

**BILL PURCELL  
MAYOR**



**DEPARTMENT OF FINANCE  
INTERNAL AUDIT SECTION**

**METROPOLITAN  
GOVERNMENT OF NASHVILLE  
AND DAVIDSON COUNTY**

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May 19, 2004

Ms. Dorothy Shell Berry, Interim Director  
Members of the Metropolitan Social Services  
Board of Commissioners  
25 Middleton Street  
Nashville, TN 37210

### **Report of Internal Audit Section**

Dear Ms. Berry and Board of Commission Members:

We have recently completed a performance audit of the Social Services Department. *Government Auditing Standards* issued by the Comptroller General of the United States define performance audits as follows:

Performance audits entail an objective and systematic examination of evidence to provide an independent assessment of the performance and management of a program against objective criteria as well as assessments that provide a prospective focus or that synthesize information on best practices or cross-cutting issues. Performance audits provide information to improve program operations and facilitate decision-making by parties with responsibility to oversee or initiate corrective action, and improve public accountability.

A performance audit is different than a financial statement audit, which is limited to auditing financial statements and controls, without reviewing operations and performance. In performing this audit, we retained Maximus to work under our direction. Their final report dated May 2004, *Performance Audit of Metro Social Services Department*, accompanies this letter and is hereby submitted to you.

Metro Social Services was established under the Charter of Metropolitan Nashville and Davidson County. It works under the policy supervision of an independent Commission appointed by the Mayor and confirmed by the Council. The stated mission of the Social Services Department is to promote quality living in our community by linking people, information and resources. The Social Services Department provides direct services as part of their response to persons challenged by economic, social, physical or behavioral problems. Social Services had a total of 267 budgeted positions for FY 2004 and consists of the following divisions and programs:

- Adult Day Care Division
- Adult Homemaker Program
- Child Care Center
- Disability Information Office
- Family Services Division
- Knowles Home Division
- Nutrition Division
- Refugee Services Program
- Richland Village Community Services
- Transportation Division
- Administrative Services

The fiscal year 2004 Social Services GSD General Fund budget can be summarized as follows:

Revenues and Transfers

Charges for Current Services	\$ 689,100
Other Governments and Agencies	2,611,800
Other Program Revenue	101,500
Transfers from other Funds and Units	<u>136,300</u>
Total Revenues and Transfers	<u>\$ 3,538,700</u>

Expenditures

Salaries and fringes	\$ 9,347,200
Other Services	2,054,800
Other Expenditures	1,308,600
Transfers to other Funds and Units	<u>195,000</u>
Total Expenditures and Transfers	<u>\$12,905,600</u>

Additional background information is included in the accompanying Maximus report.

**Objectives, Scope and Methodology**

The primary objectives of this performance audit were as follows:

- For significant operations within each Social Service division, determine how program effectiveness, performance and efficiency are monitored.
- For all major operations in all divisions, determine which functions are performed in-house and which, if any, are outsourced and determine whether the current arrangements represent good practices in terms of service delivery, business risk and cost.
- Assess the appropriateness of the educational and certification requirements for staff and the effectiveness of the overall organization structure.
- Determine how effective the Social Services Department is at coordinating among its divisions and coordinating with other Metro, State and not-for-profit agencies. Determine if Social Services is duplicating services and/or competing with any of these agencies.
- Determine which Metro departments and outside entities provide services to the homeless population. Meet with representatives from those groups and from homeless advocacy groups and assess the level of coordination, collaboration, competition and redundancy in those services. Identify unmet needs. Using best practices and homeless services in other cities that have high levels of effectiveness, develop recommended improvements in Nashville's services to the homeless.

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- Assess the overall management of the Social Services Department, including operating and financial procedures and controls and information technology systems.
- Develop findings and recommendations for any areas where performance could be improved.

This audit focused primarily on fiscal years 2003 and 2004 budgeted and actual financial balances, transactions and performance and on the processes in place during the time of the audit. Certain analyses required the consideration of financial results, performance and operations outside of that time period.

The methodology employed throughout this audit was one of objectively reviewing various forms of documentation, including written policies and procedures, financial information and various other forms of data, reports and information maintained by Social Services. Management, administrative and operational personnel, as well as personnel from other Metro departments, State departments, not-for-profit agencies, and other stakeholders were interviewed, and various aspects of Social Services' operations were directly observed. We also conducted a focus group on homelessness in Nashville. Data obtained from various sources were analyzed, and various aspects of performance, cost and practices were compared to those of peers and to best practices.

We performed the audit procedures in accordance with generally accepted government auditing standards.

### **Findings and Recommendations**

The Maximus report addresses the Social Services operation and the resulting findings and recommendations in detail. Following is an overview of some of the more significant findings and recommendations included in their report.

Overall, Maximus found that the Social Services Department was not taking a lead in coordinating services in Metro but instead ran a variety of programs that were not always established based on needs in the community. Maximus found several Social Services programs that duplicated programs provided by other Metro departments or by not-for-profit agencies. Further, there was a lack of reliable information to measure performance and to coordinate services among programs for specific clients. Finally, while other social service agencies in large Tennessee cities and counties have adapted to best practices and changes in service delivery models by coordinating services in their local communities and moving away from providing direct client services, the Metro Social Services Department has not.

Maximus is recommending a new model for the Metro Social Services Department, where Social Services would take the lead in assessing the current needs in the community and the related services available, coordinating the development of programs where there are unmet needs, contracting and monitoring the effectiveness of contracted services, and coordinating client services management. This new model would result in a Social Services Department of less than 30 staff, with all direct services being provided through other Metro departments or through competitively bid contracts. Specific recommendations include:

- Establishing strong staff resources for program planning and coordination, financial and contract management, and client services information systems.
- Transferring Knowles Home programs to the Hospital Authority, transferring parts of Family Services to the Metropolitan Action Commission, transferring transportation services to MTA, and transferring parts of the Disability Information Office to the Office of ADA Compliance.
- Eliminating programs that provide limited services, are duplicative, are not resourced appropriately and/or have excessive cost. Maximus specifically recommends eliminating the Day Care and Richland Village programs.
- Assessing unmet needs in the community in order to maximize the appropriate allocation of available resources. Maximus noted that homeless services were only allocated one staff position and that this was an area that probably needed additional resources.
- Developing requests for proposals for needed services that are not aligned with other Metro departments, and managing the resulting contracts for effectiveness and performance.
- Providing leadership in homelessness issues and in implementing the recommendations in the August 2003 *Final Report of the Immigrant Community Assessment*.
- Reassuming responsibility for Caring for Children or facilitating the return of these responsibilities back to the Community Services Agency, as is the case in other Tennessee counties.

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The total Metro-wide financial impact of Maximus' recommendations is net savings of \$1.8 million. The savings would come from eliminating the Day Care and Richland Village programs and from eliminating program-related administrative overhead that would be absorbed by other Metro departments or by not-for-profit agencies under contract.

In addition to Maximus' work, Internal Audit staff reviewed procedures and controls surrounding financial and other operations and noted the following issues:

- Cash accounts maintained by Social Services often lacked adequate documentation and are not regularly reviewed by someone other than the custodian. This has resulted in one custodian keeping a \$300 petty cash fund in her purse, one cash advance for \$100 that has been outstanding since December 2002, and six petty cash funds totaling \$1,900 that are rarely used. The department should strengthen its cash management procedures.
- The Social Services Department has been using local funeral homes to bury deceased indigent persons without having a valid contract in place. Social Services should issue a request for proposals for the burial of deceased indigent persons.
- Procurement cards and purchases are not adequately monitored. A pocket PC was purchased by an employee at a cost of \$648 without documented management approval. Also, records maintained by Social Services had 20 employees with open Metro credit cards while the central Metro listing had 12 individuals with open accounts. Procurement card transactions should be more carefully reviewed and controlled.
- The rates charged to outside agencies for interpreter services were not consistent, and the rates did not appear to cover the wages and other costs of services provided. The department should review the costs of providing these services and set rates to recover full costs.
- The Nutrition section appeared to have implemented a mailing solicitation program without Board approval. Additionally, the Nutrition program was invoiced and paid a mileage charge of \$.85 per mile to a food vendor for delivering program meals. Because invoices were not adequately reviewed, management did not realize that the food vendor was charging \$.85 per mile to deliver meals, but instead believed that the deliveries were donated services. Management should obtain Board approval for solicitations and should thoroughly review invoices.

- During the audit period, the Social Services Department identified three employees who had incurred excessive personal cell phone minutes, resulting in Metro being billed \$6,602 for excess usage from October 2002 through May 2003. The interim director has taken appropriate action to collect these charges from the employees.

Issues specific to the Knowles Home that need to be addressed include the following:

- Knowles maintains cash funds for residents in a bank account in a fiduciary capacity and maintains a residents' change fund at the Knowles Home, and we noted problems surrounding those funds. Five of 96 resident cash accounts had negative balances at July 31, 2003 and eight accounts had negative balances at some point during that month. Five of thirty accounts reviewed were for recently discharged residents. Unclaimed funds totaling \$10,433 from 28 former residents are included in the Knowles resident bank account, and no policy is in place to address former residents' funds. Finally, the change fund was improperly increased without authorization by withholding \$700 of cash that should have been deposited in the bank.
- One resident's admission form dated 10/09/01 identified the source of monthly revenue but lacked documentation of verification. That resident's bank account contained a balance of \$4,621.80 on 9/9/01, which exceeded the asset limit of \$3,000 for acceptance.
- Knowles management sells cigarettes that were donated for the Knowles Home residents to the residents in order to generate revenue.
- No cost recovery procedures or other documentation was available to support the \$2 non-resident meal ticket rate. We also noted that single and double occupancy rooms have no variance in price structure.
- Medication records could not be located for 2 of 10 resident records selected for review, and 4 of the 8 resident medication records located lacked sufficient documentation acknowledging that medication prescribed had in fact been provided to the residents.
- Records were not maintained to document the reconciliation of medicine received to the related vendor invoices.

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- Two management staff members had unusually flexible work schedules, and the documentation surrounding their leave and time worked was inadequate.
- Duties surrounding purchasing, receiving and paying for supplies inventory items were not appropriately segregated.

Management should take corrective action on the issues listed above and on issues of lesser significance that were discussed with management.

Additional findings and recommendations can be found in the Maximus report accompanying this report.

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Management's response to the audit recommendations is attached to this report.

We appreciate the cooperation and help provided by all Metro Social Services Department staff and by staff from several other Metro Departments.

This report is intended for the information of the management of the Metropolitan Government of Nashville and Davidson County. This restriction is not intended to limit the distribution of this report, which is a matter of public record.

Internal Audit Section

Kim McDoniel  
Internal Audit Manager

Copy: Mayor Bill Purcell  
Karl F. Dean, Director of Law  
David L. Manning, Director of Finance  
Eugene Nolan, Associate Director of Finance  
Talia Lomax-O'dneal, Deputy Finance Director  
Metropolitan Council Audit Committee  
Richard V. Norment, Assistant to the Comptroller for County Audit  
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BILL PURCELL  
MAYOR



METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

METROPOLITAN SOCIAL SERVICES  
25 MIDDLETON ST.  
NASHVILLE, TENNESSEE 37210

May 19, 2004

Ms. Kim McDoniel, Internal Audit Manager  
222 3<sup>rd</sup> Avenue North, Suite 401  
Nashville, Tennessee 37201

RE: Report of Internal Audit Section

Dear Ms. McDoniel:

I have received your letter explaining the Maximus Audit and the Internal Audit performed by your staff. Our office will comply with the requested instructions and take corrective action when appropriate. I will follow the normal guidelines related to sharing this information with our Board of Commissioners and staff.

I request your assistance in making sure we follow all policies and procedures associated with an audit of this nature.

Our office will supply any additional information that may be needed.

Sincerely,

*Dorothy Shell-Berry*  
Dorothy Shell-Berry

PERFORMANCE AUDIT OF  
METRO SOCIAL SERVICES DEPARTMENT



THE METROPOLITAN GOVERNMENT  
OF NASHVILLE AND DAVIDSON  
COUNTY, TENNESSEE

MAY 2004

**MAXIMUS**  
*HELPING GOVERNMENT SERVE THE PEOPLE*



# PERFORMANCE AUDIT OF METRO SOCIAL SERVICES DEPARTMENT

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## I. INTRODUCTION AND EXECUTIVE SUMMARY

The report which follows presents the results of the performance audit of the Metro Social Services Department, conducted by MAXIMUS under contract to Metro. The scope of this study also included review of the organization and delivery of social services within Metro. This includes both the operation of the Metro Social Services Department, coordination among various other Metro agencies, and coordination with other social service providers in Davidson County. We conducted the major fieldwork in this study during the period of January through March of 2004.

The scope of services included in this study of the Metro Social Services functions included extensive interviews, data collection, observation of work practices, as well as customer interviews and “peer city” surveys. Specifically, the study included a review and analysis of the following elements:

- For significant operations within each Social Service division, determine how program effectiveness, performance and efficiency are monitored. Determine whether staffing levels appear appropriate, as compared to comparable Social Services departments, and determine whether reasonable performance standards are established and measured.
- Review any recent studies and assess the operational impact of any related conclusions and recommendations.
- Evaluate work scheduling for routine duties, assess procedures and controls surrounding overtime, and determine whether the use of overtime is controlled and appropriate.
- For all major operations in all divisions, determine which functions are performed in-house and which, if any, are outsourced, and determine whether the current arrangements represent good practices in terms of service delivery, business risk and cost.
- Assess the appropriateness of the educational and certification requirements for staff and the effectiveness of the overall organization structure. Evaluate staff training and development programs in place to support staff advancement opportunities.

- Evaluate the operating effectiveness and cost of providing the significant services throughout Metro, and identify any areas that could be consolidated or contracted.
- Determine how all fees are established and regularly reviewed for appropriateness, including comparing fees charged by Social Services to fees charged by peer cities.
- Determine that all costs are properly allocated and identified for allowable reimbursement. Assess the cost of services based on volume of services provided to customers.
- For all information technology systems, determine the adequacy of the systems in terms of their ability to provide reliable, useful management reports. Determine whether the systems are adequately supported and integrated with other Metro systems and other agencies, and determine whether the controls surrounding the systems are adequate.
- Assess the effectiveness of meeting client needs for all major programs.
- Determine what significant regulatory requirements Social Services must comply with and what procedures and controls are in place to ensure compliance.
- Determine how effective Social Services is coordinating among its divisions and coordinating with other Metro, State, and non-profit private agencies. Determine if Social Services is duplicating and/or competing with any of these agencies.
- Analyze Metro's complete schedule of federal and state financial assistance, and determine where social service programs are administered throughout Metro, and assess the effectiveness and efficiency of organizational placement.
- Meet with representatives of all departments providing social service related programs and assess the level of collaboration and coordination among Metro departments. Extend this assessment to the state Department of Human Services and Department of Children's Services and other major outside, not-for-profit social service providers in the Nashville community.
- Determine which Metro departments and outside entities provide services to the homeless population. Meet with representatives from those groups and from homeless advocacy groups and assess the level of coordination, collaboration, competition and redundancy in those services. Identify unmet needs. Using best practices and homeless services in other cities that have high levels of effectiveness develop recommend improvements in Nashville's services to the homeless.

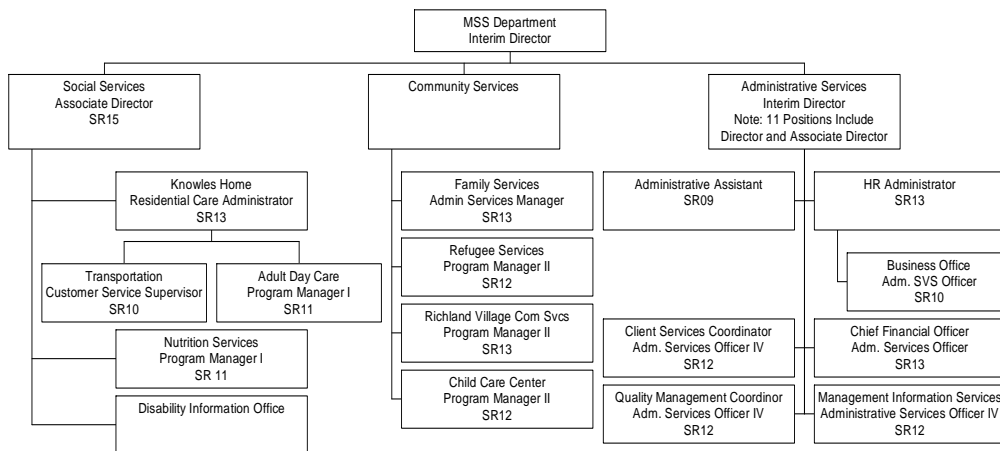
## A. ORGANIZATION AND OPERATION OF METRO SOCIAL SERVICES

In this section, we provide an overview of the Metro Social Services Department as an organizational entity. In other sections of the report, we discuss coordination of various social services provided elsewhere in Metro and in coordination with non-Metro agencies in Davidson County.

### 1. Organization of Metro Social Services Department

Metro Social Services exists as a department, established under the Charter of Metropolitan Nashville and Davidson County. It works under the policy supervision of an independent Commission appointed by the Mayor and confirmed by the Council. The following is a high level organization chart showing the alignment of the various work functions of the Department.

