life plans.

Pathways is providing pre-employment training to under-resourced and unemployed individuals, screening potential recruits for DSP positions, and organizing recruitment sessions for DSP candidates.

Financial Opportunity Centers are providing Financial Education and Coaching, Employment Coaching and Services, Income Supports Services, Counseling & Tax prep services, and Client Outcome Tracking.

TAB 2. SUB-TAB 2c. Applicant Experience and Capabilities (Section 3.3)

Applicant: Lucas County Healthier Buckeye Council

The lead staff person for the Lucas County Healthier Buckeye Council is Stephen MacDonald. Stephen is Bridges Out of Poverty Coordinator for the Lucas County Family and Children First Council. Stephen is the chair of the Lucas County Healthier Buckeye Council. He has worked with cross-sector teams to apply Bridges Out of Poverty concepts in the community for more than ten years. Stephen is a certified Bridges Out of Poverty trainer, Getting Ahead in a Just-Gettin'-By-World facilitator, and Getting Ahead while Getting Out facilitator. Stephen has a bachelor's degree in psychology from Bowling Green State University.

Lead Collaborator: Lucas County Department of Planning and Development

A1) Program Manager: The Program Manager for the Lucas County Healthier Buckeye Council Lead Collaborator will be Michael Veh. Michael Veh is the Director of Business and Workforce Services for LCDPD. He holds a Masters of Public Administration from Bowling Green State University and Bachelor of Arts in Journalism degree from Michigan State University. Mr. Veh has twelve (12) years of experience in workforce development in Lucas County made up of ten (10) years of experience with the Lucas County Workforce Development Agency (LCWDA) and two (2) years with LCDPD upon the creation of the new department.

A2) Program Specialist: The Program Specialist for the LCHBC Lead Collaborator will be Tonia Saunders. Tonia Saunders is a Planning and Development Manager for LCDPD. She holds a Bachelor of Science degree in Business Administration from the University of Phoenix and is a Certified Workforce Development Professional (CWDP) accredited by the National Association of Workforce Development Professionals (NAWDP). Ms. Saunders has seven (7) years of workforce development experience with several organizations, including Experience Works and NetWORK, the Lucas County One-Stop Operator. Ms. Saunders joined LCDPD in November of 2015.

A3) Other key staff: The Hospital Council of Northwest Ohio (HCNO), as a key health partner of the applicant and the lead collaborator, will provide key staff that will coordinate the systems change and program implementation that will result in individuals in poverty being trained and certified as community health workers and hired as employees of health and social service agencies that contract through the HUB to provide Pathways Care Coordination to self-sufficiency. These CHWs will then provide peer support through the Pathways Community HUB Model to the DD employees to help them connect to the health and social services they need to improve their health and achieve self-sufficiency. The key HCNO staff includes: For leadership: Jan Ruma, BS, MEd, CFRE who serves as vice president of the Hospital Council of Northwest Ohio and founding Director of the Northwest Ohio Pathways HUB who will provide leadership and direction. Jan leads the HCNO population health improvement efforts. A certified fundraising executive (CFRE), Jan holds a master's degree in training and development and a bachelor's degree in business administration, both from Bowling Green State University as well as a Certificate in Nonprofit Executive Leadership from the Center on Philanthropy at Indiana University. For operations: Chris Demko, MHA, Operations Coordinator, Northwest Ohio Pathways HUB, Hospital Council of Northwest Ohio will work directly with the Lead Collaborator to make sure CHWs are assigned to the special population and effectively enrolling them in Pathways, removing barriers and achieving health and self-sufficiency outcomes. Chris will also coordinate with the LCHBC Bridges Out of Poverty support and professional development for the CHWs and their supervisors. Chris has 26 years of experience in management and holds a Master of Health Administration in Operations Management from The Ohio State University and a Bachelor of Arts in Economics Management from Ohio Wesleyan University.

B) Resumes for key staff follow this page: Stephen MacDonald, Michael Veh, Tonia Saunders, Jan Ruma, Chris Demko

Stephen W. MacDonald

QUALIFICATIONS

- Leader in innovative design, development and implementation for community based education programs.
- Leader in working with multi-organizational teams.
- Experienced workshop facilitator working with diverse groups to promote community wellbeing and improve professional development effectiveness.
- Emerge Solutions (national NFP) Board of Directors, Vice President
- Lucas County Healthier Buckeye Council - Impact Coalition, Chair
- City of Toledo Youth Commission Board Member
- *Bridges Out of Poverty* Facilitator since June 27, 2005
- *Getting Ahead in a Just Gettin'-By World* Facilitator
- *Getting Ahead while Getting Out* Facilitator

PROFESSIONAL EXPERIENCE

July 2013 – Present: Bridges Out of Poverty Coordinator, Lucas County Family Council

Major responsibilities

- Develop and cultivate relationships with community stakeholders including leaders in education, business, faith, nonprofit, philanthropic and civic sectors.
- Provide information, support and coordination for all BOP activities in the county. Support the development of systems for documenting and reporting community activities, outputs, outcomes and success indicators. Promote community adoption and adaptation of BOP concepts by encouraging innovation, sharing learning and operating in communities of practice.
- Develop, manage and monitor the operating budget and meet or exceed budget targets. Facilitate communications, public relations and marketing efforts. Prepare statistical, analytical and narrative reports regarding BOP activities.

Major accomplishments

- Facilitated BOP seminars for over 400 participants at 90 organizations.
- Increase capacity in the county by supporting certification and re-certification of 25 BOP, “Framework for Understanding Poverty”, and “Understanding and Educating Under Resourced College Students” trainers.
- Initiated the implementation of Employer Sponsored Small Dollar Loans (ESSDL) in Northwest Ohio. Six credit unions and numerous businesses are now partnering to provide ESSDL to employees as an alternative to exploitative loans such as payday and auto-title loans.

2007 – 2013: Executive Director for Youth Opportunities Program (YOP), YMCA of Greater Toledo

2002 – 2006: Associate Director, YMCA of Greater Toledo

1996 –2001: Director of Youth Programming, Leadership Toledo

EDUCATION

B.A. in Psychology

Bowling Green State University, Bowling Green, Ohio

AWARDS

Recipient of the 2001 “Leadership Toledo Award” for making a positive and lasting impact on the people of Toledo.

Recipient of the 2016 “MultiFaith Council of Northwest Ohio Heroes of Compassion Award”

Michael K. Veh, MPA

Lucas County Department of Planning & Development

Director of Business and Workforce
Services

October 2015 to Present

Manager of Special Projects

August 2014 to October 2015

Lucas County Workforce Development Agency (became Department of Planning & Development)

Workforce Development Manager

May 2007 to August 2014

Workforce Information Liaison

September 2006 to May 2007

Workforce Information Representative

February 2006 to September
2006

Job Developer

February 2004 to February
2006

Relevant Responsibilities

- Design and implement new initiatives intended to assist individuals facing barriers to employment
- Work with economic development organizations to assist in business expansion and retention projects as well as business attraction efforts
- Oversee the efforts of the Lucas County Workforce Development Board as they plan for the implementation of the Workforce Innovation and Opportunity Act
- Coordinate with State and other local governmental agencies to ensure Federal workforce policies are properly executed in the region
- Monitors State, Federal and local policies related to workforce development initiatives and programs and provides summary analysis

Relevant Accomplishments

- Working with businesses and community organizations to develop programs encouraging citizens to improve job abilities intended to address skills gaps
- Working with Chrysler and a consortium of education providers, helped in the creation of a recruiting and training program related to the expansion of the Jeep assembly complex
- Administered a \$190,000 Federal earmark grant for entrepreneurial training and business development
- In coordination with other county agencies, currently planning programs to create career opportunities for program participants and to address barriers to employment
- Successfully organized a series of career events that attracted thousands of job seekers and scores of employers and implemented processes that improved the handling of accounts receivable related to the event
- Participated in focus groups organized by the Ohio Department of Job and Family Services in the development and testing of the OhioMeansJobs.com website listing career opportunities throughout the state

*University of Toledo Urban Affairs Center
Information Technology Alliance of Northwest Ohio
The College of Engineering, The University of Toledo*

*January 2003 to June 2004
August 2000 to March 2002
November 1998 to August 2000*

Education

*Master of Public Administration, Personnel Management and Public Law
Bowling Green State University, Bowling Green, OH
Bachelor of Arts in Journalism, School of Communication Arts and Sciences
Michigan State University, East Lansing, MI*

Tonia Saunders, CWDP

SUMMARY OF QUALIFICATIONS

- **Ten years of non-profit experience** with operational, training and field functions for staff ranging from six to twenty.
- **Background in HR affairs**, including experience in staff recruitment, placement and retention, staff development, mediation, conflict resolution, benefits, policies and procedure development. (Private sector and government)

Professional Development:

- Certified Workforce Development Professional, CWDP
- Property & Casualty License
- E-Staffer Training
- GMP, OSHA, Documentation Basics, Team Building, Service Excellence/Diversity, Team Building
- The Customer, Dale Carnegie Workshops
- Xerox University-Sales Training
- Certified Job Developer

Professional Affiliations:

- National Association of Workforce Professionals - NAWDP
- Workforce Investment Board Member- term 2012-2016

PROFESSIONAL WORK EXPERIENCE

Planning & Development Manager

Lucas County Department of Planning & Development

November 2015 – Current

Act as liaison between workforce and economic development and assist in business development activities by providing data and statistics related to workforce access and availability

Facilitates the provision of the County's strategic economic development & workforce development resources to existing, newly-formed and prospective businesses as well as political subdivisions of the County through outreach consultations to understand their current/future needs and appropriate follow-up; prepares and maintains reports and other documentation regarding business consultations; discusses consultations with Chief of Planning & Development and Director of Economic Development, and Director of Workforce & Business Services.