**OVERALL MSS DEPARTMENT ORGANIZATION CHART**



In summary, each of the principal functions of the Department are as follows:

- **Adult Day Care Division.** This is a community-based service providing supportive services in a protective environment to older adults who wish to remain independent at home, in a family setting, or an alternative living situation. With this in mind, the program's goal is to assist clients in maintaining independence and to maintain the highest level of functioning possible. Metro Social Services has offered Adult Day Services for frail, elderly and disabled individuals for over 30 years. The Adult Day Program currently operates from the Joseph B. Knowles Home for the Aged. The program's major goal is to encourage and support individuals and their families in efforts to remain independent. It is an activity-based program that offers individuals the opportunity to socialize, enjoy peer support, and receive social services while maintaining or improving their level of functioning. The service also provides respite to family caregivers who are trying to keep a family member in community-based care and to prevent the inappropriate or premature placement in institutional care.
- **Adult Homemaker Program.** This program assists frail elderly in maintaining a quality of life in supporting their independence by providing home and community based services. Primary Service Components include Homemaker tasks (preparing meals, light housekeeping, laundry, marketing, essential errands); Personal care (assistance with bathing, eating, dressing, grooming); Emotional support; and transportation services.
- **Child Care Center.** The Child Care Center offers age appropriate activities to young children in a positive, nurturing and protective environment through opportunities for social interaction and planned activities. Primary Program Components include Age appropriate activities to address language, social, cognitive, fine and gross motor skills and meals; and parent conferences and parent workshops.
- **Disability Information Office.** This office works to enhance the lives of persons with disability and their families. Primary Program Components include Information and referral; Community training; and representing MSS on community committees for persons with disabilities.
- **Family Services Division.** This division is responsible for providing services and linking individuals and families with services – reducing the need in financial emergencies, helping stabilize crisis situations, and promoting opportunities for growth. Primary program components include financial assistance; burial assistance; information and referral; support services; and, community coordination to enhance the community's capacity to support families.
- **Knowles Home Division.** The Joseph B. Knowles Home for the Aged provides services to the low-income elderly citizens of Nashville – Davidson County and promotes the highest possible level of functioning in all areas of their life. The home is a 100-bed licensed assisted-living facility. It provides supportive services to those frail elderly who can no longer live independently, but do not need

- nursing home care. Primary program components include residential treatment, dietary services, and custodial services.
- **Nutrition Division.** The MSS Senior Nutrition Program provides meals to seniors and other qualifying adults in congregate settings and through home delivery. The Nutrition Program serves mid-day meals and organizes social opportunities for senior and disabled citizens. These services assist in maintaining at-risk senior adults in their homes. Meal sites are located in 16 community centers and retirement homes throughout the county. Meal sites are open 4 ½ hours each day, five days per week and provide the following services: Meals in a group setting of senior adults; one hot meal per day; meals containing at least one-third of the daily allowance established by nutritional authorities; activities for fun, fitness and fellowship; transportation to the meal site; coordination with other home & community based activities for seniors. The program also delivers meals to eligible seniors and disabled citizens in their homes, using a fleet of vans to deliver a combination of hot meals and frozen meals to the clients, based on their needs. In addition, the Nutrition Program operates the Nutrition Supplement (ENSURE) Program, which provides the elderly with supplemental nutrition products at a significant savings over retail.
  - **Refugee Services Program.** This program assists refugees by providing services designed to enable clients to become more independent. It provides services to refugees who have been in the United States less than five years to help them become integrated into the Nashville community while respecting their cultural identity. Primary program components include social adjustment; employment services (including orientation, placement and retention); English language training; and, cultural training for the community.
  - **Richland Village Community Services.** This division works with Metro middle school students and their families to overcome daily challenges by providing services through collaborative partnerships in order to reduce the risks of problem behaviors and non-participation in schools. Primary program components include home based services (counseling, therapeutic and community mentoring, homemaker, tutoring, family preservation); community and family based services (family centered casework, parenting education, mentoring, short term counseling, intervention and referral); and, school based services (summer camp, T-CAP academy).
  - **Transportation Division.** This MSS division operates a fleet of personal service vans to transport senior and disabled citizens. The program assists with maintaining at-risk senior adults in their homes through providing access to community services. The program provides rides for medical appointments, nutrition sites, the adult day care program, other government agencies, and for shopping trips. Appointments must be scheduled between 8:00 AM and 2:00 PM, Monday through Friday except holidays.
  - **Administrative Services.** In addition to the direct delivery units, MSS also has an administrative component. This component includes departmental



administration, financial management, information technology, human resources management, and quality assurance staff.

## 2. FY 2004 Budget for MSS

The FY 2004 budget for Metropolitan Social Services is shown in the table below.

The breakout was prepared by the Department and is by individual program; the total approved FY2003-04 budget for the Department as shown in Metro's Budget Book was \$12,905,600. The MAXIMUS project team did not attempt to reconcile the specific amounts between the budget and the program allocations.

FY 2004 BUDGET CATEGORY	FEES, SALES, DONATIONS, REIMBURSEMENTS AND GRANT REVENUES			EXPENSES			NET COST TO METRO
	FEES, SALES, REIMBURSEMENTS, DONATIONS	GRANTS	TOT	PERSONAL SERVICES	OTHER EXP	TOTAL EXP	
Administration	0	0	0	797,000	149,300	946,300	946,300
Adult Day Services	14,800	164,600	179,400	383,400	22,300	405,700	226,300
Adult Homemaker*	0	411,300	411,300	1,763,900	170,000	1,933,900	1,522,600
Child Care Center	3,800	261,200	265,000	549,100	75,300	624,400	359,400
Disability Information	0	0	0	99,900	5,100	105,000	105,000
Family Services	47,500	0	47,500	801,100	816,600	1,617,700	1,570,200
Knowles Home	600,000	41,000	641,000	2,191,900	681,300	2,873,200	2,232,200
Nutrition	146,500	848,200	994,700	733,500	910,700	1,644,200	649,500
Refugee	0	881,500	881,500	688,300	362,700	1,051,000	169,500
Richland Village	0	0	0	1,030,700	276,800	1,307,500	1,307,500
Transport	3,500	155,600	159,100	387,800	49,700	437,500	278,400
<b>TOTAL</b>	<b>816,100</b>	<b>2,763,400</b>	<b>3,579,500</b>	<b>9,426,600</b>	<b>3,519,800</b>	<b>12,946,400</b>	<b>9,366,900</b>

\* The amounts for this unit include the \$268,000 net cost to Metro for the Home Services Unit, which is shown in the Metro budget book as a separate budget item.

## 3. MSS Service Volume

The following table summarizes the current work volume in terms of client service. This tally is self reported information for each functional work unit. Because of

limitations in MSS' information management capacity, these figures are not adjusted for double counting of clients. It can be reasonably assumed that individual clients may be receiving services from two or more MSS units; therefore, the actual client count is less than the totals in the following table.

MSS WORK VOLUME	
MSS FUNCTION	ESTIMATED WORK VOLUME
Adult Day Services	<ul style="list-style-type: none"> <li>• 105-115 clients</li> <li>• 200 care givers</li> <li>• 59 daily rides</li> </ul>
Adult Homemaker Services	<ul style="list-style-type: none"> <li>• 37,800 hours of client service</li> <li>• Estimated 37-400 clients per week</li> </ul>
Child Care Center	<ul style="list-style-type: none"> <li>• 51 children average</li> <li>• 74 families served in 2003</li> </ul>
Disability Information Office	<ul style="list-style-type: none"> <li>• 106 community events</li> <li>• Unknown count of service calls</li> </ul>
Family Services	<ul style="list-style-type: none"> <li>• 9,574 calls for assistance</li> <li>• 1,948 applications</li> <li>• Services to 1,750 households</li> <li>• Served 495 through community based social workers</li> <li>• 1,209 households granted financial assistance, totaling \$638,286</li> <li>• 98 burials of deceased indigent persons</li> </ul>
Knowles Home	<ul style="list-style-type: none"> <li>• 34,393 days of service at 94% average occupancy</li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>• 2,258 seniors received meals in FY 2003.</li> <li>• More than 250,000 meals were provided to seniors in FY 2003.</li> <li>• 43% of seniors receiving meals were provided with home-delivered meals.</li> <li>• 201 seniors received Ensure.</li> </ul>
Refugee Services	<ul style="list-style-type: none"> <li>• 236 individuals/families through Social Adjustment and/or Employment components</li> <li>• 580 persons through English as a Second Language.</li> <li>• 1,320 clients in Employment Assistance</li> <li>• 960 clients in Social Adjustment services</li> <li>• 1,740 clients in ESL training persons</li> <li>• 1,225 hours of Community Advocacy and Training</li> </ul>
Richland Village	<ul style="list-style-type: none"> <li>• Served 65 families and 413 children during the fiscal year.</li> </ul>

MSS WORK VOLUME	
MSS FUNCTION	ESTIMATED WORK VOLUME
	<ul style="list-style-type: none"> <li>91% of the children served had a reduction in risk factors (i.e., accomplished goals).</li> <li>95% of children served completed their current school term.</li> </ul>
Transportation Services	<p><b>All Trips, By Type:</b></p> <ul style="list-style-type: none"> <li>Nutrition 47% 21,828</li> <li>Adult Day 28% 13,202</li> <li>ADC Trips 7% 3,325</li> <li>Med. Appts. 7% 3,036</li> <li>Shopping 4% 2,002</li> <li>Social 3% 1,396</li> <li>Commodity 2% 804</li> <li>Grocery <u>2%</u> <u>722</u></li> <li>Total 100% 46,315</li> </ul> <p><b>Route Trips, By Type:</b></p> <ul style="list-style-type: none"> <li>Nutrition 62% 21,828</li> <li>Adult Day Care <u>38%</u> <u>13,202</u></li> <li>Total 100% 35,030</li> </ul>

**B. COORDINATION OF SERVICE DELIVERY**

As part of the project, the MAXIMUS project team reviewed other elements of social service delivery within Davidson County. There are two elements to this review. The first is the services being provided by other agencies of Metro, and the second is the services that are available through various not-for-profit agencies within the County. The purpose of this review was to determine the level of coordination among the various delivery agencies and to identify potential areas of service duplication.

## 1. Other Metro Agencies and Service Issues

While Metro Social Services is the only Department of Metro with specifically assigned responsibility for social services, several other Metro departments do provide some level of social service delivery. For example:

- Caring for Children is a State-mandated program providing services for children at risk of coming into State custody.
- Metro Action Commission operates several different programs designed to assist at risk children and indigent persons.
- General Hospital and Bordeaux Hospital provide medical care for indigent persons.
- Metro Health provides a variety of services, including the WIC (Women, Infants, and Children Nutrition), immunization programs, health referral, and the Downtown Clinic which provides direct medical care for the homeless.
- Metro Transportation Authority provides special transit services for elderly and handicapped persons.
- The public utilities have utility fee assistance programs, administered under contract by Big Brothers.
- Metropolitan Development and Housing Authority provides emergency housing assistance and coordinates planning and grants activity for the homeless.

Outside of Social Services, the two Metro agencies which are most heavily involved in social service delivery are Caring for Children and Metro Action Commission.

### CARING FOR CHILDREN

Caring for Children provides services to children at risk of coming into state custody and to their families. CFC is a State-directed service. Davidson County is the only county which provides this service; in all other counties, the service is delivered through a State agency. Several Metro Departments have exercised responsibility for CFC. Currently, the agency is housed in the Metro Finance Department.

The Tennessee Department of Children's Services and the Davidson County Juvenile Court refer children to CFC. The goals of the program are to prevent children from coming into state custody or to successfully reunify children coming out of state custody with their families.

The services provided by Caring for Children include:

- **Central Intake:** Processes referrals from the Juvenile Court
- **Child Protective Services Investigations:** CFC investigates, evaluates and makes recommendations on CPS referrals
- **Family Support Services:** The agency develops a plan of action based upon family strengths, provides in-home case management and brokers other services and resources needed by the family to reduce the risk to the child or children
- **Family Crisis Intervention:** CFC assists families in developing a service plan to reduce crises related to unruly children. Where needed, it will also help identify and obtain other services.
- **Specialized Services:** CFC makes recommendations to the court or DCS as a result of non-custodial assessments, home studies or other investigative orders.
- **Resource management:** The agency hires and monitors other agencies to work with families in their own home. It also helps with emergency food, clothes, and utilities, and processes payments for these services. Families eligible for these services are referrals from Caring for Children or Department of Children Services staff.

#### METRO ACTION COMMISSION

The Metropolitan Action Commission was created in 1964 as the designated community action agency for Nashville and Davidson County under the auspices of the federal poverty programs of the period. Its service programs include:

- **Emergency Assistance:** This program provides some of the basic needs of low-income families on a short-term basis during an emergency or crisis period pending the development and implementation of long term solutions. The program provides information, referrals and financial assistance and helps the applicants to achieve reasonable outcomes and goals.
- **Housing:** Emergency residential repairs and HVAC installations for elderly or disabled indigent homeowners in Davidson County.

- **Homeless Assistance:** This component of the Community Service Block Grant provides case management with financial assistance for rent deposits, electric service deposits and water service deposits for the indigent homeless citizens of Davidson County.
- **Self-Sufficiency Program:** The self-sufficiency program provides classroom instruction leading to completing the requirement for a General Equivalency Diploma (GED) or passing the GED Test. Classroom instruction in job readiness and college preparation is also available. The MAXIMUS project team did not evaluate the individual program elements of MAC for interagency coordination; however, it would appear appropriate for Metro to assure coordination of this program with the educational programs of Metro Schools.
- **Summer Food Program:** Provides meals for low-income children who participate in the free and reduced school lunch program during regular school. Meals are available to children through age 18 and disabled individuals through age 25.
- **Head Start:** The MAC Head Start Program of Nashville provides pre-school education for children ages 3-5 years old. There are 8 Head Start Centers and 7 partner sites throughout Nashville. This program is funded to serve 1,485 children, making it the largest provider of early childhood education in Davidson County. Services include:
  - ❑ Transportation
  - ❑ Food services
  - ❑ Before and After care
  - ❑ Parental involvement programs
  - ❑ Health services
  - ❑ Mental health services
  - ❑ Disability services
  - ❑ Education services
  - ❑ Family services

## 2. Service Duplication within Metro Nashville and Davidson County

During interviews within Metro Social Services, employees frequently described the Department as a “provider of last resort” or “the last safety net” for residents. As such, it would be expected that the services provided by the Department would be particularly unique or that the client groups served would be persons who were unable to

receive services from any other agency. However, the project team found that this was not the case. While the comparison of one social service against another is somewhat difficult due to special circumstances or variations in the service delivery model, the project team found significant areas in which there are duplicate service delivery capabilities within Metro and among Davidson County not-for-profit agencies.

Given that there are over 140 different not-for-profit agencies described in Metro Nashville and Davidson County as providing various social services, we did not attempt to evaluate them or to inventory the services that they provide. The following table, however, is intended to illustrate the level of overlap that a broad review was able to identify.

<b>SOCIAL SERVICES DUPLICATION MATRIX</b> Outcome Areas Derived from the Tennessee State University Office of Business and Economic Research (OBER) For United Way Davidson County Community Needs Assessment (September 2003) and Interviews and Observations by Project Staff				
OUTCOME AREA	SERVICE NEED	MSS PROGRAM	OTHER METRO	REPRESENTATIVE EXAMPLE OF NOT-FOR-PROFIT SERVICE PROVIDERS IDENTIFIED BY UNITED WAY PLANNING OFFICE
ASSISTING SENIORS	<ul style="list-style-type: none"> <li>Coordinated Transportation</li> </ul>	<ul style="list-style-type: none"> <li>Transportation</li> </ul>	<ul style="list-style-type: none"> <li>Metropolitan Transportation Authority</li> <li>Metro Health</li> </ul>	<ul style="list-style-type: none"> <li>Catholic Charities of Tenn., Inc</li> <li>Senior Citizens, Inc</li> </ul>
	<ul style="list-style-type: none"> <li>Home Care, Respite, Adult</li> </ul>	<ul style="list-style-type: none"> <li>Knowles Home</li> <li>Adult Homemaker</li> <li>Adult Day Care</li> <li>Nutrition</li> </ul>		<ul style="list-style-type: none"> <li>Alive Hospice, Inc</li> <li>Catholic Charities of Tenn., Inc</li> <li>Centerstone Mental Health Centers at Luton</li> <li>CHD</li> <li>Senior Citizens, Inc</li> <li>St. Luke's Community House</li> </ul>
	<ul style="list-style-type: none"> <li>Mental and Emotional Health</li> </ul>	<ul style="list-style-type: none"> <li>Knowles Home</li> <li>Adult Homemaker</li> <li>Adult Day Care</li> </ul>	<ul style="list-style-type: none"> <li>Metro Health (DTC)</li> <li>Metro Health Referral Service</li> </ul>	<ul style="list-style-type: none"> <li>Alzheimer's Association</li> <li>Bethlehem Centers of Nashville</li> <li>CHD</li> <li>Crisis Intervention Center, Inc</li> <li>Easter Seals</li> <li>Family &amp; Children's Service</li> <li>Mental Health Association of MT</li> <li>Senior Citizens, Inc.</li> <li>Vanderbilt Center for Health Services</li> </ul>
CARING FOR CHILDREN	<ul style="list-style-type: none"> <li>Early Intervention for Babies</li> </ul>	<ul style="list-style-type: none"> <li>Child Care Center</li> </ul>	<ul style="list-style-type: none"> <li>Metro Health (WIC)</li> </ul>	<ul style="list-style-type: none"> <li>First Steps, Inc</li> <li>Parents Reaching Out, Inc</li> </ul>



<b>SOCIAL SERVICES DUPLICATION MATRIX</b> Outcome Areas Derived from the Tennessee State University Office of Business and Economic Research (OBER) For United Way Davidson County Community Needs Assessment (September 2003) and Interviews and Observations by Project Staff				
OUTCOME AREA	SERVICE NEED	MSS PROGRAM	OTHER METRO	REPRESENTATIVE EXAMPLE OF NOT-FOR-PROFIT SERVICE PROVIDERS IDENTIFIED BY UNITED WAY PLANNING OFFICE
NOTE: OBER DIVIDED "EARLY INTERVENTION" INTO 2 PARTS	<ul style="list-style-type: none"> <li>Early Intervention for Young Child</li> </ul>	<ul style="list-style-type: none"> <li>Child Care Center</li> </ul>	<ul style="list-style-type: none"> <li>Metro Health (WIC)</li> <li>Metro Action Council (MAC)</li> <li>General Hospital</li> <li>Caring for Children</li> </ul>	<ul style="list-style-type: none"> <li>United Neighborhood Health Services</li> <li>Vanderbilt Child Development Center</li> <li>Vanderbilt's Susan Gray School for Children</li> </ul>
	<ul style="list-style-type: none"> <li>Quality Childcare</li> </ul>	<ul style="list-style-type: none"> <li>Child Care Center</li> </ul>	<ul style="list-style-type: none"> <li>MAC (Head Start)</li> </ul>	<ul style="list-style-type: none"> <li>Bethlehem Centers of Nashville</li> <li>First Steps, Inc</li> <li>Grace M. Eaton Child Care and Parent Resource Center</li> <li>Holly Street Day Care Center</li> <li>King's Daughter Day Home</li> <li>Martha O'Bryan Center, Inc</li> <li>McNeilly Center for Children 1</li> <li>McNeilly Center for Children 2</li> <li>Outlook Nashville, Inc</li> <li>Salvation Army</li> <li>St. Luke's Community House</li> <li>St. Mary Villa</li> <li>Vanderbilt's Susan Gray School for Children</li> </ul>