Builds and engages in ongoing relationships with businesses, governmental jurisdictions/agencies and economic development organizations to ensure efficient and effective follow-up on issues and notification of new initiatives.

Works with businesses and political subdivisions to develop creative solutions for their needs, including evaluation of existing economic/workforce development resources and making recommendations regarding which programs need to be modified, expanded, or terminated, as well as for new forms of business assistance that should be initiated.

Represent County at various meetings and events related to workforce development, as well as on related committees, commissions or boards; may convene, facilitate or coordinate business-to-business, business-to-government, and government-to-government forums or work groups to improve communications and understanding of the business climate; provides technical assistance and support regarding economic development initiatives; makes presentations regarding the County's workforce development programs and projects.

Assists the workforce development team of the Department with related programs and projects

Assistant Director of Program Operations East Coast, Experience Works, July 2013 – November 2014

Employment Training Coordinator, Experience Works Inc. May 2009 – July 2013

Staff Recruiting Sales Manager, Phoenix Services, April 2008 – May 2009

General Manager-Newspaper, The Herald Newspapers, February 2007 – September 2007

National Accounts Manager-Newspaper, The Blade Newspaper, May 2005 – October 2006
Program Manager/Donor Recruitment Representative, American Red Cross, April 2003 – May 2005

EDUCATION

University of Phoenix, Bachelor of Science (B.S.), Business Administration, 2009 – 2011

CERTIFICATIONS

National Association of Workforce Development Professionals, NAWDP
Certified Workforce Development Professional, CWDP, 2013- 2015

JAN L RUMA, BS, MEd, CFRE

PROFESSIONAL WORK EXPERIENCE

Hospital Council of Northwest Ohio (regional non-profit trade association) 1998-Present

Vice President (promoted to position) 2003-present

Executive Director, Toledo/Lucas County CareNet 2003-present

Director, Healthy Communities Foundation 1998-2003

Responsible for creating, funding, staffing and managing numerous collaborative multi-sector community health improvement projects, including: Toledo/Lucas County CareNet, The Northwest Ohio Pathway HUB, the Lucas County Initiative to Improve Birth Outcomes, Healthy Lucas County, Fostering Healthy Communities, Partnership for Patients, the Northwest Ohio Strategic Alliance for Tobacco Control, the Northwest Ohio Regional Trauma Registry, Healthcare Heroes, community health assessment, disaster preparedness and attracting and managing millions of dollars to support community health improvement efforts.

- Facilitate projects resulting in competitors working together to accomplish common goals through partnership building, strategic planning, technology, fund raising, implementation and evaluation.
- Chief fund development officer, raising more than \$35 million from grants and contracts for community health improvement.
- Chief operating officer to manage funded projects.
- Local, State and National Advocacy resulting in changes to the Ohio Good Samaritan Law and state and national bill introduced to replicate CareNet and lead on other advocacy issues and secure local government funding.
- Advocated through Toledo/Lucas County CareNet for Medicaid expansion in Ohio which was approved, 2014.
- Advocated for funding for the Ohio Commission on Minority Health for the Certified Pathways Community HUB Model which was approved, 2015.
- Led consult team to develop a plan to merge a county and city health department that was approved, 2015.
- Responsible for 924% increase in annual operating budget, diversifying funding sources and reducing reliance on dues income. When started at the Hospital Council: Annual budget of \$322,050 (53% from dues) to current budget of \$4.5 million (11% from dues).
- Responsible for programmatic growth resulting in measurable improvements in health status and staff expansion from 5 staff members in 1998 to 30 staff and 8 independent contractors in 2015.
- Responsible for administering approximately \$1 million annually disbursed as grants and contracts.
- Appointed founding executive director of Toledo/Lucas County CareNet, local, state and national award winning access to healthcare program. CareNet is a complex, collaborative, high-profile access initiative created by Toledo's mayor and health system presidents. Developed from a concept to operations in one month. CareNet is now a non-profit corporation that coordinates the provision of comprehensive healthcare services enrolling more than 25,000 low-income residents and providing them access to \$15 million annually in affordable healthcare services through community partnerships. CareNet has successfully transitioned to a healthcare coverage navigators and raise the annual operating budget of \$400,000+.
- Transitioning CareNet from charity care coordinating organization to Medicaid care coordination organization and health insurance navigator on behalf of federal healthcare marketplace.
- Led effort resulting in 25 hospital campuses becoming tobacco free inside and out.
- Established Lucas County Initiative to Improve Birth Outcomes that has become a nationally recognized pilot model to identify those at risk and connect them to care through pay-for-performance outcomes production model. Raised more than \$1 million for the Initiative in first two years and developed sustainability by securing managed care contracts. The Initiative is now the Northwest Ohio Pathways HUB that is one of three certified HUBs in the nation.
- Established Northwest Ohio Regional Extension Center to provide technical assistance to physicians to transition to electronic health records and achieve meaningful use. Led the state in meeting REC goals.
- Project Director/Principle Investigator and lead grant writer for Healthy Lucas County grant from the Centers for Disease Control and Prevention.
- Serve as key executive staff and media spokesperson for 5 Boards.

Mercy College of Northwest Ohio (Member of Mercy Health Partners) 1994-1998
Director of Development

Bowling Green State University 1988-1994
Associate Director of Alumni Affairs, (promoted to position) 1990-1994
Assistant Director of Alumni Affairs 1988-1990

National Multiple Sclerosis Society of Northwest Ohio 1987-1988
Director of Development
In charge of fund raising and public relations for a 19-county area.

JAN L RUMA, BS, MEd, CFRE cont.

May Company Department Stores 1986-1987
Executive Trainee

PRESENTATIONS/PUBLICATIONS

Presentations/publications on a variety of community health improvement, fund development and alumni topics (1992-present) for programs sponsored by: Ohio Department of Health; Ohio Hospital Association; Ohio Grantmakers Forum; National Association for Community Health Improvement; National Conference on Tobacco or Health; Bowling Green State University; Council for Advancement and Support of Education, Jackson Healthcare and individual communities.

CURRENT/RELEVANT LEADERSHIP/SERVICE

- Pathways Community HUB National Certification Team funded by the Kresge Foundation (2013-present)
- Health Policy Institute of Ohio (HPIO), Board Member (2011-present)
- ProMedica Board Advocacy Committee (2011-present)
- University of Toledo Board of Visitors, College of Health Sciences (2010-present).
- Association of Fundraising Professionals (1994-present), Chapter President (2000).
- Bowling Green State University Alumni Board of Trustees (2006-2011); resource development committee chairperson (2007-8); chair-elect (2008-9); Chair (2009-10).
- American Healthcare Research and Quality (AHRQ) Care Coordination Learning Network—Core Team Member (2008-present.).
- Work Force Investment Board of Lucas County Board (2001-2008); Executive Committee (2004-2006); Vice Chair (2005-2006); Workforce Information Committee Chair (2004-2005).
- Trainer, Strategic Decisions in Service Delivery, National Association of City and County Health Officials, Akron & Cleveland (2004).
- Ohio Public Health Leadership Institute (2000).
- Voluntary Hospital Association of America, Facilitating Community Partnerships (1998).

HONORS

- Area Office on Aging of Northwestern Ohio President's Award (2013).
- ProMedica Health System Health Advocate of the Year (2009).
- St. Vincent Mercy Children's Hospital Child Advocacy Award (2007).
- 20 Under 40 Leadership Award (2000).
- Leadership Toledo Graduate (1996).
- Granted Honorary Lifetime Membership in the Mercy Alumni Association by Board (1996).
- Toledo-Lucas County CareNet: Toledo Community Foundation Nonprofit Excellence Award (\$6,000 award) 2013; Jackson Healthcare Award for Charitable Programs (\$10,000 award) 2011; National Premier Cares Award Finalist (\$24,000 award) 2009; Ohio Nonprofit Excellence Award Finalist 2009; League of Women Voter's Signature Award 2006; American Hospital Association NOVA Award 2005; Ohio Hospital Association Meritorious Service Award 2005.