<b>SOCIAL SERVICES DUPLICATION MATRIX</b> Outcome Areas Derived from the Tennessee State University Office of Business and Economic Research (OBER) For United Way Davidson County Community Needs Assessment (September 2003) and Interviews and Observations by Project Staff				
OUTCOME AREA	SERVICE NEED	MSS PROGRAM	OTHER METRO	REPRESENTATIVE EXAMPLE OF NOT-FOR-PROFIT SERVICE PROVIDERS IDENTIFIED BY UNITED WAY PLANNING OFFICE
HELPING PEOPLE IN CRISIS	<ul style="list-style-type: none"> <li>Financial/Emergency Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Family Services</li> </ul>	<ul style="list-style-type: none"> <li>MAC</li> </ul>	<ul style="list-style-type: none"> <li>American Red Cross</li> <li>ARC of Davidson County</li> <li>Big Brothers – Project Help</li> <li>Big Brothers – General Assistance</li> <li>Catholic Charities of Tenn, Inc</li> <li>Campus for Human Development (CHD)</li> <li>Crisis Intervention Center, Inc</li> <li>Focus</li> <li>Ladies of Charity Welfare Agency, Inc</li> <li>Middle Tennessee Poison Center</li> <li>Nashville CARES</li> <li>Oasis Center, Inc</li> <li>Old Hickory Christian Community Outreach</li> <li>Salvation Army</li> </ul>
	<ul style="list-style-type: none"> <li>Food</li> </ul>	<ul style="list-style-type: none"> <li>Family Services</li> </ul>	<ul style="list-style-type: none"> <li>Metro Health (WIC)</li> <li>General Hospital (MIC)</li> <li>MAC Summer Nutrition</li> </ul>	<ul style="list-style-type: none"> <li>Bethlehem Centers of Nashville</li> <li>Big Brothers</li> <li>Catholic Charities of Tenn, Inc</li> <li>Ladies of Charity Welfare Agency, Inc</li> <li>Martha O’ Bryan Center, Inc</li> <li>Nashville CARES</li> <li>Nashville’s Table</li> <li>Old Hickory Christian Community Outreach</li> <li>Second Harvest Food Bank of Nashville, Inc</li> <li>Senior Citizens, Inc</li> <li>St. Luke’s Community House</li> </ul>

<b>SOCIAL SERVICES DUPLICATION MATRIX</b> Outcome Areas Derived from the Tennessee State University Office of Business and Economic Research (OBER) For United Way Davidson County Community Needs Assessment (September 2003) and Interviews and Observations by Project Staff				
OUTCOME AREA	SERVICE NEED	MSS PROGRAM	OTHER METRO	REPRESENTATIVE EXAMPLE OF NOT-FOR-PROFIT SERVICE PROVIDERS IDENTIFIED BY UNITED WAY PLANNING OFFICE
	<ul style="list-style-type: none"> <li>Shelter</li> </ul>	<ul style="list-style-type: none"> <li>Family Services</li> </ul>	<ul style="list-style-type: none"> <li>MDHA</li> </ul>	<ul style="list-style-type: none"> <li>CHD</li> <li>Matthew 25, Inc</li> <li>Nashville Family Shelter</li> <li>Oasis Center, Inc</li> <li>Safe Haven Family Shelter, Inc</li> <li>Salvation Army</li> <li>YWCA</li> <li>St. Patrick's</li> <li>Renewal House</li> </ul>
PROMOTING HEALTH AND HEALING	<ul style="list-style-type: none"> <li>Healing/Abuse, Neglect, Violence</li> </ul>	<ul style="list-style-type: none"> <li>Richland Village</li> <li>Homemaker</li> </ul>	<ul style="list-style-type: none"> <li>Metro Health</li> <li>Caring for Children</li> </ul>	<ul style="list-style-type: none"> <li>Centerstone Mental Health Centers at Luton</li> <li>CHD</li> <li>Domestic Violence Intervention Center</li> <li>Family &amp; Children's Service</li> <li>Rape &amp; Sexual Abuse Center</li> <li>YWCA</li> </ul>
	<ul style="list-style-type: none"> <li>Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>Refugee Services</li> <li>Homemaker</li> </ul>	<ul style="list-style-type: none"> <li>Metro Health (DTC)</li> </ul>	<ul style="list-style-type: none"> <li>CHD</li> <li>Crisis Intervention Center, Inc</li> <li>Family &amp; Children's Service</li> <li>Guardianship and Trust Corporation of Tennessee</li> <li>Mental Health Association of MT</li> <li>Mental Health Cooperative</li> <li>Nashville CARES</li> <li>Oasis Center, Inc</li> <li>Rochelle Center</li> <li>Samaritan Recovery Community Inc</li> </ul>

<b>SOCIAL SERVICES DUPLICATION MATRIX</b> Outcome Areas Derived from the Tennessee State University Office of Business and Economic Research (OBER) For United Way Davidson County Community Needs Assessment (September 2003) and Interviews and Observations by Project Staff				
OUTCOME AREA	SERVICE NEED	MSS PROGRAM	OTHER METRO	REPRESENTATIVE EXAMPLE OF NOT-FOR-PROFIT SERVICE PROVIDERS IDENTIFIED BY UNITED WAY PLANNING OFFICE
	<ul style="list-style-type: none"> <li>Physical Health</li> </ul>	<ul style="list-style-type: none"> <li>Knowles Home Transportation</li> </ul>	<ul style="list-style-type: none"> <li>Metro Health (DTC)</li> <li>General Hospital</li> <li>Bordeaux Hospital</li> </ul>	<ul style="list-style-type: none"> <li>CHD</li> <li>Interfaith Dental Clinic</li> <li>Nashville CARES</li> <li>Rochelle Center</li> <li>Vanderbilt University School of Nursing</li> </ul>
	<ul style="list-style-type: none"> <li>Recovering/Alcohol, Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Knowles Home</li> </ul>	<ul style="list-style-type: none"> <li>Metro Health (DTC)</li> </ul>	<ul style="list-style-type: none"> <li>CHD</li> <li>Family &amp; Children's Service</li> <li>Nashville CARES</li> <li>Nashville Drug Court Support Foundation, Inc</li> <li>Renewal House</li> <li>Samaritan Recovery Community Inc</li> </ul>
	<ul style="list-style-type: none"> <li>Comprehensive Youth</li> </ul>	<ul style="list-style-type: none"> <li>Richland Village</li> </ul>	<ul style="list-style-type: none"> <li>Caring for Children</li> <li>MAC</li> </ul>	<ul style="list-style-type: none"> <li>Big Brothers &amp; Big Sisters of MT</li> <li>Boy Scouts of America, Middle Tennessee Council</li> <li>Boys &amp; Girls Clubs of Middle Tennessee</li> <li>Family &amp; Children's Service</li> <li>Fashioned in His Image, Inc</li> <li>Girl Scout Council</li> <li>Martha O'Bryan Center, Inc</li> </ul>
STRENGTHENING YOUTH AND FAMILIES  NOTE: OBER DIVIDED "SUCCESS EDUCATION FOR				

<b>SOCIAL SERVICES DUPLICATION MATRIX</b> Outcome Areas Derived from the Tennessee State University Office of Business and Economic Research (OBER) For United Way Davidson County Community Needs Assessment (September 2003) and Interviews and Observations by Project Staff				
OUTCOME AREA	SERVICE NEED	MSS PROGRAM	OTHER METRO	REPRESENTATIVE EXAMPLE OF NOT-FOR-PROFIT SERVICE PROVIDERS IDENTIFIED BY UNITED WAY PLANNING OFFICE
CHILDREN AND YOUTH INTO 2 PARTS	<ul style="list-style-type: none"> <li>Healthy Behaviors in Children</li> </ul>	<ul style="list-style-type: none"> <li>Richland Village</li> </ul>	<ul style="list-style-type: none"> <li>Metro Caring For Children</li> <li>Metro Schools</li> <li>Metro Health Department</li> </ul>	<ul style="list-style-type: none"> <li>Academy for Educational Development</li> <li>Alcohol and Drug Council of Middle Tennessee</li> <li>Bethlehem Centers of Nashville</li> <li>Fashioned in His Image, Inc</li> <li>Girl Scout Council</li> <li>Jason Foundation, Inc</li> <li>Oasis Center, Inc</li> <li>Planned Parenthood of Middle and East Tennessee</li> <li>Rape &amp; Sexual Abuse Center</li> <li>United Neighborhood Health Services</li> <li>YMCA at McLeMore</li> </ul>
	<ul style="list-style-type: none"> <li>Safe and Nurturing Families</li> </ul>	<ul style="list-style-type: none"> <li>Family Services</li> <li>Richland Village</li> </ul>	<ul style="list-style-type: none"> <li>Metro Caring For Children</li> </ul>	<ul style="list-style-type: none"> <li>CASA, Inc (Court Appointed Special Advocate)</li> <li>Exchange Club Family Center, Inc</li> <li>Family &amp; Children's Service</li> <li>NashvilleREAD, Inc</li> </ul>
	<ul style="list-style-type: none"> <li>Programs That Prepare Children for School and to Advance</li> </ul>	<ul style="list-style-type: none"> <li>Richland Village</li> </ul>	<ul style="list-style-type: none"> <li>MAC (Headstart)</li> <li>Metro Schools</li> </ul>	<ul style="list-style-type: none"> <li>Boys &amp; Girls Clubs of Middle Tennessee</li> <li>Girl Scout Council</li> <li>Martha O'Bryan Center, Inc</li> <li>NashvilleREAD, Inc</li> <li>Project Reflect</li> <li>Senior Citizen's, Inc</li> <li>YMCA at McLeMore</li> </ul>
	<ul style="list-style-type: none"> <li>Programs that Help Children Advance through School and Graduate</li> </ul>	<ul style="list-style-type: none"> <li>Richland Village</li> <li>Refugee Services</li> </ul>	<ul style="list-style-type: none"> <li>MAC (Headstart)</li> <li>Metro Schools</li> </ul>	<ul style="list-style-type: none"> <li>Boys &amp; Girls Clubs of Middle Tennessee</li> <li>Girl Scout Council</li> <li>Martha O'Bryan Center, Inc</li> <li>NashvilleREAD, Inc</li> <li>Project Reflect</li> <li>Senior Citizen's, Inc</li> <li>YMCA at McLeMore</li> </ul>
SUPPORTING WORK AND INDEPENDENCE	<ul style="list-style-type: none"> <li>Adult Literacy</li> </ul>	<ul style="list-style-type: none"> <li>Refugee Services</li> </ul>	<ul style="list-style-type: none"> <li>Metro Schools</li> </ul>	<ul style="list-style-type: none"> <li>Catholic Charities of Tenn, Inc</li> </ul>
	<ul style="list-style-type: none"> <li>Job Training</li> </ul>	<ul style="list-style-type: none"> <li>Refugee Services</li> </ul>	<ul style="list-style-type: none"> <li>Nashville Career Advancement Center</li> </ul>	<ul style="list-style-type: none"> <li>Centerstone Mental Health Centers at Dede Wallace</li> </ul>

<b>SOCIAL SERVICES DUPLICATION MATRIX</b> Outcome Areas Derived from the Tennessee State University Office of Business and Economic Research (OBER) For United Way Davidson County Community Needs Assessment (September 2003) and Interviews and Observations by Project Staff				
OUTCOME AREA	SERVICE NEED	MSS PROGRAM	OTHER METRO	REPRESENTATIVE EXAMPLE OF NOT-FOR-PROFIT SERVICE PROVIDERS IDENTIFIED BY UNITED WAY PLANNING OFFICE
NOTE: OBER ADDED "DISABLED SERVICES" AND DIVIDED "ADULT LITERACY, JOB TRAINING AND EMPLOYMENT" INTO 3 PARTS	<ul style="list-style-type: none"> <li>Employment Services</li> </ul>	<ul style="list-style-type: none"> <li>Refugee Services</li> </ul>	<ul style="list-style-type: none"> <li>Nashville Career Advancement Center</li> </ul>	<ul style="list-style-type: none"> <li>CHD</li> <li>Goodwill Industries of Middle Tennessee</li> <li>Martha O'Bryan Center, Inc</li> <li>Mid TN Supported Living, Inc</li> <li>Nashville Adult Literacy Council</li> <li>Park Center</li> <li>PENCIL Foundation-JSTEP location</li> <li>Renewal House</li> <li>Rochelle Center</li> <li>YWCA</li> </ul>
	<ul style="list-style-type: none"> <li>Disabled Services</li> </ul>	<ul style="list-style-type: none"> <li>Disability Info Coordination</li> </ul>	<ul style="list-style-type: none"> <li>ADA</li> </ul>	
	<ul style="list-style-type: none"> <li>Support Services</li> </ul>	<ul style="list-style-type: none"> <li>Family Services</li> <li>Child Care Center</li> </ul>	<ul style="list-style-type: none"> <li>Nashville Career Advancement Center</li> </ul>	<ul style="list-style-type: none"> <li>League for the Deaf and Hard of Hearing</li> <li>Legal Aid Society of Middle TN</li> <li>Rochelle Center</li> <li>Tennessee Justice Center</li> </ul>
<ul style="list-style-type: none"> <li>Transitional/Permanent Housing</li> </ul>	<ul style="list-style-type: none"> <li>Family Services</li> </ul>	<ul style="list-style-type: none"> <li>MDHA</li> </ul>	<ul style="list-style-type: none"> <li>Cumberland Community Options</li> <li>Dismas House – Nashville</li> <li>Magdalene</li> <li>Matthew 25, Inc</li> <li>Oasis Center, Inc</li> <li>Operation Stand Down</li> <li>Park Center</li> <li>Residential Resources, Inc</li> <li>Rochelle Center</li> <li>Salvation Army</li> <li>Samaritan Recovery Community Inc</li> <li>Woodbine Community Organization</li> </ul>	

<b>SOCIAL SERVICES DUPLICATION MATRIX</b> Outcome Areas Derived from the Tennessee State University Office of Business and Economic Research (OBER) For United Way Davidson County Community Needs Assessment (September 2003) and Interviews and Observations by Project Staff				
OUTCOME AREA	SERVICE NEED	MSS PROGRAM	OTHER METRO	REPRESENTATIVE EXAMPLE OF NOT-FOR-PROFIT SERVICE PROVIDERS IDENTIFIED BY UNITED WAY PLANNING OFFICE
HOMELESS SERVICES	<ul style="list-style-type: none"> <li>Housing Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Family Services Emergency Grants</li> </ul>	<ul style="list-style-type: none"> <li>MDHA</li> <li>MAC</li> </ul>	<ul style="list-style-type: none"> <li>CHD</li> <li>Matthew 25</li> <li>Nashville Family Shelter</li> <li>Safe Haven</li> <li>Renewal House</li> </ul>
	<ul style="list-style-type: none"> <li>Health Services</li> </ul>		<ul style="list-style-type: none"> <li>Metro Health</li> <li>General Hospital</li> <li>Bordeaux Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol and Drug Council of Middle Tennessee</li> <li>Neighborhood Resource Centers</li> </ul>
	<ul style="list-style-type: none"> <li>Employment Services</li> </ul>		<ul style="list-style-type: none"> <li>NCAC</li> </ul>	<ul style="list-style-type: none"> <li>CHD</li> <li>Matthew 25</li> <li>Safe Haven</li> </ul>
IMMIGRANT SERVICES	<ul style="list-style-type: none"> <li>Literacy</li> </ul>	<ul style="list-style-type: none"> <li>Refugee Services</li> </ul>	<ul style="list-style-type: none"> <li>Metro Schools</li> </ul>	<ul style="list-style-type: none"> <li>Catholic Charities, Inc.</li> <li>Centerstone Mental Health</li> </ul>
	<ul style="list-style-type: none"> <li>Employment Services</li> </ul>	<ul style="list-style-type: none"> <li>Refugee Services</li> </ul>	<ul style="list-style-type: none"> <li>NCAC</li> </ul>	<ul style="list-style-type: none"> <li>Nashville Adult Literacy Program</li> <li>Goodwill Industries</li> <li>Martha O'Bryan Center</li> </ul>

## C. PRIMARY ISSUES

The chapters following this one provide more detailed review of the various functional work units of Metro Social Services. Each function has its own set of operational considerations and issues. However, when the totality of the Department is considered, there are several important observations that reflect the delivery of social services in Metropolitan Nashville and Davidson County. It is these issues that most significantly form MAXIMUS' recommendations regarding the future structure and operation of the Metro Social Services Department.

These observations and issues are as follows:

- **Department Role.** The Metro Social Services Department is an aggregation of various programs without any logical connection other than that the programs are designed to provide some aspect of personal service to residents in need. There is no commonly agreed on definition of the actual role that the Department should be playing in Metro Nashville and Davidson County other than a frequently-repeated homage that the Department is a “safety net.”
- **The Social Services Delivery Model in Tennessee.** Over the past ten years, the State of Tennessee has followed a national trend to assume a greater role in the direct delivery of social services to State residents. Most supports for all population groups are now provided either directly by the State or indirectly through State delivery contracts. Our survey of other large cities and counties in Tennessee show that all, except Metro, have adapted to the changes in the delivery model by assuming greater local agency coordination roles while contracting for, or relying on not-for-profit agency service delivery.
- **Coordination of Client Service.** The Department's information management systems are fragmented so that each work unit has its own database or group of databases concerning client service. This precludes the Department from being able to identify specific situations in which one client is being served by multiple work units. Absent this information, service coordination can occur only on an informal basis by cross-referrals. Interviews indicate a lack of certainty about how, or whether, this occurs on a regular basis.
- **Department Organization.** The review of the department's program delivery and structure indicate that the Department needs significant reorganization. The



current organizational structure is based on individual programs, with little or no rationalization of cross-client relationships or overall client service management.

- **Coordination of Social Services within Davidson County.** MSS does not demonstrably perform a coordination role for social services within Davidson County. While the Department does collect information concerning other agency capabilities, the project team received more definitive information from other sources, including United Way, the Campus for Human Development, and the Metro Health Department. Interviews with representatives of Metro Departments and area not-for-profit agencies regularly observed the absence of MSS representation at various meetings designed to foster cross-agency coordination and cooperation.
- **Lack of Performance Measurement.** The lack of consistent information management, the disparate means by which client information is maintained by individual work units, and the absence of accurate work volume reporting all contribute to an inability of the Department to measure accurately its performance.
- **Homelessness in Davidson County.** At this time, there are several agencies within Metro government and numerous not-for-profit agencies providing services to the homeless in Davidson County, but there is no formal leadership in coordinating services and no apparent informal leadership. At present, Metro government has two interdepartmental coordination bodies. One is a pre-existing departmental task force that meets on a quarterly basis to discuss homelessness issues. Recently, this meeting has expanded to include some not-for-profit service providers. There is general agreement that this task force serves only an information exchange role. Recently, the Mayor has designated a new Task Force charged with developing a plan to eliminate homelessness in Davidson County over the next ten years. Several Metro departments have played various roles in service delivery to the homeless; most notable of these are Metro Health and the Metro Housing and Development Agency. MSS' service capacity currently consists of one person assigned on a part-time basis to homeless issues.
- **Immigrant Services.** In August 2003 a special study project conducted by Meharry Medical College, Tennessee State University, and Vanderbilt University under contract to Metro issued a report, entitled *Final Report of the Immigrant Community Assessment*. The report provided a number of recommendations that relate to MSS activity. These include:
  - Development of instructional resources about cultural traditions and local contributions by the immigrant community
  - Increase in existing instructional opportunities
  - Encouragement to employers to be culturally sensitive
  - Support for public inter-cultural events and programs

- Increase in English-language instruction
  - Increase supply of childcare services for adult immigrant students and adults visiting social service agencies
  - Encourage development of community based, multi-service social agencies
  - Increase transportation frequency
  - Increase supply of bilingual advocates
  - Improved service collaboration
  - Establishment of an on-going county-wide organization dedicated to immigrant and refugee affairs
- **Accomplishment of Industry Best Management Practices.** In a later chapter, we review the degree to which Metro Social Services achieves industry management standards. While our review of individual programs within the Department shows that several of the programs appear to operate reasonably well, the overall performance of the Department is substantially below industry standards. Gaps exist particularly in the areas of establishing and achieving demonstrable goals, coordination of service, and cost effectiveness of service delivery.
- **Placement of Caring for Children.** The CFC program has been moved among different Metro departments over the past several years. Its current placement in the Finance Department is inconsistent with the Finance Department's responsibilities as an internal support operation of Metro rather than a direct client service agency. Based on these issues, as well as programmatic observations described in this report, MAXIMUS recommends that Metro substantially rethink the manner in which it delivers social services within Nashville and Davidson County. The two primary considerations should include:
- The need for a social service coordination capacity within Davidson County
  - The use of more cost effective means of delivering services

Our review of the personnel and operations of the Metro Social Services Department convince MAXIMUS that the Department has the professionally capable personnel to carry out the coordinative role that is missing in Nashville and Davidson County. As discussed earlier, the social service delivery model in the State of Tennessee has become one that has focused on the use of State resources, coordinated by local governmental agencies, and services delivered primarily in the not-for-profit sector. This

is effectively the service model used in the other major cities and counties in the State, as discussed in the report chapter on peer service review. Instead of embracing this statewide model, the Department has focused its efforts in adapting its direct service delivery systems. The result has been a lack of service coordination in the County and high cost service delivery.

Throughout this report, there are several examples of these cost issues. For example, the Day Care program has a staffing ratio of one staff position per three children; Knowles has a full kitchen operation while another full service kitchen is to be found across the street at Bordeaux Hospital; Transportation services duplicate some of the services available through MTA; and there are multiple funding mechanisms within Metro for providing emergency cash assistance.

In the following section of this chapter, we recommend an alternative MSS operation designed to adjust the Department to a different service model of being a service planner and coordinator, more in line with other large local governments in Tennessee and the evolving national model. This model is based on a separation of the planning/coordinating role from service delivery, with MSS assuming the former role and divesting the delivery role to other Metro agencies and to area not-for-profits.

#### **D. ALTERNATIVE SERVICE MODEL**

To accomplish the recommended planning and coordination role, MSS will need to transform itself, both in terms of staff capabilities and work responsibilities. We recommend that the Department assume the role of planner and coordinator of social

services within Nashville and Davidson County and to provide appropriate agency supports. Furthermore, the Department should discontinue being a direct service provider to client individuals and families. As the preceding duplication matrix shows, there are many other agencies capable of direct service provision, and our field interviews and data collection indicate that those agencies are capable of expanded service delivery if there is coordination and support.

## 1. Definition of Role

Under this alternative model, the role of Metro Social Services would become significantly different from how it currently operates. Its mission would become one of identifying social service needs within Davidson County and facilitating the delivery of services designed to meet those needs. Its direct operations would be limited to support of the various agencies through a high level of client case management.

Specific roles of the Department would be as follows:

- **Social Service Planning.** A primary duty would be to develop and maintain a long-range plan for the delivery of social services. Planning would include monitoring of the social service needs of Metro, tracking changes in those needs over time, identifying the persons in need, and developing service strategies to address deficiencies in the mix of available services.
- **Social Service Coordination.** An element that accompanies the planning role is the coordination role. It is important that an agency in Davidson County have as a primary mission the responsibility for working with agencies throughout the County to assure a minimum of service overlap so that the greatest amount of resources within the County are spent on services, not on administration or duplication. Some agencies perform some roles similarly, such as the United Way's coordination of its grant activities, and the Campus for Human Development's service matrix for homelessness. However, only Metro Nashville and Davidson County has both the breadth of responsibility and inclusiveness necessary to effect coordination among the greatest number of service agencies.

- **Service Contracting.** There will always be a need for Metro Nashville and Davidson County to contribute financially to the social service support system of the County. This will occur through the obtaining and distribution of Federal and State grants, development of local contributions, and direct Metro funding. MSS' role would be to administer those funds, to identify appropriate service delivery agencies to fill needs, and to contract with those agencies for service delivery. A principal element of the contracting responsibility would also be contract management.
- **Quality Assurance.** Part of both the planning function and the contracting function is to assure that agencies in the County are providing the highest possible level of service possible with available resources and to assure effective and efficient delivery of those services. This quality assurance role will enable the Department to be effective in its planning and management responsibilities.
- **Agency Support.** Nashville and Davidson County appear to lack any form of coordinated mechanism for taking in persons in need, evaluating those needs, directing the individuals to appropriate service providers, and then tracking those persons through the service support system and agencies. It would be an appropriate role for Metro Social Services to be a point of intake for citizens in need and to track them through the system. This coordinated case management system would be a significant improvement to the service delivery system within the County, but it will equally be a large challenge to put in place, both financially and in terms of achieving the willingness of the many different agencies in the County to participate.

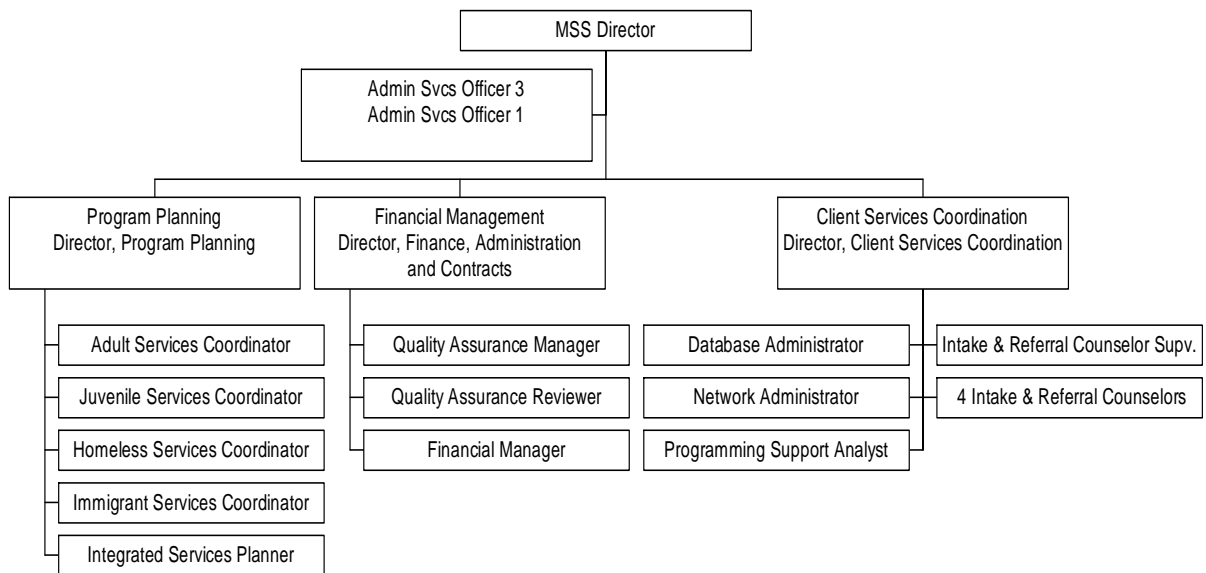
If done properly, this planning, coordination, and support role can result in a great improvement in the ability of the many different agencies in Davidson County to provide social services to County residents. The Department should focus its entire attention on these roles, while encouraging capable Metro agencies and not-for-profit organizations to take on the service delivery role once performed by MSS.

## 2. Organizational Structure

Assuming this new role, Metro Social Services will need to reorganize itself dramatically. Instead of a functionally oriented organization, the Department should structure itself around three key missions that capture the new role definition:

- Planning and Coordination
- Contracting and Quality Assurance
- Client Intake and Referral

MAXIMUS recommends that the Department restructure itself as shown on the following organization chart:



We estimate that the beginning annual budget for this organization would be approximately \$1,936,000. This is based on the staffing count shown in the organization chart, anticipating various job assignments within the City’s classification and compensation plan, and a continuation of the Department’s current administrative budget, plus a ten percent increment to reflect a larger staff than that which is currently allocated to administrative duties in the present budget. The build-out of this department is shown in the table on the following page:

<b>Salaries</b>		<b>\$1,362,964</b>
<b>Director</b>		105,000
Administrative Services Officer III	SR10	43,632
Administrative Services Officer I	SR06	28,795
<b>Director of Programming/Planning</b>	SR15	88,910
Adult Services Coordinator	SR14	75,329
Juvenile Services Coordinator	SR14	75,329
Homeless Services Coordinator	SR14	75,329
Immigrant Services Coordinator	SR14	75,329
Integrated Services Planner	SR13	63,271
<b>Director, Finance, Admin &amp; Contracts</b>	SR15	88,910
Quality Assurance Manager	SR14	75,329
Quality Assurance Reviewer	SR12	52,792
Finance Officer 3	SR12	52,792
<b>Director, Client Service Coordination</b>	SR15	88,910
Database Administrator	SR14	75,239
Network Administrator	SR12	52,792
Programming Support Analyst	SR10	43,632
Intake/Referral Counselor Supv	SR10	43,632
4 Intake/Referral Counselors	SR09	158,012
<b>Fringe Benefits (30% of Salaries)</b>		<b>408,889</b>
<b>Expenses Current Admin plus 10%</b>		<b><u>165,000</u></b>
<b>Total Operating Budget</b>		<b>\$1,936,853</b>

The FY04 budget allocates \$946,300 for administrative functions. Therefore, this new departmental organization reflects an increase of \$990,553. However, this increase will be offset by the elimination of various specific programs and staff reductions in other programs. In addition, it is assumed that one position for the database management will be transferred from Metro Health so that Metro will see some cost reduction in the Health Department as a consequence.

In addition to the annual operating budget shown above, we recommend that Metro make a one-time appropriation of \$40,000 to provide clerical support during the transition period from the current organization to the new structure.

This organization reflects a Director's office and three principal divisions as follows:

#### DIRECTOR'S OFFICE

This would consist of the Department Director and two staff support positions. The role of the Director would be to serve as the leader of the Department's external relationships as well as the supervisor of the three primary work units. The Administrative Services Officer 3 would serve as the Department's primary support staff for administrative duties, including procurement, reporting, and human resources management. The ASO I would be the primary clerical support.

#### PROGRAM PLANNING AND COORDINATION

This unit would be responsible for social services planning and coordination functions. Its staff would consist of experienced, professional level personnel with subject area responsibility traditional to the way in which social services are divided (Adult and Juvenile), with an additional professional position (Integrated Services) for overlap areas.

In addition to the development of planning and coordination of social services along the traditional line of adult and juvenile services, there are two specific service areas that warrant particular attention, both because of unique needs in those service areas and the cross over among individual adults, children, and family units. The department



has a refugee services unit which can be the basis for a planning and coordination capability with the recommendations of the Immigrant Services Task Force as its mission direction. Homeless services is the second focal area. The Department needs to expand its capabilities for coordinating and guiding homeless services throughout Davidson County; therefore, our recommendation is for the development of senior level position for this purpose.

The qualifications for these individuals would include extensive knowledge of the subject area; the ability to collect and analyze data on a Federal, State, and Local level, to identify trends and service needs; the ability to identify and obtain Federal, State, and local resources to fund social service programs; familiarity with the social service programs in Davidson County and the State; and, the ability to interact on a regular basis with service providers. This is a traditional social services planning and coordination model.

The staffing for this division can be developed from existing personnel in the Department.

#### FINANCE, ADMINISTRATION, AND CONTRACT MANAGEMENT, INCLUDING QUALITY ASSURANCE

Once the Planning and Coordination Unit has identified contracting needs and opportunities, it would become the responsibility of the Finance, Administration and Contract Management unit to develop the service contracts, work with Metro Purchasing to obtain competitive proposals where appropriate, execute and administer the contracts, and evaluate contract performance.

Given the level of service activity within the Department and the services that might be contracted, contract management can be accomplished with a single manager. We recommend two quality assurance positions, both because of the current lack of reliable performance data within the department and to assure thorough and regular review of all contracts. We would expect that the quality assurance personnel would also work with the Planning and Coordination staff to conduct broad program evaluations and developing scopes of work for future contracts. A key role of the quality assurance staff would be to establish meaningful performance measures for contract service providers and to evaluate the use of Metro resources to accomplish established performance goals. The financial manager position would administer contract billing and payment and would also administer the MSS Department's internal financial operations.

#### CLIENT SERVICE COORDINATION

This unit will be the service outreach of the Department. It would consist of two elements that support client case management. The first of these is a client intake staff. These persons would be responsible for receiving incoming calls, obtaining necessary information from the clients and referring the clients to the appropriate service agency. They would also be responsible for recording the service information in a client service database. This work is more than a clerical function; the individuals performing this service should be appropriately educated and trained social workers or counselors so that they would be able to provide some skilled interaction with the client, both to provide support to the caller and to determine the most appropriate need. Based on the current work load of the department, we recommend that this unit consists of one supervisor and

four counselors, with three counselors assigned to work during the day and one person for evening calls.

Centralized client service management is a goal that many State and local agencies are attempting to achieve. Success, however, has been elusive. There are two primary reasons. First, is the large number of social service agencies operating in any large jurisdiction, with each agency seeking to differentiate its services and maintain as much autonomy as possible. This condition clearly exists within Davidson County. Cooperation among agencies is voluntary and usually requires some incentive to encourage participation.

The local Area Agency on Aging is a reasonable example of client case management and coordination. They do maintain a central case management system for elderly persons in the AAA's service area. They are able to do so for several reasons. First, they have a federal mandate, which provides authority to centralize case management. Second, they are a primary funding source and can use that to leverage participation. Third, they have sufficient management systems.

The lesson of the AAA is that there are incentives that can foster cooperation. While Metro does not have the authority of federal law like AAA, it does have funding resources and the capability of developing information management capacity. By combining those two elements, Metro can positively foster a coordinated movement towards client case management.

The second work element of this division is the development, implementation, and maintenance of a master database system that can serve as a countywide client

service database. Currently, there is no such database in existence in Davidson County. Each agency is responsible for its own client records, and there is no formal means of monitoring case services. The Metro Health Department has received a federal grant for, and is currently developing, a database to provide coordinated client data for homeless persons. Additionally, Metro ITS is in the process of conducting a needs assessment prior to the development of a similar database for clients in the current Family Services unit. We recommend that these initiatives be combined and expanded to enable a client service master database. While, developmentally, the focus will need to be on internal clients for Metro at the outset, it should be designed such that its use can be extended to other agencies providing services under Metro contract will be able to use it for central client management. Ultimately, Metro could then extend its use on a voluntary basis to all other not-for-profit agencies in Davidson County.

Assuming that Metro will continue development of the database under contract, such as that being used by Metro Health, the staffing model recommended here would be appropriate for maintenance and operation of the database: a database administrator who would be responsible for upkeep of the actual data, a network administrator who would provide hardware and operating system support for the network on which the database would reside, and a programmer analyst who would continue system maintenance once the system is ready to go-live.

Different financing models for coordinated case management are possible. At the outset, we recommend that Metro absorb those costs with its own resources. The cost for the staffing is included in our cost analysis. As the capacity for client intake and,

particularly, client data management grow, then Metro might consider other funding mechanisms. The most common means for this is the application of an administrative fee against grants within the guidelines allowed by State and Federal law.