EDUCATION

Bowling Green State University

- Master of Education, Training and Development, College of Technology, 1992
- Bachelor of Science, Marketing, College of Business Administration, 1986

Indiana University

- Certificate in Nonprofit Executive Leadership from the Center on Philanthropy, 2011.

Certified Fund Raising Executive (CFRE)

- Certified in 1996 and recertified 1999, 2002, 2005, 2008, 2011, 2014.

Christine M. Demko

PROFESSIONAL WORK EXPERIENCE

Hospital Council of Northwest Ohio, Toledo, OH

8/2014-present

Operations Coordinator, Northwest Ohio Pathways HUB

Responsible for coordinating the day-to-day operations of Pathways HUB

Serves as secondary contact for community Care Coordinators and Managed Care Providers

Reviews Medicaid Managed Care Provider and grant reports and invoices

Coordinates Community Health Worker grant for program enrollment, marketing and reporting

ru21/OfficeTeam, Pittsburgh, PA. Benefits Specialist

9/2012-4/2014

Weber State University, Ogden, UT Donor Stewardship and Annual Fund Coordinator

1/2010-4/2012

Northwest Ohio Affiliate of Susan G. Komen for the Cure, Toledo, OH Executive Director

10/2004-11/2008

Flower Hospital, Sylvania, OH Administrative Director of Operations Administrative Fellow

1/1994-1/2003

6/1992-1/1994

Riverside Methodist Hospitals, Columbus, OH Evening/Night Administrator and Administrative Resident

12/1990-2/1992

Conservatory of Piano, Inc. Worthington, OH Office Manager

9/1988-1/1991

EDUCATION

Master of Health Administration The Ohio State University, Columbus, Ohio

Major: Operations Management

Bachelor of Arts Ohio Wesleyan University, Delaware, Ohio

Major: Economics Management

HONORS

Fellow in the American College of Healthcare Executives (FACHE)

Virginia Carter Smith Scholarship - Council for Advancement and Support of Education (CASE)

Crystal Award - Women in Communications
President's Award Finalist - ProMedica Health System
Crystal Apple Award - Northwest Ohio Placement Association (NOPA)
Wesleyan Scholar and Dean's List

TAB 3

Narrative Description of Proposed Program (Section 4.2)

A. Narrative of the issues specific to the community deterring the self-sufficiency among a majority of its low-income population.

A striking proportion of Lucas County residents are dealing with issues that deter their self-sufficiency. As a result, they live and work in circumstances of daily instability. One problem can set off a chain reaction that quickly becomes a crisis that interferes with work, school, and healthcare. Peter Schwartz, in *The Art of the Long View*, called this dynamic the “tyranny of the moment” when “the need to act overwhelms any willingness people have to learn.”

According to the 2014 American Community Survey, the population of Lucas County is 438,167. Of those, 21.1% (92,453) are living in poverty, 25.7% receive Medicaid, 30.2% receive food support (for households with children under 18) and 11.6% have less than a High School Diploma or GED. According to Jobs EQ [citation: Jobs EQ(R)] the turnover rate is 8.6% in Lucas County. Across the state it is 8.1%. According to the Ohio Department of Job and Family Services, office of Workforce Development - Bureau of Labor Market information, the Lucas County unemployment rate as of March 2016 was 5.7%. Since 1970 Lucas County has lost 10% of its population (47,977 people), placing strains on a social, educational, and health care infrastructure traditionally supported by a larger tax base. Lucas County median household income is \$41,436, compared to \$48,246 for Ohio. Of adults age 25 and older, 12% do not have a high school diploma, 56% have graduated from high school, and 32% have an associate's degree or higher. Twenty-five percent (25%) of the Lucas County population are non-white, with 19% Black and 6% other races. Six(6) percent report being Hispanic (Ohio Department of Development, Lucas County Profile).

From a health perspective, chronic diseases and related risk factors are the leading causes of death and disability in Lucas County. Lucas County rates of high blood pressure (37%), diabetes (15%), and obesity (36%) are higher than Ohio and nation rates. The rates of high blood pressure (49%), diabetes (21%), and smoking (33%) for Lucas County African Americans and low income residents are much higher than the county, state, and national rates (Lucas County, Ohio Health Assessment Project, Toledo, OH, 2014) Due to high rates of chronic disease risk factors, Lucas County has a higher rate of deaths from diseases of the heart, stroke, and diabetes than Ohio and the US.

Proposal Focus. Individuals with developmental disabilities (DD) have long sought lives where they can be fully contributing and valued members of their communities. Federal regulations including the Americans with Disabilities Act (ADA), and more recently the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Settings Rule and the US Department of Labor Workforce Innovation and Opportunity Act (WIOA) have set forth standards aimed at making inclusion and employment a reality. The availability of a qualified, competent, and stable Direct Support Workforce plays an important role

in supporting people to accomplish these goals. To be successful, it is critical that Direct Support Professionals (DSPs) have the competence, confidence, and ethical decision-making skills with the guidance necessary to provide quality support, receive compensation that is commensurate with job responsibilities, and have access to a career path aligned with ongoing professional development.

The stability of the direct support workforce has been a long-standing issue across disability service systems. The field is plagued with high turnover at a time when demand for additional direct support professionals to support both disability and aging populations in the United States is peaking. It is estimated that nationally more than one million new direct support positions will need to be filled by 2022. This growing demand combined with limited availability of training and education and increased expectations and requirements make it essential to invest in this vital workforce.

The United States is at a critical juncture where workforce development, education, and disability service systems must implement strategies to increase the capacity and quality of the direct support workforce. Action is necessary if we are to provide the support people with DD need to live and participate in their communities. Self-advocates and family-advocates have fought hard for decades to ensure that supports provided are person-centered, increase inclusion, and lead to valued lives for people with intellectual and developmental disabilities. Researchers, practitioners, and policy-makers have recommended recruitment, retention, and education strategies to address this critical workforce need, however, they have yet to be sufficiently funded or brought to scale. If the charge to address the workforce crisis is not acted upon, the entire disability service system is at risk of going back to days of institutionalization, segregation, and stigmatization, turning the clock back on decades of advocacy and disregarding the voice of people with developmental disabilities across the country.

Low Wages. Wages paid to direct support professionals are comparable to those paid for entry level low wage positions in nearly all service industries. Insufficient wages affect workforce retention and the quality of support provided. There is a significant discrepancy between the job responsibilities and skill expectations required of DSPs and their low wages. Nearly half of direct support workers in the U.S. rely on public benefits. Others often work two to three jobs to support themselves and their families. Wages need to be increased. This, combined with other work related stressors, lead to DSP turnover which results in ineffective and inconsistent support for people with IDD.

Limited Training, Career Path and Credentialing Opportunities. The DSP role is complex because it is about supporting each individual in a person centered way within their unique context. The workforce must have the knowledge, skills, and ethical compass to perform a wide array of tasks that support people with intellectual and developmental disabilities be healthy, safe, valued, and participating members of their communities. To achieve this, it is important that DSPs receive sufficient, high-quality training and opportunities for paid professional development on an ongoing basis.

No federal minimum training requirements exist for DSPs. Career pathways that provide DSPs an opportunity to increase competency and professionalism are a recommended strategy to improve retention of the workforce and quality of support. The National Alliance for Direct Support Professionals (NADSP) and the Centers for Medicare and Medicaid Services (CMS) have identified nationally validated competencies for DSPs that recognize the knowledge, skills, and abilities need by DSPs to effectively support individuals with disabilities in the community. Several national organizations offer credential programs for DSPs who support people with DD in varied roles. Despite the identification of required competencies, related credentialing and

guidance³ from Medicaid about how to build training into HCBS reimbursement rates⁴, use of established competencies to set workforce development and training standards is not widespread.

This project is targeting one sector of Lucas County's workforce population: Private providers (employers) of service to individuals with developmental disabilities (DD) representing the full array of services to individuals served within Ohio's developmental disabilities system – early intervention and childhood services, residential, vocational, day habilitation and transportation. Employers hire Direct Care Staff or Direct Support Providers (DSPs) to provide the daily care and services to individuals with developmental disabilities.

This project is focusing on improving recruitment and retention for employers that hire and employ DSPs. DD employers employ management staff, therapists and administrative personnel. However, the vast majority of the positions are DSPs. DSPs provide the daily care and services to individuals with developmental disabilities. Funding constraints have severely limited the pay for DSPs. A recent salary survey showed that the average weighted pay rate for DSPs was \$10.24 an hour. Sixty-seven percent (67%) of DSPs are receiving some type of public assistance. To further illustrate the funding constraints, 19% of supervisory staff also receives some form of public assistance.

The issue of recruitment and retention of direct support professionals for the population of individuals' served in the greater Lucas County area has been a long standing concern affecting continuity and quality of care for several years. Both the number of individuals receiving services and the number of certified agencies to provide services are increasing. As of April 2016, there are 138 agencies certified by the Ohio Department of Developmental Disabilities actively serving individuals with DD. Additionally there are 120 Independent providers certified who are currently providing direct support functions. The number of individuals who receive waiver or other funded services with DD amongst these agencies and independent providers is approximately 1,600.

Workforce recruitment and retention in Ohio's DD system is at a crisis level. Providers compete for employees with fast food restaurants and big box stores, many of which have raised their starting pay significantly above the \$10.24 average. Member agencies are reporting staff vacancies of 20% and higher. This leads to significant overtime for those available to work, causing burnout and a tendency to leave the agency in search of a more stable schedule and better pay, which further exacerbates the problem. In 2013 the turnover rate for DSPs in Ohio was 47%. In 2016, turnover is at 51%; a 4% increase.⁵

The LCHBC conducted a survey of eight key Lucas County DD employers in April 2016. In order to be fully staffed, these employers need 1,732 employees; they currently have 1,407, which is a deficit of 316 employees or a 22% staff vacancy rate. The average annual turnover rate is 814, or 47%. The cost of turnover for one DSP position ranges from \$3,000 to \$5,000, depending on an agency's structure. There are other costs as well, the most significant being the loss in continuity of care for individuals receiving services. The implications of these numbers are staggering, such as lowering the quality of care for individuals with DD, increasing stress and burnout for remaining staff, and increasing the burden on the public assistance due to turnover.

³ Robbins, E., Dilla, B., Sedlezky, L., Sirek, A.J. (2013). Coverage of Direct Service Workforce Continuing Education and Training within Medicaid Policy and Rate Setting: A Toolkit for State Medicaid Agencies. The Lewin Group. Retrieved from: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/workforce/downloads/dsw-training-rates-toolkit.pdf>

⁴ Centers for Medicare and Medicaid Services (2015). Questions and Answers: Administrative Claiming Related to Training and Registry Costs. Retrieved from: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/downloads/qa-training-registry-costs-071015.pdf>

⁵ OPRA Compensation and Benefits Survey Barry Associates, LLC "Technical Assistance for Behavioral Healthcare Providers"

The Lucas County Board of Developmental Disabilities (LCBDD) and the Ohio Provider Resource Association (OPRA) have been working to address these issues at a county and state level. The Lucas County DD employers have formed committees in conjunction with LCBDD and OPRA to address their workforce issues. They have done their best; however, a relatively low unemployment rate combined with low wages has exacerbated the problem. The employers are experiencing their own “tyranny of the moment” and are struggling to keep their heads above water.

B. Program outline, including implementation timeline, scope of work, communicating and coordinating the program, and anticipated barriers to success.

The LCHBC will create an environment that will increase self-sufficiency by coordinating community resources to work strategically to create “Bridges out of Poverty” by aligning members of the LCHBC to collaborate on this shared goal through workforce development and peer support to remove barriers to healthcare and self-sufficiency.

Scope of Work. Specifically, the LCHBC will accomplish the following to improve self-sufficiency:

1. Educate 320 staff and volunteers from collaborating organizations in Bridges out of Poverty so they can be mentors and allies to under-resourced employees and support them to increase self-sufficiency and stay in the workforce.
2. Educate 48 under-resourced DSP’s working for DD employers in Getting Ahead in the Workplace training.
3. Providing an ERN, BOP training, technical consultation, and DSP training support to eight (8) DD Employers with a goal to increase retention from 53% to 76%.
4. Provide The DSPaths credentialing program to incumbent DSP’s. Seventy five (75) DSP’s will receive DSPaths Basic program and 25 will receive DSPaths CIP program certification.
5. Increase community capacity by funding certification training so that organizations can provide the following trainings for their staff, volunteers and clients:
 - Ten (10) individuals trained to facilitate Bridges Out of Poverty trainings
 - Forty (80) individuals trained to facilitate Getting Ahead in a Just-Gettin'-By-World classes
6. Provide 5 Community Health Workers with full time employment and Bridges Out of Poverty professional development while they serve the Direct Service Professionals.
7. Provide Pathways to at least 150 Direct Service Professionals to improve their health, meet their basic needs, and connect them to needed healthcare.
8. Improve LCHBC cross sector collaboration to sustain the initiatives implemented through support to establish a strategic framework for overall organizational development from Toledo Local Initiatives Support Corporation (LISC).

To accomplish these goals, the LCHBC will focus on the following strategies:

1. Improving the delivery structure in place to increase effectiveness to low-income individuals and families served by council member organizations;

One of the key barriers communities face in preventing, alleviating and eliminating poverty is a lack of understanding of poverty. The books, projects, and workshops based on Dr. Ruby Payne’s myth-shattering *A Framework for Understanding Poverty* provide a common language and understanding of poverty. As a result, people from all classes, ideologies, political persuasions, races and ethnicities can sit around the same table, roll up their sleeves and start working on the problems that we all share in our communities.

Teaching staff and volunteers Bridges Out of Poverty concepts allows communities to support people in transition out of poverty in two primary ways. First, these concepts provide staff and members within organizations an understanding of poverty that improves the service provision. Second, the concepts are an essential first step in training allies who can support individuals to achieve stability in a supportive and non-judgemental manner.

For over ten years, a committed group of individuals and organizations in Lucas County have doggedly utilized Bridges out of poverty concepts to create cross-sector collaborative initiatives to increase stability for everyone in our community. One of the key benefits provided through the project is the opportunity to build capacity across community sectors by providing Bridges Out of Poverty trainings to collaborators in the community including faith-based organizations, Community nonprofits, the business Community, physical and behavioral health groups, educating, governmental, and the other organizations. Our intention is to support the cadre of people who are already working to support under-resourced people in our community in their path to financial stability, self-sufficiency and improved health and increase their numbers. Through this project, collaborating organizations will receive certifications enabling them to facilitate a range of Bridges Out of Poverty trainings and Getting Ahead classes for their employees and volunteers; this will build their capacity in the development of mentors and allies to support their under-resourced employees.

Getting Ahead in the Workplace (GAW) is a 22 session course for employees living with daily instability that shows them how to use the hidden rules of class to build up financial, emotional, social, and other resources. Understanding the hidden rules of the middle class and wealth, and choosing to use them, can open doors to such resources as new relationships and new jobs, among others. GAW does not provide answers to the participants on how to establish economic stability, nor does it make the argument for change; instead, motivation, insight, and plans come from the participants themselves. Upon completing GAW, participants have a plan of their own based on the knowledge acquired through the co-investigative process and expressed in new mental models.

The follow up consists of meetings that connects allies with co-investigators who discuss their plans and the obstacles to accomplishing them. The role of an Ally is to listen, ask questions, and provide information. Follow up will occur within 30 days after the course ends and then every three months thereafter. The leadership potential of Getting Ahead graduates is cultivated, and graduates are encouraged to co-facilitate future sessions with the goal of becoming lead Getting Ahead facilitators. Getting Ahead graduates also become members of the LCHBC and meet on monthly with other community leaders from key community sectors including County Commissioners, Job and Family Service, education, banking and business. The purpose of their participation is to advise and form public policy that affects families and communities in poverty.

The LCHBC has used Bridges Out of Poverty and Getting Ahead trainings as the cornerstone of our collaborative to build economically sustainable communities in which everyone can live well. However, it is also necessary to provide volunteers, peer mentors, the faith community, businesses, and nonprofit agencies other training opportunities so that they can take responsibility for their own societal experience while being open to the experiences of others. This HBCPP provides for that. Trainings that teach community members how to build relationships of mutual respect relative to other social disparities (racial, gender, physical ability, age, etc.) will be provided for 400 people, either through the LCHBC directly, or by referring to community organizations like the Toledo Community Coalition (TCC).

TTC was formed in August of 2011 to address the issue of quality of life of persons living in the central city of Toledo. The Coalition brought individuals and organizations together to improve education, health, housing, economic development and quality of life. In 2013, the Coalition partnered with the Toledo Blade to sponsor its first community forum on racism, and has since co-sponsored other forums featuring prominent

national speakers on the issues of white privilege and educational disparities. In 2014, LCHBC worked with TCC to bring Ruby Payne, co-author of *Bridges Out of Poverty*, to speak to 500 people at Central Catholic High School's Sullivan Center. TCC will support the work of the project by supporting individuals from collaborating organizations in their "Dialogue to Change" discussion groups on racism.