#### CARING FOR CHILDREN

While not shown on the recommended organization chart, MAXIMUS recommends that Metro temporarily assign responsibility for housing the Caring for Children to Metro Social Services. This assignment is inconsistent with the redefined planning and coordination mission of the Department; however, there is no other agency within Metro to whom the CFC program can reasonably be assigned. This should be a temporary placement while Metro discusses with the State alternative delivery mechanisms, including the option of returning the program to the responsibility of the State, as is the case in other counties throughout Tennessee.

### 3. Key Elements to Be Eliminated, Reassigned or Contracted

With an organization in place that would be responsible for planning and coordination of social services within Metro Davidson County, the next step is to either eliminate duplicative programs, reassignment to other Metro agencies, or to contract the services to private providers.

Recommended actions for each program are included in the table beginning on the following page. Based on the fiscal actions recommended in this table (which restate the change in administrative costs with the revised organization), the estimated net cost savings to Metro are \$1,813,347.

There are several recommendations for possible contracting of services. In our overview of implementation of these recommendations, we include a statement that MSS should reevaluate each of these services in the context of demonstrated need to fill a true safety net function and determine the levels of service to be contracted, based on that evaluation.

RECOMMENDED DISTRIBUTION OF CURRENT MSS SERVICE FUNCTIONS			
MSS FUNCTION	RECOMMENDED ACTION	ESTIMATED FISCAL IMPACT (SAVINGS FROM NET EXPENSES)	COMMENTS
Administration	<ul style="list-style-type: none"> <li>Enhance the administrative capacity of the Department, with a focus on service planning and coordination.</li> </ul>	<ul style="list-style-type: none"> <li>Current administrative cost = \$946,300</li> <li>Cost of new organization = \$1,936,853</li> <li>Net cost increase = \$990,553</li> <li>Given the need for transition, we recommend that Metro appropriate \$40,000 for clerical support during the transition period.</li> </ul>	<ul style="list-style-type: none"> <li>This change is discussed in the organizational analysis above.</li> <li>This cost analysis does not factor the savings in Metro Health from transferring the person responsible for the Homeless database from Health to MSS.</li> </ul>
Adult Day Services	<ul style="list-style-type: none"> <li>Assign to Bordeaux Hospital, concurrent with the recommendations for Knowles Home, or contract.</li> <li>Transportation functions should be assigned to Metro Transportation Authority</li> </ul>	<ul style="list-style-type: none"> <li>Assuming that Bordeaux will provide supervision and custodial services, remove a Program Manager I position and a Custodian position</li> <li>Estimated cost savings = \$93,500</li> </ul>	<ul style="list-style-type: none"> <li>This program is currently provided on site with the Knowles Home. While it would be reasonable to continue the service at that site, it is not a given that the agency that assumes responsibility for Knowles will want to continue delivering this program as well.</li> </ul>
Adult Homemaker Services	<ul style="list-style-type: none"> <li>This program should be contracted on a competitive proposal basis</li> </ul>	<ul style="list-style-type: none"> <li>Assuming a contract provider will have its own administrative and support capacity, remove a Program Manager II, Social Work Associate, Office Support Specialist I, Building Maintenance Worker, and a Program Supervisor I. Delivery of work would be performed by two crews rather than three with a broader supervisory span.</li> <li>Estimated cost savings: \$242,000</li> </ul>	<ul style="list-style-type: none"> <li>Because this is a direct care service, it would not be consistent with the current mission of Metro Health, which provides only limited direct patient care.</li> <li>Several not-for-profit agencies provide similar services, probably with some client overlap.</li> <li>Possible contracting of this service should be consistent with an analysis of community needs to determine the most appropriate alignment and funding.</li> </ul>
Child Care Center	<ul style="list-style-type: none"> <li>Discontinue this program</li> </ul>	<ul style="list-style-type: none"> <li>Estimated cost savings: \$359,400</li> </ul>	<ul style="list-style-type: none"> <li>While MSS presents this program as a unique service, its history indicates that it is really a</li> </ul>

RECOMMENDED DISTRIBUTION OF CURRENT MSS SERVICE FUNCTIONS			
MSS FUNCTION	RECOMMENDED ACTION	ESTIMATED FISCAL IMPACT (SAVINGS FROM NET EXPENSES)	COMMENTS
			<p>geographically based service. The Center has relocated three times and in each case, the client base has adjusted over time to reflect families within a close range of the center.</p> <ul style="list-style-type: none"> <li>Absent any showing of a unique service available to all families in Davidson County and given the large number of other child care options available, there is no particular need for Metro to be providing this service.</li> <li>Nashville's average cost of \$12,243 per student is significantly higher than should be expected. By comparison, a U.S. Census Report from 1997 costs (adjusted to 2004 dollars) indicates a national average of \$3150 per student age 0-5 and a 2002 Children's Defense Fund study of child care in southern states showed an average Tennessee cost of \$4420 for center based child care for a 4 year old in an urban area</li> </ul>
Disability Information Office	<ul style="list-style-type: none"> <li>Assign duties to the Office of ADA Compliance</li> </ul>	<ul style="list-style-type: none"> <li>Assumes that Program Coordinator position should be retained to reflect unduplicated work load.</li> <li>Estimated cost savings: \$48,000</li> </ul>	<ul style="list-style-type: none"> <li>Metro's ADA compliance settlement provides that the provider of services for disabled persons is to be coordinated through the Office of ADA Compliance. Most of the services provided by the Disability Information Office duplicate those of the ADA Compliance Office.</li> </ul>
Family Services	<ul style="list-style-type: none"> <li>The financial assistance component of this unit should be assigned to Metro Action Commission, which has its own financial assistance service</li> <li>The indigent burial program coordination should be assigned to Metro Health. or</li> </ul>	<ul style="list-style-type: none"> <li>Assumes retention of direct cash assistance payments, to be administered by another Metro agency or under contract.</li> <li>Assumes that current services can be provided by another agency using that agency's administrative capacity. Remove Program Supervisor and combined staff</li> </ul>	<ul style="list-style-type: none"> <li>There are several agencies within Metro that provide forms of emergency cash assistance. MAC provides direct assistance while the utilities contract with Big Brothers to administer assistance programs. The programs already coordinate with each other on available funding.</li> <li>Possible contracting of services within this unit should be consistent with an analysis of community needs to determine the most appropriate alignment</li> </ul>



RECOMMENDED DISTRIBUTION OF CURRENT MSS SERVICE FUNCTIONS			
MSS FUNCTION	RECOMMENDED ACTION	ESTIMATED FISCAL IMPACT (SAVINGS FROM NET EXPENSES)	COMMENTS
	<ul style="list-style-type: none"> <li>to the County Coroner</li> <li>All other programs should be assigned either to MAC or contracted</li> </ul>	<ul style="list-style-type: none"> <li>under Program Manager</li> <li>Remove Social Worker 3 and Social Work Tech, assuming fiscal assistance to be provided by other agency and client intake work to be assumed by Client Service staff in revised organization.</li> <li>Estimated cost savings: \$152,000</li> </ul>	<ul style="list-style-type: none"> <li>and funding.</li> <li>Current cash assistance provided is \$675,000</li> </ul>
Knowles Home	<ul style="list-style-type: none"> <li>This program should be assigned to the Metro Hospital Authority, most likely to be operated by Bordeaux Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Assumes that existing Bordeaux resources are sufficient to assume overall management, billing, dietary services, and custodial supervision.</li> <li>Remove Office Support Rep 3, Office Support Rep 2, Support Services Program Manager II, Dietary Program Manager I, 2 Cook Leaders.</li> <li>Estimated cost savings: \$290,000</li> </ul>	<ul style="list-style-type: none"> <li>This program is similar in scope and nature to the services provided by Bordeaux Hospital, which is physically next to the Knowles Home. The Center has the professional and medical expertise necessary to operate the program and the support staff in place. Assignment of the Knowles Home to Bordeaux would add to Bordeaux' continuum of care.</li> <li>Budget includes \$6,700 for direct cash assistance.</li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>This program could either be assigned to MAC, as an expansion of that agency's mission or contracted to a private not-for-profit provider.</li> </ul>	<ul style="list-style-type: none"> <li>Assumes transfer of current Information Tech position to the new organization.</li> <li>Estimated cost savings: \$55,000</li> </ul>	<ul style="list-style-type: none"> <li>While Metro Health has a nutrition program, its focus is the WIC program for families with young children.</li> <li>There are several agencies in Davidson County also providing nutrition services that could absorb this program.</li> <li>Possible contracting of this service should be consistent with an analysis of community needs to determine the most appropriate alignment and funding.</li> </ul>
Refugee Services	<ul style="list-style-type: none"> <li>Educational components of this program should be</li> </ul>	<ul style="list-style-type: none"> <li>Assume that the assignment of the various functions to Schools and</li> </ul>	<ul style="list-style-type: none"> <li>The Final Report of the Immigrant Community Assessment indicates that the most important</li> </ul>

RECOMMENDED DISTRIBUTION OF CURRENT MSS SERVICE FUNCTIONS			
MSS FUNCTION	RECOMMENDED ACTION	ESTIMATED FISCAL IMPACT (SAVINGS FROM NET EXPENSES)	COMMENTS
	<p>assigned to Metro Public Schools.</p> <ul style="list-style-type: none"> <li>• Employment components of this program should be assigned to Nashville Career Advancement Center</li> <li>• Social adjustment services and bilingual service coordination should be transferred to not-for-profit providers, with funding from traditional Federal/State sources and from the Metro Government, as needed.</li> </ul>	<p>NCAC will result in the use of administrative personnel in those agencies for program management. Remove Program Manager II.</p> <ul style="list-style-type: none"> <li>• Assume transfer and upgrade of Social Work Tech, Social Worker 2, and Program Specialist III to new organization for client intake work.</li> <li>• Estimated cost savings: \$169,500 (maximum of net cost to Metro)</li> </ul>	<p>services for immigrants and refugees in Nashville and Davidson County related to education, employment and bilingual service support. Responsibilities for these elements should be assigned to those agencies which can best provide the services.</p> <ul style="list-style-type: none"> <li>• This program includes \$65,900 of direct cash assistance; this assistance should be administered concurrently with the assistance provided through the present Family Services Unit.</li> </ul>
Richland Village Community Services	<ul style="list-style-type: none"> <li>• This activity is not consistent with the primary mission of Metro and should be discontinued.</li> </ul>	<ul style="list-style-type: none"> <li>• Estimated cost savings: \$1,307,500</li> </ul>	<ul style="list-style-type: none"> <li>• This program was originally a residential program; in 2002 it began conversion to community and home-based educational related services.</li> <li>• The change appears to have been a response to a May 2001 Children's Task Force report which broadly called for community based ,decentralized delivery of children's services.</li> <li>• While the program has added some specialized management personnel since it began its changes, it appears that MSS attempted to undertake the changes without fully assessing the capability of staff to provide a different service mix, identifying a unique service role, or determining its delivery capability</li> <li>• The programs of Richland Village appear to duplicate those of other providers, particularly Caring for Children..</li> </ul>

RECOMMENDED DISTRIBUTION OF CURRENT MSS SERVICE FUNCTIONS			
MSS FUNCTION	RECOMMENDED ACTION	ESTIMATED FISCAL IMPACT (SAVINGS FROM NET EXPENSES)	COMMENTS
Transportation Services	<ul style="list-style-type: none"> <li>Transportation services should be assigned to the Metropolitan Transportation Authority.</li> </ul>	<ul style="list-style-type: none"> <li>Assumes MTA can assume customer service activity with current staff. Remove Customer Service Supervisor and Office Support Specialist I</li> <li>Estimated cost savings = \$87,000</li> </ul>	<ul style="list-style-type: none"> <li>Service capability is hampered by continuing perception of RCVS as a residential program, limited staff capability, limited service capability, and disconnection between its location and primary clientele.</li> <li>MTA is the primary public transportation agency in Nashville and Davidson County, and it already has special transportation capability and equipment and properly trained and certified drivers.</li> <li>MSS should continue the role of working with the various programs, once reassigned, to facilitate MTA's service delivery.</li> <li>Metro should also consider assigning the Health Department's DTC transportation services to MTA as well.</li> </ul>
<b>NET ESTIMATED COST SAVINGS FOR METRO</b>		<b>\$1,813,347</b>	
<b>ONE TIME TRANSITION SUPPORT COSTS</b>		<b>\$40,000</b>	

## 4. Summary of Financial Benefit

In summary, the principal financial points in this recommendation are as follows:

- The current budget of MSS is \$12,946,400. When revenues from fees, donations, sales, and grants are removed, the net cost to Metro is \$9,366,900.
- Of this budget amount, Metro provides \$747,600 in direct cash assistance to residents through the Family Services, Refugee Services, and Knowles Home programs.
- Through program eliminations and anticipated staff reductions to be achieved by the transfer or contracting of the direct service elements of the department as currently structured, we estimate total reductions in net expenditures of \$3,750,200.
- We estimate that the cost of a new organization, built around a service planning and coordination model, will have a starting annual cost of \$1,936,853.
- Deducting the cost of the revised organization from the estimated cost reductions results in a savings of \$1,813,347 from MSS' net budget.
- This model assumes elimination of several positions, with reallocation of resources to other departments and contracting other services once the MSS staff has assessed continuing needs.
- One area requiring specific expansion of resources is the planning and coordination of homeless services, which is currently allocated only one half of a staff position. This recommended organization substantially increases the professional level of this work.

## 5. Implementation Planning

It is expected that the implementation of the changes recommended in this report will require several months to complete. We recommend that the implementation occur in the following order of events: The MSS Director should begin working with Metro Personnel on the development of revised job descriptions and, as necessary, compensation, for the new position titles. Upon completion, qualified individuals within the Department should be encouraged to apply for the appropriate positions.

1. The MSS Director and Assistant Directors should enter into discussions with the recipient Metro agencies for the transfer of functions identified. To the extent possible, Metro should seek to house the various programs within other Metro agencies, unless the agencies determine that they do not have the scope or capability to undertake the function.
2. MSS and the recipient Metro agencies should prepare specific interdepartmental agreements providing for the assignment of the functions, funding, and personnel.
3. The MSS Director and Program Coordinators should evaluate each service unit identified for possible contracting to not-for-profit agencies, to determine the necessity for continuing the service and the most effective delivery model. They should then develop requests for proposals for not-for-profit agency contracting of those services not assumed by other Metro agencies. The contracts should include assignment of responsibility, delineation of duties and responsibilities, and specific performance measures. Contract award should follow Metro procurement procedures, with the involvement of the MSS Director, Assistant Directors, Contract Manager, and Quality Assurance Manager. A key consideration in this discussion is the goals of not having a negative impact on current clients or an interruption in essential services.
4. Metro should establish a period of six months for estimated completion of all of these actions.
5. During the period of transition from the current to the new organization, it can be expected that MSS will need some additional clerical support. To provide this, we recommend that Metro make a one-time appropriation of \$40,000 for transitional clerical support.

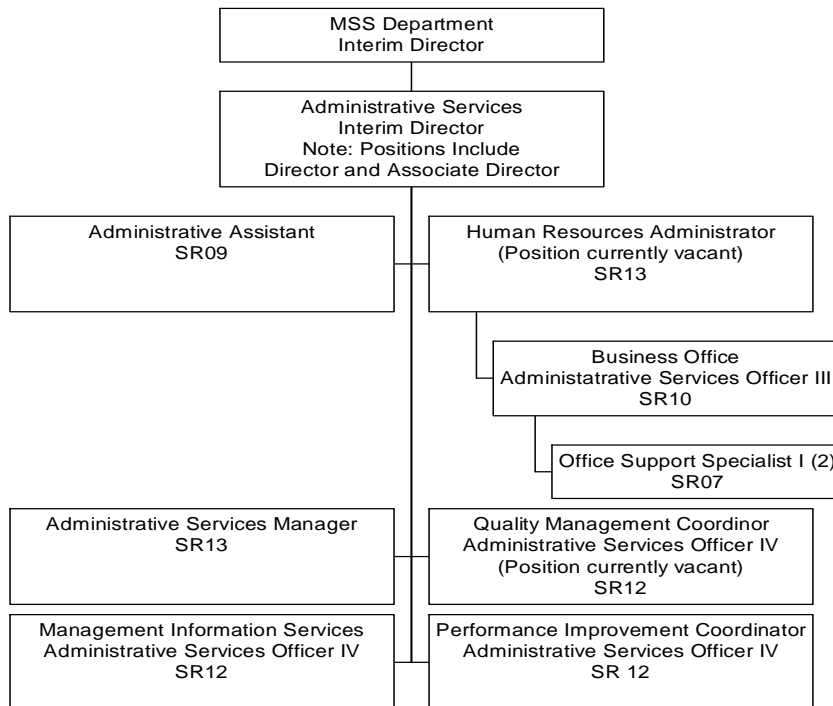
## **II. ASSESSMENT OF DEPARTMENTAL FUNCTIONS**

In this chapter, MAXIMUS reviews the ten principal functions performed by the Metro Social Services Department. We provide a general overview of each function, provide program detail, and included relevant observations and issues for each program area.

### **A. DEPARTMENT ADMINISTRATION**

#### **1. Overview**

For Metro Social Services, Department Administration includes the principal executive management of the Department and staff units which provide overall support for financial and human resources management, information technology, and quality assurance review. The organization of departmental administration is as follows:



## 2. Program Details

**Strategic Planning.** Each year the department reviews its strategic planning, based on core values and competencies. The department's lists its core values as:

- Integrity
- Partnership
- Best Practices
- Outcomes
- Stewardship
- Communication

It lists its core competencies as including:

- Service
- Coordinating Partnerships
- Knowledge and Communication

The department's strategic goals as established for the FY2003 period include:

1. Define the roles for MSS that will best support the vision and mission.
2. Establish two-way communication with key external stakeholders addressing roles, goals, and achievements.
3. Implement best practice standards for effective service to our customers and monitoring service outcomes.
4. Empower employees through opportunities for training, participation in decisions, and on-going communication.
5. Develop and enhance partnerships that will respond to community needs and service.

**Administrative Capacities.** The primary administrative functions of the Department include human resources management, financial management, information technology, and quality assurance. The activities of each are:

- **Human Resource Management.** Human Resources activities are performed by a Human Resources Administrator and two staff. The Administrator transferred to another Metro department during this performance audit, and MSS has left the position unfilled. The staff have split duties; based on an internal time allocation developed by the Department, approximately 60% of their time is spent on human resources related matters and the remainder is spent on financial matters under the direction of the Department's Chief Financial Officer. The duties of this unit are consistent with the requirements and obligations of Metro Human Resources and Civil Service.
- **Financial Operations.** Department financial operations are supervised by a Chief Financial Officer. Finance staff are under the direct supervision of the Human Resources Director due to the distribution of duties discussed above. The Finance unit manages the Department's overall budget and business matters. Individual work units are responsible for their own internal financial controls under the general guidance of the Chief Financial Officer. A notable exception to this is the Knowles Home, which maintains its own financial records; a review of Knowles Home by Internal Audit indicates some areas where Internal Audit has recommended various improvements in financial control procedures.

In the past year, the Department conducted its own internal cost allocation review as part of its preparation for the Results Matter initiative. The MAXIMUS project team has used those internal allocations to assign overall program costs as part of this audit. In addition, Metro is currently undertaking a comprehensive indirect cost plan analysis, which will further assign appropriate costs.



As part of this project, MAXIMUS reviewed the cost basis for the various fees charged by Metro Social Services. Our overall conclusions of that review are:

- Given the lack of financial resources of the clients with whom the Department largely interacts, there is little opportunity for the Department to recover any of its costs.
- One exception is the Knowles Home, which generates \$641,000 in user fees and cost recoveries. Our review of the fee structure at Knowles indicates that there appears to be minimal association of costs to fees. This can be attributed partly to restrictions on what the federal government and other third party payors are willing to pay for particular services as well as to a historic tendency to charge based on market willingness.
- **Quality Assurance.** The role of the two persons involved in quality assurance review is to collect and evaluate departmental program data to determine whether appropriate outcomes are being achieved and whether case management obligations are being met. The Department's overall performance measurement system has limited capability so the current initiative of the QA staff is to work with the functional units to develop an improved method of data capture and reporting. Until this is achieved, the QA role will be very limited.
- **Information Technology.** Information technology within the Department is largely based on individual data collection and reporting at the individual program level. Departmental IT support includes one full time person who provides oversight to the hardware acquisition, installation, and maintenance and general network coordination. Software support and data entry is provided by a staff person who is paid through the Nutrition program and works for both that program and the Department as a whole.

### 3. Observations

Our review of the general administration and operation of the Metro Social Service Department results in the following observations:

- Metro Social Services is not perceived as a leader in the planning, coordination, and delivery of social services in Davidson County. Indicative of this observation are:
  - Interviews with external agencies and with MSS staff repeatedly indicate that MSS usually does not participate in multi-agency meetings designed to address issue or coordinate services.

- ❑ Staff of the Refugee Services Unit complained that they had little contact with the task force that conducted the Davidson County Refugee Study, discussed in detail later in this report.
- ❑ Acknowledgements in the 2001 report on the delivery of children's services in Nashville do not indicate a leadership role for MSS in that study.
- ❑ Although MSS being called on to chair various task forces relating to homelessness, other Metro agencies and outside agencies perceive Metro Health as currently having the primary role for Metro government.
- The information technology capacity of Metro is entirely insufficient for proper management, case management, or quality assurance review. There is no consistent approach to collecting or analyzing information and no common database that would allow sharing of information. While Metro ITS is working with the Family Services Unit to develop a database for clients of that unit, the initiative is perceived currently as a stand-alone database that would still not collect data from other service sources.
- The Department does not appear to be operating as a coherent organization. Instead, each of the ten program units operate with virtual autonomy from the rest. This focus on individual service units precludes the Department from being able to challenge itself to assume a leadership role in the coordination of social services.

## **B. ADULT DAY SERVICES (ADULT DAY CARE) PROGRAM**

### **1. Overview**

The MSS Adult Day Services (Adult Day Care - ADC) Program was one of the first dozen established in the country out of the more than 1,000 now in operation. The Adult Day Services Program is a community-based service providing supportive services in a protective environment to older adults who wish to remain independent at home, in a family setting, or an alternative living situation. With this in mind, the program's goal is to assist clients in maintaining independence and to maintain the highest level of functioning possible.

The mission of the program is to assist at-risk families, elderly and eligible disabled persons in maintaining a quality of life and supporting their independence by providing home and community-based services and assisted living. The vision of the program is that all seniors in Metropolitan Nashville – Davidson County neighborhoods have choices to support their independence and quality of life.

The ADC Program provided services to 97 unduplicated eligible seniors and approximately 8-10 ineligible seniors from July 2002 – June 2003. Over 200 caregivers also received indirect services (respite services) from July 2002 – June 2003. A total of 11,527 days of client service were provided to seniors out of a total possible 15,872 days of client service in FY 2002 for a slot utilization rate of 72.6%. The ADC Program provided these services through the dedicated efforts of eight full-time MSS staff members at an annual operating cost of \$405,700 derived from Federal / State funds (40.6%), client fees (3.6%), and local funds (55.8%).

## 2. Program Details

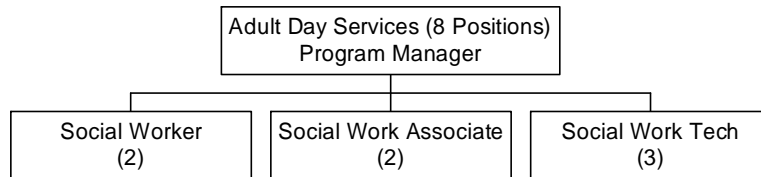
Metro Social Services has offered Adult Day Services for frail, elderly and disabled individuals for over 30 years. The Adult Day Services Program has operated out of the Joseph B. Knowles Home for the Aged currently located at 1010 Camilla Caldwell Lane. Previous to that the services were provided from the Vine Hill High Rise at 625 Benton Avenue, and the program originated in 1972 at 1313 Ridley Boulevard. There were satellite locations in East Nashville and West Nashville before consolidation into one facility.

The program's major goal is to encourage and support individuals and their families in efforts to remain independent. It is an activity-based program that offers individuals the opportunity to socialize, enjoy peer support, and receive social services while maintaining or improving their level of functioning. The service also provides respites to family caregivers who are trying to keep a family member in community-based care and prevent the inappropriate or premature placement in institutional care.

The services are provided to Nashville – Davidson County residents sixty years or older or those under sixty if they are disabled and fit into a geriatric population. In addition, short-term respite for those who do not want or need full-time day care is available within the existing day care program. Older persons who cannot be left at home during the day, but do not require 24-hour nursing care are candidates for Adult Day Services. Program participants must meet certain income guidelines determined by the Tennessee Department of Human Services, which partially funds the program. Proof of income, recent medical information including the results of a chest X-ray or TB skin test is required. The program supports the following services to these individuals:

- Minimum of six hours of care five days a week (Monday through Friday)
- Individualized plan of care
- Therapeutic activities aimed at enhancing self-esteem, social functioning, education, and enrichment
- Two meals and a snack per day
- Health monitoring if needed
- Personal care assistance
- Case management, including caregiver counseling

The ADC Program provides services through the dedicated efforts of seven MSS staff members and the Program Manager. The following organizational chart presents the program's reporting relationships:



The current operation requires \$405,700 to provide adult day care services to clients. Federal and state support provides \$164,600 (40.6%) of this amount. Service recipients provide an additional \$14,800 (3.6%) through fees. The remaining funding (55.8%) is provided locally by Metro.

Payment of salaries and benefits to Metro staff comprise \$383,400 (94.5%) of program expenditures. Contractual services, supplies and fixed costs comprise the balance of spending of \$22,300 to reach the total operating budget of \$405,700 for Fiscal Year 2004.

The ADC Program initiates client service delivery through the publication of available services to recruit clients. ADC staff pre-screen incoming phone calls and applications as well as conduct interviews to determine potential client eligibility and counsel on available options. The ADC staff field an average of 120 serious inquiries from prospective clients per year.

ADC staff interpret eligibility guidelines as set by the Tennessee Department of Human Services for determination of client income and associated program fees. To determine potential client eligibility, the staff must solicit and review both the

prospective client Health Statement submitted by attending physician, as well as the prospective client income verification. However, the Adult Day Services Program is required to immediately accommodate potential clients referred by Adult Protective Services (no income verification). Finally, ADC staff develop individual plans to document client status and note existing functional limitations. In the event the prospective client does not qualify or requires additional services, the ADC staff make referrals (as appropriate) to alternative / complementary / supplementary community service providers.

The wait list for services is typically 2-3 months long. However, this delay is impacted by missing paperwork and the inability to program prospective participants into available client slots. The ADC staff schedule and proactively plan varying levels of client participation to maximize use of available daily participation slots. Based on required staff to client ratios, there are currently 64 total daily client slots available. Funding from a Social Service Block Grant subsidizes 42 of these total slots. The utilization of available slots has increased in the first six months of Fiscal Year 2003 to 82.9% from 72.6% in FY2002 and 71.6% in FY 2001.

The Block Grant requires five-day attendance. However, the ADC works around this requirement through pro-active client scheduling to allow less than five-day per client attendance. The Program will not accept an individual client for less than two days per week.

ADC clients reach the Program site at Knowles Home via MSS Transportation, MTA Access Ride and trips by family members. On a typical day with 59 participants,

40 arrived via MSS Transportation, 7 via MTA Access Ride, and 12 via family or other private transportation. ADC directly staffs, equips and manages one transportation route for AM pick-up and PM delivery of clients in Northwest area of County. This effort requires one vehicle (passenger bus) and two staff members (trade driving responsibility by week). The ADC Program also operates this assigned vehicle during the mid-day period for special trips. MSS Transportation runs the other ADC Program collection routes.

Two ADC Program staff members begin the day at 7:00 AM. One staff member begins the northwest AM client pick-up route while the other staff member opens and prepares the facility for client arrival. Two additional staff members arrive at 7:30 AM to assist with daily preparation. The remaining four staff members arrive at 8:00 AM to assist with client arrival and reception.

The MSS Transportation vehicles arrive with ADC clients between 8:00 AM and 9:00 AM. The ADC Program staff acknowledge each client individually as they arrive and record attendance. ADC staff are responsible for maintaining daily transportation and attendance logs.

The objective is to have all clients on site by 8:00 AM but the logistics of client transportation makes this impossible. As clients arrive and are received by staff, they are directed to the Knowles Home Dining room where they receive a hot breakfast, the first of three meals that clients will receive as part of their program experience. The ADC Program provides food service as a MSS Nutrition Site through the US Department of Agriculture Child and Adult Meal Program. Clients also receive lunch in the Knowles

Home Dining Room as well as a bag snack to take with them at the conclusion of the daily program.

Following breakfast, ADC staff assist clients, as necessary, to the ADC Program to conduct a daily large-group meeting / activity typically lasting approximately 30-45 minutes. Following the large-group meeting, ADC Program staff provide daily small-group activities. The ADC Program provides at least two activity options each day typically lasting 30-45 minutes each.

As the ADC clientele have become more aged and frail over the years, the ADC Program staff have been challenged to provide increasing levels of personal assistance to clients for individual hygiene (toileting). This is a continuous need throughout the program day.

ADC Program staff assist clients to the Knowles Home Dining Rom at 12:00 for the lunch food service. There are no formal activities scheduled between the end of lunch and 2:00 PM when clients are transported back to their homes. This period of time is used for informal socialization, distribution of bagged snacks, and preparation of clients for their transportation home.

ADC Program staff individually acknowledge each client's departure and assist with their movement to transportation. The ADC Program operates the PM Northwest Route Transportation service. Remaining staff prepare the facility for the next day's client activities and may also provide additional social work counseling to clients and primary / secondary caregivers.

- The ADC Program works with the following outside agencies:



- Tennessee Department of Human Services
- Mental Health Cooperative
- Tennessee Adult Day Services Association
- Tennessee State University
- Nashville State Tech

The MSS Adult Day Services Program is recognized as the most comprehensive offered in the Metro region. Other service providers include Sr. Citizens, Inc. (small community-based program), Catholic Charities (St. Mary Villa), Centennial Adult Care (private provider), and limited efforts by some local nursing homes / assisted living centers to find a profitable niche for their services.

### 3. Observations

Our observations of the program include:

- Although program participant elopement is not considered by ADC Program staff to be an immediate security issue, the current facility layout provides multiple points for entry and exit that are not monitored by staff. ADC Program participants routinely use these entry points to walk around the facility.
- The amount of space in the ADC Program “wing” at Knowles Home allocated for the administrative operation of MSS Transportation limits the programming capability of the ADC Program. This space was previously allocated to ADC but was surrendered to Transportation following their relocation from rental space.
- The increasing frailty of ADC Program clientele mirrors the experience of the Knowles Home in general. The two operations must find cost-effective means to provide additional personal services to their respective clients.
- There are significant opportunities for cross-program staff and resource utilization with ADC and Knowles Home. The two operations serve similar client populations and may ease the transition of individuals from home care to day services to assisted living.
- The ADC Program is constrained by their single-site location and existing Federal transportation requirements limiting the time a program participant can remain on a vehicle for transport. Multiple sites located throughout the Metro area could

minimize the travel time for individuals. However, MSS abandoned their multiple sites in order to consolidate operations and contain costs.

## C. ADULT HOMEMAKER

### 1. Overview

The purpose of the MSS the Adult Homemaker Program is to provide house keeping (preparing meals, light housekeeping, laundry, marketing, essential errands) and personal care services (assistance with bathing, eating, dressing, grooming) for eligible participants with the intent of helping them stay in their own homes as long as possible. The program serves only eligible adults, qualified by the state, based on factors including age, income, and disability.

In December 2003, the program was serving 354 clients with a staff of 35 including the program manager, four program supervisors each supervising 6-7 homemakers, social workers and support staff. The program's budget is \$1,565,100 with \$1,253,800 coming from the general fund. It is organizationally sited in the Social Services Division.

The program's mission is to "Assist frail elderly in maintaining a quality of life in supporting their independence by providing home and community based services." The vision of the program is that "All seniors and adults with a disability in Metropolitan Nashville-Davidson County neighborhoods have choices to support their independence and quality of life."

## 2. Program Details

Potential clients are referred from programs for aged and handicapped persons, Adult Protective Services, social workers in the high rises, clients themselves, and other MSS agencies. In December 2003, there was a waiting list of 124 clients. A potential client is likely to be on the waiting list for about a year. Program staff review the list every 60 to 90 days to ensure that it is current.

When someone moves to the head of the list, an initial assessment is performed to determine the client's needs and whether the Adult Homemaker Program can satisfy those needs. A packet is used to ensure consistency in these assessments. If the person is accepted, program staff members create a service plan listing the services to be provided and setting out a schedule for each client. Both the staff member and the client then sign this plan. It may include referrals to other providers for needs the homemaker program is not designed to fulfill. Although not formally stated, homemakers often provide substantial emotional support to their clients since many may be functionally home bound.

The client is then assigned to a homemaker who usually sits in on the plan development process to help promote compatibility. Homemakers generally are assigned on a geographic basis. Each day's schedule is designed so that they travel to the client furthest from their home first, then work back toward their home. This helps to keep mileage payments down.

The normal workload per homemaker is three clients per day, for a total of 15 per week.

Homemakers wear uniforms, with a distinctive patch and carry identification. There is generally little turnover in staff; most are long time employees. Employees are salaried at 40 hours per week; there is no overtime although compensatory time may be taken in the week in which it is earned.

The program supervisors perform a dual function. Not only do they supervise the home care workers, but also each supervisor carries a client caseload. Caseloads are 85 – 100 clients. Supervisors will conduct the initial program admission assessments, help to broker other services such as meals on wheels, and will take an advocacy role for those clients faced with problems such as eviction, cut offs from TennCare or Social Security. They will also conduct reassessments of each client to determine on-going eligibility and need every six months.

Program supervisors make frequent, often daily, schedule adjustments due to: client scheduling conflicts; homemaker illness, vacation, and line of duty injuries; and staff training requirements. The program tries to avoid gaps in service and will reschedule if at all possible.

As of December 2003, supervisors were not matched to a geographic group of homemakers, but the program was in the process of changing this.

The recent implementation of the “Options” program added personal care services to the light housekeeping that had been the primary service activity of the program. The program provided additional training to everyone so all were certified in personal care giving. This was necessary because of the additional liability from the new personal care

“hands-on” activity. The training also served to show homemakers how to reduce the potential for injury to both clients and workers.

The program has a new contract with Adult Protective Services that has the potential to result in the majority of the programs participants coming from this source. These clients are typically younger (40-55) than the elderly clients that have traditionally accounted for the bulk of the programs clients.

### 3. Observations

Our observations regarding the Adult Homemaker Program include:

- The new contract of Adult Protective Services (APS) has the potential to alter the program’s client mix and increase the time potential clients spend on the waiting list. Because APS clients are younger than the elderly population that has been the primary source of clients they are likely to need program services much longer than elderly clients. Turnover among elderly clients occurs due to movement into assisted living, nursing care, family care, or death. If the program is maintained at its current staffing level, over time most clients will be APS clients. Few will be the frail elderly that have been the program’s traditional clients.
- Adding personal care services (as a result of the Options program) to the light housekeeping that has been the traditional function of the program has the potential to add to the time required per visit. If this were to result in fewer client visits per day, or increased compensatory time earned, the number of clients served by the program will be reduced unless additional homemakers are added or home visits occur less frequently than once a week.
- Both these changes have the potential unintended consequence of reducing the ability of the program to accomplish its stated mission, to “assist frail elderly in maintaining a quality of life in supporting their independence by providing home and community based services.” Of interest is the broader vision stated for the program which includes service to both elderly clients and those younger clients with disabilities that are referred through APS: “All seniors and adults with a disability in Metropolitan Nashville-Davidson County neighborhoods have choices to support their independence and quality of life.”
- A final capacity issue is that there are no current substitute, or relief, homemakers. Both short-term and long-term vacancies require substantial schedule adjustments, and may result in some service postponements. Creating an element

of the program similar to substitute teachers may provide a more consistent level of service.