The Ohio Alliance of Direct Support Professionals is a 501(c)(3) non-profit organization that provides support, education, and training for all Human Service Professionals in the DD field. OADSP was born out of a workforce crisis group of OPRA in the early 2000's. The group eventually formed a separate non-profit thanks to grant funding from the Ohio DD Council to create a credentialing program for DSPs. OADSP is a state chapter of the National Alliance of Direct Support Professionals. OADSP offers multiple stand-alone seminars, and recently authored a frontline supervisor credential. In addition to its training and education programs, OADSP produces a bi-monthly newsletter for DSPs, hosts an annual DSP recognition event (the biggest in the country), and hosts an annual day-long summit for DSPs and Supervisors every spring. It also has a DSP and Supervisor Council. Each council is tasked with keeping their fingers on the pulse of their field and assisting OADSP with identifying the most current and up-to-date training needs of both DSPs and Supervisors. The councils assist with planning and carrying out the OADSP Summit and Recognition Event. The DSPaths credentialing program is based on the Community Skill Support Standards authored by the University of Minnesota and the NADSP Code of Ethics. The credentialing program is broken down into three levels. There is a Basic Certificate Level that some organizations use as 'orientation into the field'. This level includes 30 hours of classroom education (ten (3) hour modules). The Certificate of Initial Proficiency (CIP) includes 60 hours of classroom education (twenty (3) hour modules). If a person completes the Basic Certificate, they can go on to complete the rest of the CIP requirements at any point in the future. This level required the development of a portfolio that must be graded and earn a certain score in order to earn the credential. There is a third level of certification called the Certificate of Advanced Proficiency that we will not offer as a part of the project, but could be used in conjunction with the ERN as a part of their workforce stabilization efforts. OADSP tracks all candidates through a database, once a candidate completes a module, they will never lose credit for it. This is true even if they move to another organization, or take several years to complete any one level of the program. OADSP subsidizes 60% (\$300 of the cost of the Basic Certificate) with fees with funding from the Ohio Dept. of DD and the Ohio DD Council for incumbent workers.

All collaborating organizations in the grant will refer and connect employees to Lucas County's Financial Opportunity Centers (FOC), which expands on the Center for Working Families model developed by The Annie E. Casey Foundation. LISC developed the FOC model to build financial capability by offering families a suite of services that attack each of these areas of concern—employment, income support, credit-building and financial management. The underlying theory of the FOC model is that the best way to improve the financial bottom line for low-to-moderate income families is by helping people to simultaneously boost earnings *and* reduce expenses.

In Toledo, the 3 trusted agencies with a history of providing social and financial services in their neighborhoods that operate Financial Opportunity Centers are (1) East Toledo Family Center, (2) Lutheran Social Services of Northwest Ohio, and (3) United North. Each FOC in the Toledo FOC Network offers the following core services:

Financial Education and Coaching. FOC financial coaches offer three core financial services to all clients: 1) group-based financial education, which provides general information on a wide range of topics, such as budgeting, and developing savings plans; 2) one-on-one financial counseling, which focuses on solving specific issues, such as debt resolution, credit repair, or eviction prevention; and 3) one-on-one financial

coaching, which is the primary focus of long-term financial goal achievement. FOC staff also connect clients to mainstream financial service providers and provide free tax preparation services.

Employment Coaching and Services. The employment services offered by coaches at the Toledo sites include job readiness soft-skills training, including the facilitation of the Accenture Career Success Skills curriculum, and career development. The employment component of the FOCs *must* be linked to financial coaching and public benefits access to achieve the core program element known as “Bundling of Services” or the “Integrated Service Delivery Model.”

Income Supports Services (Ohio Benefit Bank (OBB) Counseling & Tax prep services. All of the Toledo coaches are also certified OBB Counselors, and are able to help people understand what benefits they qualify for, complete the application correctly, and are also available during non-business hours to assist working people to receive the benefits for which they qualify. A recent study from SEEDCO, shows that people receiving public benefits as a supplement to their working income are 30 percent more likely to stay employed. This underscores the importance of integrating public benefits access with employment services and, further, financial education and coaching.

Client Outcome Tracking – ETO Software. In order to determine the success of FOC clients each FOC utilizes the Efforts to Outcomes (ETO) Family Financial Tracking data system to measure the types and quantity of service a client receives and how successful a client is in achieving financial stability outcomes such as employment tenure and credit score improvements. Since many financial stability outcomes are achieved over time, FOCs value working with clients over a longer period of time and thus the data tracking is conducted so that service provision and outcomes are measured over a period of years.

2. Use of volunteers and peer supports;

The YMCA and JCC of Greater Toledo is committed supporting this effort. The Y has 52,197 total members from 38,787 households. The YMCA’s Christian Emphasis program currently has 75 churches, synagogues, and not-for-profit Faith Partners. Each group has 15-20 key leaders who are candidates for Bridges Out of Poverty and Ally Development training. The Y will take the lead in organizing these 1,500 targeted trainees for the grant. BOP training for staff, members, and volunteers coordinated through the YMCA Christian Emphasis department.

The Hospital Council of Northwest Ohio, through its Pathways HUB and a MEDTAPP grant through the University of Toledo School of Medicine will train 50 people in poverty with a GED to become certified community health workers who will serve a peer supports for current and potential employees of the DD private employers to improve health and workforce retention by addressing the social determinants of health of the employees.

3. Use of matching funds;

The DD employers will provide 50% of the cost of the ERN success coach’s annual salary and benefits (approximately \$30,000) during the project funding period. The Ohio Department of DD will subsidize 60% (or \$300) of the cost of the DSPath Basic Certificate training which is \$22,500 total based on the projected employees receiving training. As is evidenced in this proposal, multiple members and partners of the LCHBC will provide services and supports to the target population that would cost a huge amount if it were paid through contractual agreements. This project is capitalizing on multiple organizations that are providing programming, staff time and supports such as OPRA, the FOC’s, LCBDD, and Pathway. All are providing staff time and effort

to support the implementation of the project. Funding from Ohio Medicaid through the Ohio Government Resource Center is training the Community Health Workers.

4. Decrease the number of individuals and families currently dependent on public assistance and the extent to which achievement of sustained reduction is likely;

LCHBC will assist five (5) CHWs achieve full time employment that will be sustained by contracts with health insurers for health outcomes and contracts with sources such as the Board of employment retention. These 5 CHWs will in turn assist approximately 30 DD employees each which results in 120 employees total making progress toward self sufficiency through Pathways. Out of this 150 employees, at least 65%, or 78 employees will maintain their employment for at least 90 days or more.

5. Maintenance of continuing mentoring support;

The structure, design of the LCHBC has been built on the foundation of Bridges Out of Poverty concepts. These concepts include ensuring that members of all three classes (people from poverty, middle class, and wealth) are at the table when planning is happening and decisions are being made. The LCHBC has been successful in practicing this, and mentoring relationships are multiplying. In all activities affiliated with LCHBC people in poverty are mentoring middle class people and visa versa. The support that LISC is providing through this project to establish a strategic framework for overall organizational development will only strengthen the relationships we are modeling in Lucas County. In addition, the practice of developing leadership from the increasing numbers of Getting Ahead graduates will continue to enlarge the cadre of mentors who lead by example and have walked in the shoes of those they mentor.

6. Collect and report on the progress of individuals and families being served as required by the councils;

Progress on the individuals and families being served will be collected and reported through 3 primary sources of data/information: *Charity Tracker*, *Care Coordination Systems* (Hospital Council's Pathways), and directly from participating *Employers*. The Pathways HUB data will be collected and reported in the Care Coordination Systems Care Management Software. Information shared with the full LCHBC Membership will only be aggregate level data and not information about a specific program participant in order to protect clients personal health information and privacy. The data can be downloaded into Excel so the information can be added to the other program outcome data.

7. Demonstrate a strong commitment to mutual coordination to resolution.

The LCHBC staff will coordinate with key staff from collaborators and ultimately report to the LCHBC Steering Committee. Consensus will be utilized whenever possible to make decisions. When necessary a majority vote of the LCHBC Steering Committee will be utilized. Operationally, the head of the Lucas County Family Council, as the named employing agency in Resolution 16-181, will make operational decisions as needed. If there are cross-organizational differences resulting in significant barriers to participant and/or overall project success, the staff person to the LCHBC, the Bridges out of Poverty Coordinator, will first convene a meeting with the involved organizations to try to reach resolution prior to taking to the full LCHBC.

The stakeholders are supported by the Lucas County Board of Developmental Disabilities (LCBDD). LCBDD maintains statutory regulated functions as ordered by the Ohio Department of Developmental Disabilities and Ohio Revised Code rules for oversight and administration of services of all individuals served by the board. These rules detail requirements for strategic planning by the board including reducing the number of individuals with DD waiting for services and taking measures to recruit sufficient providers of services to meet

the needs of individuals receiving services. LCBDD recognizes the gravity of the current employee retention crises, the deleterious effect on individuals with DD, and is committed to solving the problem.