## **D. CHILD CARE**

### **1. Overview**

There has been a Metro child day care program since 1979. The program has always focused on providing high quality day care for children from eligible families. The program was first located in South Nashville, later moved to Richland Village, and then moved to its current location with the Red Shield Family Initiative at the Magness Potter Community Center about four years ago.

Organizationally, the program is sited in the Community Services Department of Metropolitan Social Services and has a staff composed of a manager and 12 other positions—teachers, group care aides, and a social worker. The current budget is \$624,400 of which \$359,400 comes from the general fund.

The mission of the Child Care Center is to offer age appropriate activities to young children in a positive, nurturing and protective environment through opportunities for social interaction and planned activities. The program serves children from six weeks old to three years old. The program focuses on activities designed to develop each child's language, social, cognitive, fine motor skills and gross motor skills. Meals are served, and parent conferences and workshops are an integral part of the services provided.

The program's vision is that "All children served at the MSS Child Care Center will be prepared to be responsible adults and community leaders." This is an especially

ambitious vision since all children must leave the program when they turn three years old.

## 2. Program Details

The parents of the children served by the Center must live within Davidson County, be enrolled in Families First, or have status as in transition from Families First, or otherwise meet income eligibility guidelines. Currently the program is located at only one site and serves 51 children from high-risk, low-income families whose parents are working or participating in education or training programs. During FY 03, 74 families were served and 12,086 days of service were provided. Almost all of the current clients are from the local neighborhood, many from the nearby Sam Levy apartments.

The Child Care Center, which operates from 6:45 am to 5:45 pm, Monday through Friday, is designed to provide an advanced level of care *and development* for each child. Staff members create a developmental plan for each child, with specific, individually tailored lesson plans. Staff members are trained to observe, monitor, and revise the developmental plans for each child, recording observations for the five major developmental skill areas: language, social, cognitive, fine motor and gross motor.

Each child's developmental goals are tracked via individual goal sheets. Since co-teaching is used most of the time, caregivers/teachers can monitor each child's daily progress. Staff members compile these daily observations into formal observation reports every four to six weeks. These formal reports track the extent to which each child achieves the benchmarks that were established for him or her. The center also uses a

standardized assessment tool to assist in conducting a comprehensive assessment for each child twice annually.

The Center has six classrooms, each with a mixed age group, although there is a general separation between young and older children. The younger groups have children from the youngest (six week) through those about 15 months old. The older groups begin with the 15 month old children and include those up to the program's limit of three years old. A child's age is not a strict criteria, the standard for class assignment is the child's developmental stage. Continuity of care is an important element in the center's approach so the center strives to have the same staff members stay with a cohort group of children throughout their time in the center.

The role of the center substantially transcends day care babysitting because of its emphasis on child development. Hence, the quality of the staff and of staff training is vital. All staff members have completed a 30-hour course on Child Development. All are CPR certified annually and are re-certified in first aid every three years as is required. There is little staff turnover.

The center's program considers parental involvement to be a key factor in helping the children to achieve their developmental goals. It maintains a Parent's Advisory Committee to encourage two-way communication and holds an annual parent's workshop and meeting. In addition, there are parent/teacher conferences twice a year. The center maintains ongoing expectations for parents and will meet with parents as necessary. For example, the center helps to educate parents on how to deal with an ill child, since the center cannot accept sick children. The parents must learn how to develop alternatives



since if they stay home they may miss work (and not get paid) or miss vital training or education classes.

As a further service, when a child turns three, the maximum age for participation, staff will help the family find service providers for older children.

The center has on-going partnerships with the Salvation Army and the Junior League of Nashville. One consequence of these relationships is that the center is held accountable by the United Way to track and report four different developmental milestones for each child each quarter. Typically, the center's children achieve 95% of their developmental goals.

Recently the Tennessee Titans revamped the Child Care Center's playground.

The center participates in the Tennessee's Child Care Certificate Program and has achieved and maintained the "3 Star Rating" from the Department of Human Services. Approximately 40 providers from throughout Tennessee have visited the center because of the center's continuing demonstration of providing high quality care with infants and toddlers. Both Tennessee Tech and TSU see the MSS Child Care program as a teaching facility. Both have internship/practicum arrangements with the center for their students.

### 3. Observations

Our observations regarding the Child Care program include:

- The MSS Child Care Center, by all accounts, provides a high level of care for and development of children from six weeks old to three years old for qualifying families. Staff feels that this amount supports high quality childcare which would otherwise be scarce for families who qualify. Part of the cost results from care for and development activities conducted with an infant population. Infants are expensive to care for because of the required low ratio of staff to babies. By

accepting infants and working with parents the program helps parents understand the importance of early development.

- The cost per child is high compared to child day care programs that provide care and supervision only. The vital additional value of the MSS Child Care Center is the developmental efforts designed into the MSS center's program.
- With a total cost of \$624,400 for an average of 51 students, Nashville's average cost of \$12,243 per student is significantly higher than should be expected. By comparison, a U.S. Census Report from 1997 costs (adjusted to 2004 dollars) indicates a national average of \$3,150 per student age 0-5 and a 2002 Children's Defense Fund study of child care in southern states showed an average Tennessee cost of \$4,420 for center-based child care for a 4 year old in an urban area.
- An important element of the program is the retention of well qualified, well trained staff. The program ensures that staff members are trained and that each receives 18 hours of in-service training per year. This is one factor in helping the center maintain its Three Star Rating. Staff compensation and benefits are commensurate with the need to retain committed, high quality workers.
- The program's single location and small size restricts the number of clients it can serve. But, the size limit also insures that each child get individual attention and focus.
- Most of the program's client families live in the immediate vicinity of the center. Some 40% of the current families with children in the center live in the nearby Sam Levy apartments. Apparently, that housing community is scheduled for substantial renovation/alteration that may decrease the number of families in the immediate vicinity of the center who have children there. Whether families who move are able to transport their children to the center each day, or whether there are other eligible nearby families who would replace those that leave is not yet clear.
- As was described earlier the center's vision—"All children served at the MSS Child Care Center will be prepared to be responsible adults and community leaders"—is ambitious. It would be quite difficult to determine the extent to which those children served by the center have become responsible adults and community leaders and the extent that the center was instrumental in helping to achieve such a result.

## E. DISABILITY INFORMATION OFFICE

### 1. Overview

The primary function of the MSS Disability Information Office is to provide information and referrals about disabilities to those who call the office. Information and referral cover a wide range of topics including employment, housing, recreation, transportation and the rights of those persons with disabilities. Staff members also conduct community training and awareness programs and represent MSS on community committees that deal with issues pertaining to persons with disabilities. The office has been in existence for over 25 years and was the first information and referral resources for MSS.

The Disability Information Office is sited organizationally in the Social Services Department, has 2 staff members, and a budget of \$105,000 all from the general fund. The office responded to 3,352 phone call in FY03. The largest percentage of the calls concerned disability benefits and handicap tags.

The stated mission of the office is “To enhance the lives of persons with disability and their families.” The vision of the office is that “All persons with disability in Metropolitan Nashville-Davidson County will live a quality life.”

### 2. Program Details

Persons who typically call the Disability Information Office and receive service include individuals with disabilities and family members, professionals, neighbors, friends, advocates, and other interested persons concerned with disability issues. Staff

may provide information about a wide range of disabilities including, but not limited to: visual impairments, physical disabilities, mental retardation, chronic health conditions, mental illness, deaf and hard of hearing. Although the office supplies information about such frequent queries as ADA rights, employment, housing, recreation, and accessibility issues, it does not determine whether someone is eligible for services. Such decisions are made through channels established by the various programs to which people are referred.

Over the 25-year history of the office, it has served as the central point and clearinghouse for questions on disability issues. Staff members make a major effort to keep abreast of legal, regulatory, and programmatic changes in the services that have an impact on persons with disabilities. As other MSS departments have started their own specialized information and referral operations during the last five years, the Disability Information Office has seen its call load decline somewhat.

To expand knowledge about disability resources, the office has developed and distributed the *Handiguide*. This publication provides a list of disability problems and matches them to the resources available to assist with the problem. It is designed to be used by both those with disabilities and those working with persons with disabilities.

Although the office's community education role is an important one, the office still stresses that the primary consumer is the person with a disability who needs information and/or referral to a program that can provide assistance. Program staff help callers to diagnosis their particular problems and needs. It was reported that frequently a caller's initial issue may be only part of a series of problems for which multiple referrals are made.

The Office is implementing a new caller tracking system to attempt to get more information about callers and their needs. The counting standard may be moving from the number of calls received or made on a caller's behalf to the number of separate persons served. Therefore, even if helping a caller required multiple calls and/or contacts, the count would still be one: for that single person.

The office is involved with a variety of different community education efforts. In FY03, staff members participated in 106 community events. The office conducts disability awareness sessions for community groups and for those being trained to work with persons with disabilities such as social workers, physical therapists, and occupational therapists. It has also produced the "Ten Commandments," a guide for communication with persons with disabilities.

The office also seeks to create partnerships with other agencies to better develop and coordinate resources to meet the needs of persons with disabilities. A recent list of organizations with which the office has ongoing collaborations includes:

- ADA Title II Compliance Division (ADA Compliance Office)
- Mayor's Advisory Committee for People with Disabilities
- Tennessee Disability Coalition
- Center for Independent Living
- ACCESSRIDE Policy Advisory Board
- Special Transportation Services Board
- Technology Access Center
- United Cerebral Palsy of Middle Tennessee

### 3. Observations

During the MSS strategic planning process, the Disability Information Office identified three major issues regarding the office and its role in providing information to help those with disabilities lead high quality lives.

The first issue that was identified was *How can the Disability Information Office complement the work of the ADA Compliance Office?* In response the office developed a curriculum that it proposed be used for ADA awareness training. Potential audiences for this course could include not only community groups but also Metro Nashville employers and their human resource personnel.

The second issue identified is *How can the Disability Information Office increase the number of people who receive information from their network of resources?* One element of the plan developed to address this issue is for the Disability Information Office to collaborate in cross training with Family Services. In this way, Family Services staff will become familiar with the resources available to their clients that may have disabilities themselves, or family members with disabilities, and Disability Information Office staff will be able to hone their own information and referral efforts in response to questions about problems that might be dealt with through programs offered through Family Services.

Two other strategies were also developed to increase the audience aware of the network of disability resources. Because the *Handiguide* lists disability problems, corresponding resources, and referrals, then one strategy is to develop methods to expand distribution of the document. The other strategy is to develop a campaign to inform

Nashville residents that information contained in the *Handiguide* is available on the Metro web site.

The final issue identified during the strategic planning process was *How best can the Mayor's Advisory Committee and the Disability Information Office enhance awareness and advocacy activities in response to current issues impacting the disability community?* In response the Disability Information Office created a plan that outlines roles and activities for both the Mayor's Advisory Committee and the Disability Information Office to accomplish this objective.

Finally, because the office is constantly keeping abreast of the resources available to assist those persons with disabilities, it has been able to identify areas where resources are inadequate. These include a need for more high quality attendant care givers and training for them; training for persons with disabilities about job seeking, employment and transportation; and increasing employer awareness about the positive qualities that persons with disabilities can bring to the workplace.

## **F. FAMILY SERVICES PROGRAM**

### **1. Overview**

The Family Services Program functions as the I&R (information and referral) and emergency financial assistance service arm of MSS. The vision for MSS Family Services is that all residents of Metropolitan Nashville-Davidson County live in supportive communities and reach their maximum potential. The program's stated mission is, "To provide services and link individuals and families with services – reducing the need in

financial emergencies, helping stabilize crisis situations, and promoting opportunities for growth.”

The primary components of the Family Services Program include: emergency financial assistance, burial assistance, support services, community coordination to enhance the community’s capacity to support families, and information and referral,

Family Services total budget for Fiscal Year 2004 is \$1,617,700, with \$1,570,200 (97%) from local funds and \$47,500 (3%) from other sources (primarily Federal/State SSI reimbursement). Family Services’ total FTE headcount in the FY04 budget is 16.

## 2. Program Details

The Family Services Program defines eligibility for its service offering in terms of Nashville-Davidson County residents who need emergency financial assistance or who are facing a variety of problems and need access to coordinated social services. The primary components of its service offering include:

- **Financial assistance** is available to eligible persons to pay for basic needs such as housing and utilities. Individuals may be eligible if they have experienced loss of income within 60 days due to no fault of their own. However, other criteria may apply. For example: If they are homeless or in sub-standard housing, they may also be eligible for assistance on a one-time or short-term basis. Interim support may be provided until another source of income is available.
- **Burial Assistance** pays the burial costs of deceased Nashville-Davidson County residents who did not leave sufficient resources to cover the cost of their burial expenses.
- **Support Services** are available to help individuals and families access additional services as they resolve problems or work toward personal and family goals.



- **Community Coordination** builds awareness of MSS programs, increases their accessibility, links MSS services with other community partners, and supports community activities.
- **Information and Referral** helps persons identify and obtain community resources and services.

Family Services' general operating hours are from 8:00 a.m. to 4:30 p.m., Monday through Friday. Satellite offices at Family Resource Center (FRC) locations sometimes offer extended hours. Current service locations include:

- Howard Office Building (Central Office)
- Cayce Family Resource Center
- Southside Enterprise Center/Napier
- Edgehill Enterprise Center
- Woodbine Family Resource Center
- McGruder Family Resource Center

The program's financial assistance services are funded entirely by the Metro Government. The total budgeted for financial grants to eligible individuals and families in Fiscal Year 2004 is \$675,000, which is 42% of Family Services' overall operating budget. Financial grants typically are offered "one time only." Individual and family grant options include:

- "S" Grants, which are typically one-month supplementary grants for a maximum of \$300;
- "R" Grants, which are for relocation or a move to affordable housing (amounts depend on size of family unit, for example: \$350 for 1 person, \$400 for 2, \$450 for 3, \$600 for 4);
- "IM" for income maintenance for up to 6 months; and
- "D" Grants for discretionary funding where person(s) don't fit other need categories (where typical grants are \$200 per month). Note: The dollar value

of income maintenance grants varies depending on the number of individuals in the family or aid group.

Income maintenance grants can be offered for up to six “consecutive” months or up to ten months “collectively” within a 24-month period. The Director of MSS must approve extensions beyond these time frames.

Some Family Services clients with minor children qualify for Federal/State Temporary Assistance for Needy Families (TANF) funding; thus, Family Services refers them. At the same time, MSS it is generally recognized has a quicker turnaround time than TANF determination. Decisions for financial grants typically require 10 days because of the need to confer with employers, physicians, etc.

The Metro Action Commission also provides financial assistance for loss of income. The MSS Family Services Program differs in that eligibility typically revolves around loss of income due to loss of employment and/or medical problems. MSS and MAC have to rely on verbal communication between caseworkers to avoid the duplication of emergency financial assistance, because there is no shared database between the two agencies.

For individuals or families qualifying for burial assistance, burials take place at the Bordeaux Cemetery, which is owned by Metro and operated in partnership with Metro Public Works and Parks & Recreation. Local funeral homes-vendors provide burial services related to embalming, caskets, headstones, etc.

With respect to support services, a great majority of Family Services cases involve a “one-time service contact” to assess needs, qualify for assistance and refer to appropriate service resources. A few individuals and families are provided support that

may extend over several months. In such cases, the Family Services worker may provide further assessment and advice as well as linkages with other service providers. Typical on-going caseloads for Family Services caseworkers number 5 to 10 individuals or families.

Community coordination with other service providers occurs primarily through Family Services' participation in several of United Way's FRCs. Family Services is making a concerted effort to link with all of the FRCs, which currently number 11 and will soon number 13. One of the goals of the FRCs is to ensure comprehensive and expedient service delivery when individuals or families are in crisis. It should be noted that FRCs do not operate with a formal "lead or coordinating or case manager" service model. However, MSS Family Services caseworkers sometimes perform this role for individuals and families.

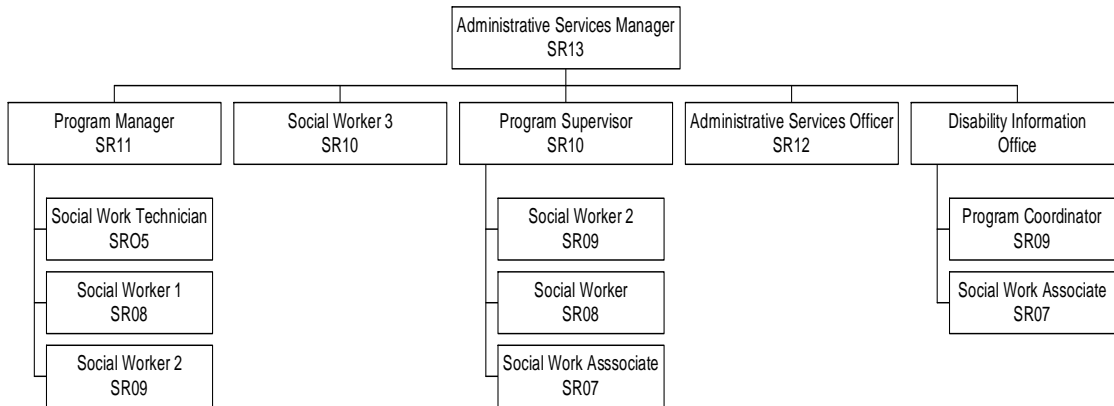
Community coordination also involves community advocacy, education and advice with other Metro Government departments and community service providers. Examples include: Metro Police, the Hospital Authority, and other FRC providers. Community education most often focuses on understanding and dealing with the causes of homelessness; understanding individual and family service needs; and fostering cooperation/collaboration among service providers.

Information and referral services are provided on both a walk-in and a call-in basis. Either way, Family Services caseworkers seek to determine service eligibility based on pre-determined criteria and to refer clients to appropriate services providers inside MSS or elsewhere in Nashville-Davidson County.