The Lucas County Board is committed to building, supporting and retaining strong community partnerships due the requirements specified under the strategic planning requirement. LCBDD has committed resources to develop a department that is specifically geared toward supporting our provider network in its recruitment and retention needs, as well as providing ongoing training, monitoring compliance and ensuring health and safety. Without an adequate and skilled provider network the county board would not be able to meet its local, state, and federal required mandates and more important than that quality of care for individuals suffers. We are working with our provider entities to form collaborations and resources that will support the needed direct services options and stop the crisis of under resourced agencies. We must have skilled and dedicated workforces to perform the services needed by those served to ensure the safest and healthiest services possible.

Eight DD employers have chosen to participate in the ERN as a part of this pilot project: Anne Grady Corporation, Bittersweet, Inc., Champaign Residential Services, Inc., Community Residential Services, Epilepsy Center of Northwest Ohio, Josina Lott Residential & Community Services, Sunshine Communities, Triad Residential. Employer Resource Networks (ERN), are an innovative, employer-based model that pulls together a consortium of small- to mid-size businesses to provide job retention services, work supports, and training opportunities for entry level employees, many of whom are receiving public assistance. The DD employer ERN has strong partnerships with other service delivery systems and organizations such as social service agencies, the Lucas County Department of Planning and Development (workforce development), and the Hospital Council Pathways CHW program

The primary focus is job retention, with a strong secondary focus on skill building. The ERN is designed with the explicit goal of improving job retention of the existing DSP workforce, and providing opportunities for skill building and advancement. The trainings may be industry specific or focus on general job skills training, depending on the circumstances. The ERN can also provide or refer employees to soft skills training on topics such as problem solving, time management, and conflict resolution. Capacity is expanded through public and private partnerships. ERNs forge relationships with a mixture of local community partners—nonprofits, public agencies, and community and technical colleges—to expand the range of resources they can make available to their employees.

Where possible, the ERN will rely on leveraged resources from these partners or, because of the high volume of employees served or trained, pay for services from the community partner at a discounted cost. By leveraged resources, we mean attaining a greater level of resources than would otherwise be available by combining new and existing resources through collaborative arrangements with other organizations (for example, funding or in-kind Employer Resource Networks contributions such as volunteers and/or staff time, equipment, supplies, office space, and making additional services available at no cost to employees).

One key support will be WorkReady Lucas County provided through the LCDPD. Work Ready Lucas County will support the DSP's to build the skills and abilities that they need to succeed on the job. Using the Career Ready 101 system, Work Ready Lucas County helps DSP's refresh or improve their proficiency in applied mathematics, reading for information and locating information – essential tools for success in most careers. Upon completion of the program, participants receive the National Career Readiness Certificate that is recognized across the United States.

The DD employers will determine the types and intensity of services to be provided through the ERN. However, the core services typically include three elements: “high touch” case management, basic education and job skills training, and specialized resources and support. These targeted investments in DSP's will achieve skill

building, increase productivity, and improve job retention.

A key service provided through the ERNs is short-term “high touch” case management to resolve any personal and family challenges that interfere with employment. The ERN will hire a retention specialist (or “success coach”) to address work-related challenges, such as lack of transportation, childcare, or housing; relationship stress; mental health conditions; and drug or alcohol addictions. The success coach will be well informed of the range of resources and services available within the Lucas County and, based on an assessment of a worker’s service needs, will link him or her with an existing service provider.

One of the merits of ERNs is the ability to create the “shared-seat trainings”—that is, trainings in skill acquisition and professional development whose costs are shared by a number of businesses. At each site, the ERNs offer soft-skills training; job skills training (such as computer training); educational programs (such as English as a second language and Spanish-language courses); and general trainings on asset development (financial literacy and homeownership). One community college partner has developed a training curriculum of nine different courses exclusively for several ERNs. Given that this ERN is focused on strengthening DSP’s, we will work with the Ohio Alliance of Direct Support Professionals (OADSP) to support appropriate training.

Employer Sponsored Small Dollar Loans (ESSDL’s) will be provided as a benefit of the ERN’s. ESSDL’s are based on an agreement between an employer and a credit union. In this case, the employers engaged in the ERN will partner with either Sun Federal Credit Union or Toledo Metro Federal Credit Union. The roles and responsibilities of each party are detailed in a memorandum of understanding. Simply put, the credit union agrees to provide small dollar loans to employees of the business based on the word of the employer. A credit report is run, but the loan is not given based on the report, it is given because the employer has given the employee the designation of ‘employee in good standing’ based on their tenure at the employer site. If an employee has good credit, they have access to credit at market rates and don’t need this program. ESSDL’s are for employees who would not have otherwise qualified for a loan from a bank or credit union.

- ESSDL’s range from \$300 to \$1,200 with interest rates ranging from 14-17%*
- Available to low-and-moderate-income working people
- A six-month payment term eases the burden on cash flow
- The loan payment is made to the credit union through automatic payroll deduction
- The loan payment is reported to the credit bureau so employees can build their credit score with successful repayment

The automatic payroll deduction continues after the loan is paid back; the money gets deposited in a savings account unless the employee opts out. Most employees don’t opt out. In order to stop saving, they have to remember that they are saving, decide to stop saving, make an appointment with HR department, visit the HR office, and complete the ‘opt out’ form. Most employees begin saving because it is the path of least resistance. ESSDL’s are purposefully designed to establish habits of savings in people who might otherwise never acquire this tremendously stabilizing practice.

Timeline

In the timeline below, the blue shading signifies the time period of implementation.

Major Tasks	Responsible Person/Org	1st Quarter (including 1-month in SFY 2016)	2nd Quarter	3rd Quarter	4th Quarter

Development of ERN	LCDPD				
Integration of Community Health Workers	HCNWO				
Implementation of BOP Trainings	LCHBC				
Identification and hiring of ERN Staff persons	LCHBC				
Provide "GA" in the Workplace Classes for DSP's	HCHBC				
Establish Strategic Framework for LCHBC w/ LISC	HCHBC LISC				

Applicant - Lucas County Healthier Buckeye Council Scope of Work. The LCHBC shall convene all collaborative partners to ensure ongoing communication and coordination through all phases of the project's implementation. Additionally, the LCBCCH shall enter into contracts with identified partners/vendors to ensure the execution of all work to be completed to successfully develop this project. A key part of the LCHBC's function is to organize and coordinate initial trainings that will be a catalyst for community engagement around this project. Additionally, the LCHBC would provide grants administration, training and technical assistance through LCHBC staff employed by the Lucas County Family and Children First Council. These staff will also administer the Charity Tracker Information System - including administering access rights. The LCHBC shall exercise oversight and community problem-solving to measure and monitor progress and address issues related to policy and administrative rules that present significant system-level barriers to project success.

Lead Collaborator- Lucas County Department of Planning and Development (LCDPD) Scope of Work. Upon securing a contract from the Lucas County Healthier Buckeye Council, LCDPD will dedicate staff to bring together workforce, educational, and business partners at OhioMeansJobs-Lucas County to align the skill-sets of local workers with the needs of area employers to enhance opportunities for job-seekers to identify, prepare for, obtain, and maintain quality employment and self-sufficiency. LCDPD will lead the planning and development of the Employer Resource Network (ERN), and convene employer roundtables to inform its development. LCDPD will work in coordination with the DD employers and Lucas County Healthier Buckeye Council to accomplish the defined goals of this project.

Key Health Partner-Hospital Council of Northwest Ohio Scope of Work. Upon securing a contract from the Lucas County Healthier Buckeye Council, HCNO will assign Chris Demko, HUB Operations Manager to serve as the project coordinator and release a request for proposals for existing HUB adult care coordination agencies to assign their CHW to the Healthier Buckeye Council's project to provide Pathways care coordination. Selected agencies will receive a stipend to continue the employment of the CHW and expand their position to

full-time, creating more self-sufficiency for the CHWs. The remainder of the CHWs position will be funded by outcomes payments for enrolling the targeted population and completing Pathways that result in the targeted population moving toward self-sufficiency by obtaining healthcare coverage, securing a medical home and needed medical care, managing their health, securing needed housing, food, transportation, adult education, employment, etc. (see Pathways outcomes table in Section 4.3 A).

Barriers to Success. The kind of system change that is necessary to break the cycle poverty cannot happen in one grant period. However the LCHBC will be able to put the wheels in motion, and because the plan is based on existing community strengths it will be possible to sustain key parts of the activities that will lead to self-sufficiency after the grant period is over.

C. Outreach plan to targeted population

In order to effectively reach the identified target population the LCHBC will work through its project partners, such as Pathway, the Community Action Agency in Lucas County. Pathway has a long and successful history of engaging and working with persons in poverty and has agreed to refer potential candidates for employment who are in their soft-skills employment training program. Pathway will make referrals to DD employers of potential employees and will do the following:

- Pathway pre-employment training
- Pathway will screen potential employees
- Pathway will organize recruitment presentations for DD employers
- Caseworkers from Pathway will work with candidates up to 90 days on the job. This provides good opportunities for ‘warm handoffs’ from caseworkers to the ERN success coach and CHW’s.

Additionally, the LCHBC will work directly through the Lucas County Family and Children First Council membership and community partners to reach out to persons living in poverty in our community. This would include the Director of the Lucas County Department of Job and Family Services.

The Community Health Workers will reach the priority population by setting up referral networks and holding recruitment events. Employers will be encouraged to refer employees that start having attendance issues or other problems that interfere with their job performance. These employees may have personal issues or health issues and the CHW can work with the employee to develop a plan to address the issue so their work performance isn’t affected. CHWs will also serve as Bridges out of Poverty Facilitators so they can meet potential clients in a trusted setting.

D. Sustainability

A key part of the sustainability plan is to strengthen the functioning of the LCHBC over the duration of the project. As is described in “TAB 2. SUB-TAB 2b. Organizational Experience and Capabilities (Section 3.2)” above, Toledo Local Initiatives Support Corporation (LISC) will support LCHBC to build capacity by providing technical assistance consultation to establish a strategic framework for overall organizational development. The LCHBC’s internal organizational infrastructure will be strengthened, and agreements will between organizations will be formalized, which will allow the community collaborations to become predictable and resilient over time.

The Northwest Ohio Pathways HUB will sustain the CHWs by expanding its current contracts with health insurance providers and grants to fund outcome payments that will continue employment for the CHWs. Currently the HUB has contracts in place with three of the five Ohio Medicaid Managed Care Organizations for Pregnancy Pathways and the other two are in contract negotiations. The plan with the largest enrollment in Lucas County is expected to contract for Adult Pathways in the next quarter. The goal is to have contracts with all Ohio

Medicaid Managed Care Plans for all at-risk populations and supplement this with grant funding to sustain the HUB infrastructure and system development.

The DD employers are paying 50% of the ERN success coaches salary and benefits during the project funding period. In the second year following demonstration of success, the DD employers will pay 75% of the success coaches salary. The LCBDD is expected to pay for the remaining 25%. By the third year, the DD employers will pay 100% of the success coaches salary and benefits; they will sustain the ERN due to the return on investment that will be realized during the development phase.

Because the LCDPD will be engaged in every aspect of the development of the ERN, their staff will be experts in the topic by the end of the project. At that time LCDPD will have the capacity to recreate the model to support employee retention in other business sectors that are also struggling with high turnover. Lucas County will have a replicable model for workforce stabilization.

E. Replication of program throughout the state

The Ohio Provider Resource Association (OPRA) is a statewide association representing private providers of service to individuals with developmental disabilities. OPRA members represent the full array of services to individuals served within Ohio's developmental disabilities system – early intervention and childhood services, residential, vocational, day habilitation and transportation.

OPRA has 177 member organizations in 79 of Ohio's 88 counties. OPRA membership consists of eight (8) districts. Each district is represented on the OPRA Board of Trustees. Members include large, multi-state provider organizations, Ohio only agencies, and small, county specific organizations. Collectively, these 177 members employ 30,300 individuals; 26,890 of which are full time positions.

OPRA will be engaged in all aspects of implementation including working closely with the Lucas County provider organizations, participating in Bridges out of Poverty facilitation and technical assistance trainings, assisting with data collection, identifying best practices concerning program implementation, and implementing ERN's.

OPRA is committed to the statewide application of HBCGPP and intends to replicate the process across the state utilizing information garnered from the project. OPRA's HR and Workforce Committee members will be available to assist and advise, not just in Lucas County, but in all areas of the state. Lessons learned will be incorporated as we select future counties and regions in which to implement programs. There is the potential to positively affect hundreds of provider organizations and subsequently the DSP's and the individuals to whom they provide services.

Given proper, targeted support OPRA is confident that retention will improve and that DSP's will lead more self-sufficient, balanced and productive lives. In turn, the individuals they support will experience less turnover in staffing and increased continuity of care. This will positively impact the health, education and well-being of those receiving services.

The Pathways Community HUB Model is currently being replicated in Ohio with assistance from the Ohio Commission on Minority Health and Ohio Medicaid throughout Ohio to address infant mortality. HUB sites include: Mansfield, Cincinnati, Akron, Youngstown, and Columbus. The focus of this project on workforce development will provide a new perspective to existing HUBs to meet community needs. While the Northwest Ohio Pathways HUB primarily operates in Lucas County, Ohio, it is beginning to expand to rural counties in Northwest Ohio and 5 counties have recruited candidates who are now in training to become community health workers that will work through the HUB.

F. Outreach completed during creation of application

The process of creating the plan for the Lucas County Healthier Buckeye Council brought together new partners to collaborate on shared goals. It has planted ideas for future collaborations to improve the health and prosperity of the community. The LCHBC has been implementing Bridges Out of Poverty concepts for over ten years. Multiple initiatives have been implemented to improve the delivery structure in place to increase effectiveness to low-income individuals and families served by council member organizations. As a result of LCHBC's reputation and track record of success, when the superintendent of the LCBDD realized the depth and urgency of the DSP retention problem, she sought out our help in finding solutions. The LCHBC started working on the DD employee retention project with the LCBDD prior to the release of the HBC-RFGA. OPRA's engagement in the development of the project began in March of 2016, however, their HR and Workforce committees have been working in earnest on the retention problem over five months. Partner discussions and meetings include an OPRA Workforce committee meeting in Columbus with Phil DeVol (aha! Process) and the chair of the LCHBC on March 30; an ad hoc planning meeting with staff from LCHBC, LCBDD and Lucas County DD employers on April 21; and a LCBDD partner collaborative meeting on April 28 to cement the plan. The LCBDD and OPRA have assisted LCHBC by providing information on Lucas County membership and organizing informational meetings. There is genuine excitement among the members about the potential outcomes of this project and how it can positively impact the lives of their staff and the people they serve. The Northwest Ohio Pathways HUB was brought into the discussions in April and it was quickly evident that the CHWs are part of the target population as well as key peer supports to address health needs of people in poverty. Already, CHWs as part of their certification program graduate from Bridges Out of Poverty and they will make natural and authentic facilitators during the project. Due to its function in linking employers and employees the Lucas County Department of Planning and Development was the natural choice as lead collaborative organization. LCDPD also has tremendous resources to improve employee skills. The following organizations were engaged as allies in the creation of the application; Bittersweet, Inc., Champaign Residential Services, Inc., Community Residential Services, Epilepsy Center of Northwest Ohio, First Church of God, Goodwill Industries of Northwest Ohio, Inc., Salem Lutheran Church, Second Baptist Church, and Triad Residential.

TAB 4

Program Outcomes and Measures (Section 4.3)

A. Description of the measurement and assessment of success/effectiveness of the program

Monitoring activities and expenditures. The applicant will closely monitor the activities, outcomes, and expenditures of the lead collaborator and all sub-contractors by entering into clear and concise contracts and requiring quarterly progress reports and expenditure reports with documentation. The applicant will conduct site visits for all sub-contractors as part of the oversight role.

Proposed outcomes and measures. First, a final set of goals related to the overall pilot are listed below. Second, in order to assess the effectiveness of the Employee Retention Project, the project will work to accomplish specific goals and outcomes related to both employers and program participants. The program goals and outcomes related to participants will focus primarily upon two key areas – Employment, Health and Social Well-being, as outlined below.

Overall Lucas County HBC Project Goals:

1. Educate 320 staff and volunteers from collaborating organizations in Bridges out of Poverty so they can be mentors and allies to under-resourced employees and support them to increase self-sufficiency and stay in the workforce.
2. Educate 48 under-resourced DSP's working for DD employers in Getting Ahead in the Workplace training.
3. Providing an ERN, BOP training, technical consultation, and DSP training support to eight (8) DD Employers with a goal to increase retention from 53% to 76%.
4. Provide The DSPaths credentialing program to incumbent DSP's. Seventy five (75) DSP's will receive DSPaths Basic program and 25 will receive DSPaths CIP program certification.
5. Increase community capacity by funding certification training so that organizations can provide the following trainings for their staff, volunteers and clients:
 - Ten (10) individuals trained to facilitate Bridges Out of Poverty trainings
 - Forty (80) individuals trained to facilitate Getting Ahead in a Just-Gettin'-By-World classes
6. Provide 5 Community Health Workers with full time employment and Bridges Out of Poverty professional development while they serve the DD employee population.
7. Provide Pathways to at least 150 DD employees to improve their health, meet their basic needs, and connect them to needed Healthcare.
8. Improve LCHBC cross sector collaboration to sustain the initiatives implemented through support to establish a strategic framework for overall organizational development from Toledo Local Initiatives Support Corporation (LISC).

Employer Outcomes

Outcomes/Goals	Indicator/s	Performance Target	How data will be collected
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Improve recruitment and retention of entry level employees	Number of new program participant recruits Number and percent of participants achieving 90-day retention	Increase employee retention from 53% to 76%	Employer report on 90 day retention for program participants in Charity Tracker
Reduce Employer Turnover Costs	Amount of dollars saved with increased retention.	Employer will demonstrate a 30% improvement in cost savings	Baseline for turnover cost will be established for 2015 Comparison cost for project period adjusted to inflation rate.
Improve wage structure to support retention	Wage increase at 90-day retention	To be determined with targeted employers	Establish wage baseline for 2015 to measure difference against
Improve opportunities for employee advancement	Documented Pathways for advancement # of participants identified for advancement pathways	To be determined with targeted employers	Document showing pathways for advancement
Development of Employee's Resource Network (ERN)	ERN is fully operational	ERN is fully operational by April 2017	Report on operational status
Supervisory staff at Developmental Disability Provider Agencies are trained in Bridges out of Poverty.	Percent of supervisory staff that completed training	100% of all Supervisory Staff by March 2017	Training sign-sheets and agency HR list of supervisory staff

Program Participant Outcomes

1) Employment Outcomes

NOTE: For this pilot project it will not be possible, in most cases to determine longer-term outcomes related to reduction of reliance on public assistance and increased self-sufficiency and so it is more appropriate to measure the process goals and indicators that are expected to move participants toward long-term self-sufficiency and improved health.

Outcomes/Goals	Indicator/s	Performance Target	How data will be collected
Persons in poverty are recruited for jobs serving persons with developmental disabilities	# of persons recruited through the project	At least 25% of new recruits will be program participants	Referrals from community partners, e.g., Pathways, Ohio Means Jobs, etc.
Participants successfully complete Getting Ahead Training	# and % of persons completing GA trainings.	80% will successfully complete GA	Sign in sheets Development of Life Plan
Participants are connected with an Allies Team	# and % of persons connected to an Allies Team	50% of participants will be connected to an Allies Team	Charity Tracker
Remove/address barriers to employment retention	# of barriers successfully addressed	65% of identified barriers will be successfully resolved	Charity Tracker

Create recruitment and retention incentives	# and % of total recruitments to receive sign-on bonus · # and % to receive 90-day retention bonus	80% of recruits will receive sign on bonus upon successful completion of orientation 65% of participants employed will achieve 90-day retention bonus.	Charity Tracker Recorded Payment of Bonuses
Link participants to existing community resources	· # and % of recruited participants needing connection to other community resources · # and % successfully connected	65% will be successfully connected to other community resources	Charity Tracker
Develop further pathways for training/education to advance in the field	TBD	TBD	TBD

2) Health and Social Well-being Outcomes (Utilizing Pathways Model)

Pathway	Outcome	How data will be collected
Adult Education	Confirm that client successfully completes stated educational goal: <ul style="list-style-type: none"> • course/class completed • quarter/semester completed • training program completed 	Care Coordination Systems (CCS) data, collected by CHW's. Charity Tracker (CT)
Behavioral Health	Client has kept 3 scheduled appointments for behavioral health issue(s).	CCS CT
Education	Client reports that he/she understands the educational information presented. (document educational content and format)	CCS & Charity Tracker
Employment	Client has found consistent source(s) of steady income and is employed over a period of 3 months.	CCS CT
Family Planning	Confirm that client has kept appointment and document family planning method: <ol style="list-style-type: none"> 1. Completed with permanent sterilization or LARC (long acting reversible contraceptive) 2. All other methods, completed if client is still successfully using the method <u>after 30 days</u>. 	CCS only
Health Insurance	Completed if client has received health insurance -- document plan and insurance number.	CCS CT
Housing	Confirmation that client and/or family has moved into an affordable suitable housing unit for a minimum of 2 months.	CCS CT
Immunization Referral	Client who was behind on immunizations has his/her immunization record reviewed and is verified to be up to date.	CCS only

Immunization Screening	Client is up to date on all age appropriate immunizations.	CCS only
Lead	Confirm that appointment was kept and document results of lead blood test.	CCS only
Medical Home	Confirm that client in need of ongoing primary care has kept first appointment with medical home.	CCS only
Medical Referral	Verify with health care provider that client has kept appointment.	CCS Only CT
Medication Assessment	Verify with primary care provider that medication chart was received. (requires chart)	CCS only
Medication Management	Verify with primary care provider that client is taking medications as prescribed. (requires chart)	CCS only
Postpartum	Confirm that client has kept postpartum appointment.	CCS only
Pregnancy	Confirm that client has delivered a healthy baby weighing more than 5 pounds 8 ounces (2500 grams).	CCS only
Smoking/Tobacco Cessation	Confirm that client has stopped using tobacco products.	CCS only
Social Service Referral	Verify that client has kept scheduled appointment with social service provider in the following areas: Social Service Referral – Food Assistance Social Service Referral – Utilities Assistance Social Service Referral – Clothing Assistance Social Service Referral – Legal Assistance Social Service Referral – Housing Assistance Social Service Referral – Transportation Assistance Social Service Referral – Food Assistance/WIC Social Service Referral – Insurance Assistance Social Service Referral – Financial Assistance Social Service Referral – Education Assistance Social Service Referral – Other	CCS CT

3) Pilot Project Outcomes

Outcomes/Goals	Indicator/s	Performance Target	How data will be collected
Develop a replicable model for helping to move persons from poverty toward greater self-sufficiency with improved employment, health and social well-being outcomes	Agreement between key partners on the effectiveness of the model	At least 85% of partners agree to the effectiveness of the model	Key informant interviews with partners
Test the Employer Resource Network model as a viable way to better coordinate community services, supports and resources to improve retention and help move	Assessment of both employer and participant related outcomes/goals Employer satisfaction with the ERN	TBA with employers	See employer and participant outcomes/goals Employer satisfaction survey Participant satisfaction survey

persons from poverty toward greater self-sufficiency	Participant satisfaction with the ERN		Key Informant Interviews
Project achieves sustainability within the labor sector as a result of cost savings achieved by improved employment, health and social-wellbeing outcomes	Cost-savings (see employer outcomes/goals) Financial commitment from employers Realignment of public funding to support model	At least 85% of the employers make financial commitments to sustain ERN	See Employer Outcomes/Goals Funding Commitments secured by 6/30/17.

Charity Tracker: Charity Tracker is an online, networked data tracking system designed for collaborative use by multiple organizations. Charity Tracker has worked with aha! Process to incorporate all the Getting Ahead self-assessment tools into the system, including the 1) Return on Investment Indicator, 2) 15 point Stability Scale, and 3) Self-Assessment the 11 GA Resources. Goal sets, objectives and action steps are created and tracked. Reports are Charity Tracker is an inexpensive, easy-to-use, and effective system that increases the number of collaborators in the community to track the progress of the targeted population. Networking through Charity Tracker streamlines client intake and provides accurate records of assistance through agencies in your community. Easy access to accurate data means better service for the client. In addition, allies, volunteers, peer supports, case managers all have access to the same information, which supports multiple individuals and organizations to maintain continuing, coordinated mentoring support.

Charity Tracker has flexible reporting features that enable data gathering for resource development, strategic planning and measuring outcomes. The metrics from Charity Tracker provide a better understanding of the impact on targeted population. The use of Charity Tracker on the LCHBPP will maximize the efficiency and effectiveness of our direct service providers

- reduce duplication and allocate limited resources where they are most needed
- quickly notify care providers of emergency needs within the community
- track people's progress from crisis to self-sustainability
- get more people involved in generous acts of kindness and care
- connect with other organizations and gather resources for those in need

Partners will use Charity Tracker, which is a collaborative, secure database designed to catalogue and report input data in order to assure data collection, evaluation options, as well as accountability measures to not only ensure that output and outcome goals are being met but to set new goals for improved services. Data input of participant achievements, credentials, leadership activities, etc. may be entered collaboratively from the program partners via a password protected system in order to protect client privacy and, continue accurate and updated documentation of client success. Charity Tracker's collaborative case management system allowing options for further teamwork when it comes to services offered to their clients. The Charity Tracker's collaborative case management system has a built in security protocol to customize sharing in consideration of FERPA (Family Educational Rights and Privacy Act) and HIPAA (Health Insurance Portability and Accountability Act) if applicable in those agencies. Clients and/or their parents/guardians will review sign documents at intake regarding FERPA and their choice about how their individual information in shared via database to collaborate across agencies.

B. Detailed Program Plan

A detailed program plan will be submitted to ODJFS for approval no later than 30 days after the grant is awarded and executed. The plan will be developed after consultation with the ODJFS agreement manager to

identify specific tasks and to establish timeframes for the completion of each task. The Program Plan will clearly describe each task, its dependencies, and its components, as well as the projected timeframe for its completion. In addition, the Program Plan will include the projected dates that the following items will be submitted to the ODJFS agreement manager for approval: 1) The strategic action planning process; 2) The outreach plan and related materials; and 3) The final report.