During the most recently completed fiscal year, the Family Services Program:

- Received 9,574 calls for assistance at Central Office;
- Processed 1,948 applications at all sites;
- Provided services to 1,750 households (all sites), including 495 through FRC and community-based social workers;
- Provided financial assistance to 1,209 households, totaling \$638,286; where \$491,010 (77%) of total financial assistance grants were for shelter related needs, and \$147,276 (23%) of total financial assistance grants were for non-shelter needs; and
- Provided 98 burials.

Following is the table of organization for the Family Services Program:



### 3. Family Services Observations

Our observations regarding the Family Services program include:

- MSS' current information system is inadequate to support the needs of the Family Services Program. Family Services caseworkers have had to rely on a Microsoft Access solution for the past four years. Staff interviewed for the performance audit reported that the current system crashes too often, loses information, and requires help from information system technician to do basic queries. In addition,

Family Services workers often have to come in to the Howard Office Building to use the system because of slow response times in satellite offices.

- Due in part to an inadequate case management information system, service coordination is an issue between MSS program areas as well as between MSS and other Metro departments. For example: this is evident in clients being served by both MSS and the Metro Action Commission. MSS and MAC acknowledge that they help some of the same people in need. However, there is no clear policy or system for routinely sharing client data. Consequently, there may be services that are duplicated for some clients.
- Family Services has been working with Metro Information Technology Services (ITS) to develop an improved information system that would establish a web-based network for entering new customer information, querying information on previous or existing customers, generating vouchers, etc. ITS project staff have completed preliminary work on description of current business processes, but have placed the project on hold pending recommendations from this performance audit.

## G. KNOWLES HOME

### 1. Overview

The Joseph B. Knowles Home for the Aged (Knowles Home) provides quality services to the low-income elderly citizens of Nashville – Davidson County and promotes the highest possible level of functioning in all areas of their life. The home is a 100-bed licensed assisted-living facility. It provides supportive services to those frail elderly who can no longer live independently, but do not need nursing home care.

The mission of Knowles Home is to assist low-income, frail elderly persons in maintaining a quality of life and supporting their independence by providing Home & Community Based Services and Assisted Living. The vision of the program is that all seniors in Metropolitan Nashville – Davidson County have choices to support their independence and quality of life.

The three main areas of service include:

- Residential
- Dietary
- Custodial

A total of 58 MSS staff members deliver residential, dietary and support services at Knowles Home. The MSS Knowles Home for the Aged provided 34,393 days of client service in the last fiscal year for 135 seniors. The 100-bed residential program maintained a 94% occupancy rate over the course of the year. The scope of services provided requires approximately \$2.9 million in annual resources. Approximately 21% of this amount is provided through charges and fees for services. Approximately 78% is provided through local funds. The remaining 1% reflects federal funds provided to the Dietary function.

## 2. Program Details

The Knowles Home for the Aged assists low-income seniors, age 55 and older, needing assistance with two or more activities of daily living. Typically, these individuals are not capable of living independently but do not require nursing home care.

The 58 MSS staff members at the Knowles Home provide residential (29 positions), dietary (13 positions) and support services (11 positions) to seniors. The Residential Care Administrator (Director) and staff assigned to the Business Office (4 positions) support the activities of the three operating areas.

The Director is responsible for the day-to-day operation of the facility in accordance with current Federal, State and Local standards, guidelines, and regulations

that govern Assisted Living Facilities and Adult Day Care Programs. The Director ensures that the highest degree of quality care is provided to the residents / participants at all times. Three Program Managers report directly to the Director.

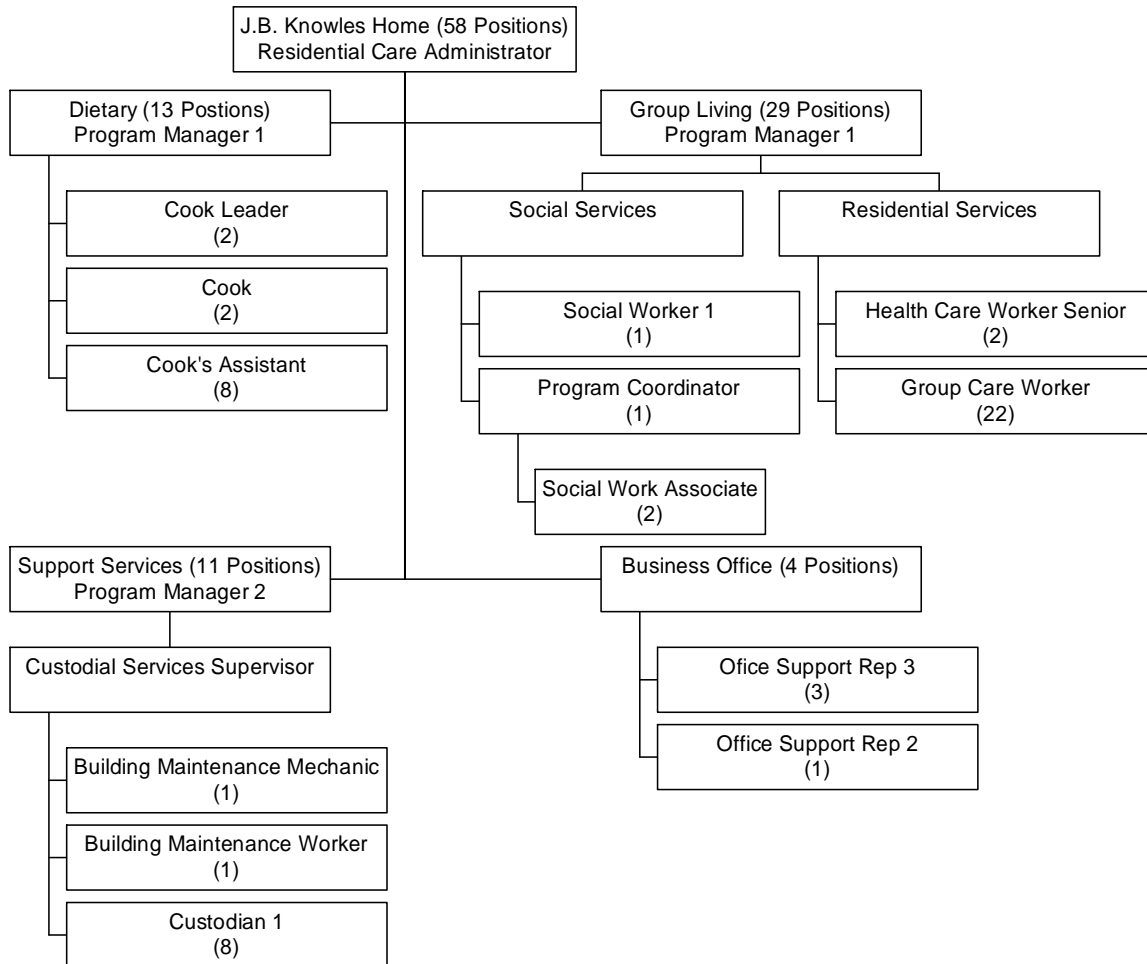
The Program Manager for Group Living supervises social work staff, nursing staff, laundry staff and employees providing care to residents. This manager coordinates interaction between social workers and nursing staff to maximize resident census with the level of care (to ensure that resident acuity level is appropriate for assisted living). This manager also develops and monitors a quality assurance plan to meet Assisted Care Living Facility (ACLF) regulations and accreditation standards. This position also assists the attending physician in establishing a plan of care for each client and assures that clinical, social records, and resident database are accurate and current. The Group Living Program Manager may also make recommendations as to the need for care beyond the scope of the existing residential program.

The Program Manager for Dietary Services coordinates the food service program in keeping with nutrition and sanitation guidelines, residence policies and procedures, and the food service budget. The Program Manager orders all food and supplies, directs preparation of food for special events, activities and regular meal service, and maintains the food inventory.

The Program Manager for Support Services coordinates and directs the emergency and routine maintenance for the Knowles Home and Richland Village. The Program Manager oversees fire safety & disaster plan for both facilities, including continuing training for new & existing staff. This position directs maintenance staff and

the supervisor of custodian and grounds staff for both facilities, assigns work, communicates performance expectations, as well as evaluates and reviews employee performance. The manager ensures cleanliness and safe conditions internally and externally at both facilities, as well as ensures that grounds are maintained including lawn care, weeding / mulching, trimming shrubs. The Program Manager for Support Services also develops preventive maintenance and routine housekeeping program.

The following chart displays the staffing and reporting assignments at the Knowles Home:





Potential Knowles Home clients must meet certain eligibility requirements.

These requirements include the following:

- 55 years of age or older
- Free of communicable disease
- Davidson County resident
- Ambulatory, includes wheelchair dependent yet are independently mobile and can self-transfer
- Low income, interpreted as those whose income is not sufficient to purchase needed services
- Mentally and physically able to function acceptably in a group setting
- Free of addiction to drugs or alcohol
- Physically challenged persons are accepted who are able to self preserve, with reasonable accommodation, according to licensing standards

#### GROUP LIVING SERVICES

The route to application and acceptance as a Knowles Home resident begins with the Group Living section. The Group Living service is divided between the Social Services function (4 positions) providing counseling and social work services to prospective and existing clients and the Residential Services function (24 positions) providing day-to-day personal care to residents.

The Social Services function is responsible for Admission / Discharge duties that include: process all referrals for services to and information about the facility; obtain physical and mental health care assessment and health information including all current prescriptions and a baseline Functional Assessment score; ensure that TennCare application is made; explain and document Advanced Directives, Do Not Resuscitate (DNR) and Durable Power of Attorney; present candidate to Case Conference team prior

to admission; and, obtain all other documentation, records and reports required by Section 1200-8-25 of the Assisted Living Regulations and the Documentary Policy of the Knowles Home.

The Social Services function also provides a full range of social work services related to an individual client's needs and their relationships with their family, other residents and staff. The four assigned staff members are responsible for the following specific tasks:

- Develop documented plan of action to address resident problems, the person responsible for addressing the problems and the date by which the problem(s) will be resolved.
- Develop and present quarterly assessments on all residents completed at the Case Conference meetings or any assessment that indicates a resident may require a higher level of care.
- Track in medical chart all reported incidents and significant occurrences concerning each resident that includes a written plan of action showing the specific steps and persons responsible for addressing the incident.
- Counsel residents in both individual and group settings on issues related to the problems related to living in a community setting.
- Responsible for timely documentation concerning transfers, discharges and contact with families on caseload regarding the need for a higher level of care.
- Responsible for documentation regarding the status of residents who are in the hospital, inpatient psychiatric units, etc. and plans for discharge, readmission, and a record of contact with family or responsible person.

The Residential Services function provides day-to-day personal care necessary to assist qualifying seniors to maintain a high quality of life at the Knowles Home. The services provided are limited by the scope of mission for Knowles Home as an assisted living center. These services include the following:

- Assist with activities of daily living (bathing, dressing, money management)

- Assist residents with personal hygiene, bathing, hair care, dressing, getting to and from meals.
- Assist residents to and from medical appointments.
- File, document and chart in medical records, communication book, census book, flow sheets, MAR's and any other documentation.
- Perform housekeeping duties (make beds, dust, organize drawers, closets, vanity cabinets, cleaning sinks and polishing / cleaning furniture).
- Obtain and document blood pressure, blood glucose levels and weights.
- Maintain hair care for all residents, male and female.
- Prepare residents for hospital visits

Additional personal care services provided to residents by the Residential Services function includes assistance with individual housekeeping and laundry services. MSS staff members keep up-to-date records for inventory and all information pertinent to resident clothing, including ordering items and supply of linen; pick-up, label, wash, dry, fold / hang, mend, and pass out resident's clothing in a timely manner; count and send out commercially laundered items weekly; and, perform shopping for residents.

The Residential Services function also provides limited day-to-day health care services required by residents. The services provided are limited by the scope of mission for Knowles Home as an assisted living center. These services include the following:

- Assistance with medication (dispense all medication, draw up insulin syringes for diabetics, maintain adequate levels of medication and supplies)
- Oversee medication administration system of facility.
- Communicate with physicians and other health care professionals.
- Monitor vital signs (glucose testing, medication effects).
- Arrange resident transportation to / from health care facilities.
- Prepare quarterly resident assessments.
- Maintain TB, vaccine and chest X-ray report

- Coordinate weekly on-site primary care clinic and psychiatric clinic

The Residential Services function also provides a diverse schedule of activity and recreational services. The staff conduct group meetings designed to address specific issues, to reminisce, or for special interests / hobbies.

## DIETARY SERVICES

The Dietary Services function employs 12 positions led by a Program Manager. Dietary Services coordinates the food service program in keeping with nutrition and sanitation guidelines, residence policies and procedures, and food service budget. The Program Manager orders all food and supplies, directs preparation of food for special events, activities and regular meal service, and maintains the food inventory.

Dietary Services provides cafeteria-style meal services three times per day. The responsibilities include food and inventory, food preparation and dining services, regulatory compliance and sanitation, and cleaning. These points are discussed below:

- Food and Inventory duties include: plan, implement and post menus approved by a dietician in accordance with the residence policies and procedures and within budget, incorporating a variety of nutritional foods; purchase food and supplies, using Metro purchasing contracts, according to the facility memo and within budgetary guidelines. Work with outside agencies to supplement food supplies; maintain adequate inventory of foods and supplies.
- Food Preparation and Dining Service duties include: direct the preparation of all food in accordance with nutritional guidelines, regulations, and residents' individual prescribed diets and food preferences; direct the presentation of food in an appetizing and attractive manner; assist in fostering residents' independence with eating by providing adaptive equipment; ensure that food is delivered on time; direct the preparation of food and coordinate food service for special requests.
- Regulatory Compliance and Sanitation duties include: ensure that sanitary, food service and safety standards are in compliance with Federal, State, and local health department regulations; maintain a clean organized and safe kitchen

environment; ensure proper storage and handling of food in accordance with infection control standards.

- Cleaning duties include: clean cooking equipment and work areas; store leftovers, clean kitchen and dining room.

The Dietary Services function provides meals to residents (breakfast / lunch / dinner), Adult Day Care participants (breakfast / lunch / bag snack), and staff (lunch). All meals are served in the dining room. Meals are served cafeteria style using a single service line. Staff are available to assist residents with their trays to a table if necessary. Although staff will assist residents to the Dining Room, as an assisted living center, it is expected that residents are capable of the mobility necessary to move themselves around the facility. The staff are considering the possibility of providing table service to assist the increasingly frail resident population.

#### SUPPORT SERVICES

The Support Services function employs 10 positions reporting to a Program Manager II. This function is responsible for maintenance, housekeeping and grounds.

The Program Manager coordinates and directs the emergency and routine maintenance for both the Knowles Home and Richland Village. The manager oversees fire safety & disaster plans for both facilities, including continuing training for new & existing staff. The position also directs maintenance staff and the supervisor of custodian and grounds staff for both facilities, assigns work, communicates performance expectations, and evaluates and reviews employee performance. The Program Manager ensures cleanliness and safe conditions internally and externally at both facilities and coordinates the annual inspection of the facility by the State Department of Health. The

manager also ensures that grounds are maintained including lawn care, weeding / mulching, trimming shrubs. Finally, the manager develops preventive maintenance and routine housekeeping programs.

The function provides direct services to residents. Support Services staff sweep and mop residents' rooms daily; clean windows, halls; and, clean the public restrooms twice daily.

The Support Services function also provides routine maintenance to the physical plant. The function performs preventive maintenance on environmental systems; repairs and maintains building fixtures, furniture, electrical and plumbing systems; repairs and maintains toilets, sinks, water fountains and drainage pipes; repairs or replaces electrical switches, fixtures and related systems; replaces parts in any motorized or electrical machinery; and, replaces or installs doors, locks, windows and related hardware.

#### Business Office

Four Office Support Representatives provide the Business Office function. Their duties include reception, clerical and bookkeeping. Specific detail on these responsibilities is provided below:

- Reception duties include: Answer phones; announce phone calls over PA; take messages; distribute messages; receive sort and distribute mail; record, post and maintain public announcements for bulletin board; receive and direct visitors and families to the office and to other areas of the building.
- Clerical duties include: Operate various office machines including computer, calculator, copying machine, scanner; monitor fax machine and distribute faxes; file documents; compile, collate and process forms; data entry; meeting attendance and minute preparation.
- Bookkeeping duties include: resident financial information data entry; receive, post, and process checks for resident maintenance fees; make cash disbursements from Resident Imprest Fund to residents; get checks signed and processed

following receipt from Social Security; data input to resident accounts in QuickBooks program; prepare time records for payroll and attendance for Residential Care and Adult Day Care; maintain personnel records (personnel file and medical file); maintain and monitor evaluation system; prepare and submit vital statistic report to Metro Health Department (monthly).

The resident's income is used on a sliding scale to determine cost of care. Each resident, including those with no income or resources, is provided a monthly personal allowance of \$33 to \$60 depending on income. Fees increase each January if there is a Social Security increase. A resident with an income of \$400 or less will receive 15% of increase with 85% applied to cost of care.

### 3. Observations

Our observations regarding Knowles Home include:

- Knowles Home is operating at capacity while the demands for service continue to grow with a generally aging population.
- Dietary Services provides a very high level of service. It may be more cost-effective to contract for meals and delivery from another provider. Although this would be dependent on the existing capacity of the supplier facility, consolidation of dietary services could reduce total staff time required for food planning and preparation.
- Personal care needs (bathing, toileting, etc.) are growing with an increasingly frail client population. This requires additional staff time and limits staff responsiveness to the needs of other residents.

## H. NUTRITION PROGRAM

### 1. Overview

The MSS Senior Nutrition Program provides meals to seniors and other qualifying adults in both congregate settings and through home delivery to individuals.

The MSS Senior Nutrition Program's mission is to promote and maintain the health and wellness of persons 60 years of age and older by providing nutritious meals and nutrition education. The program strives to reduce isolation of individual seniors through opportunities for social interaction and planned activities. The vision of the program is to assist at-risk families, elderly and eligible disabled persons in maintaining a quality of life and supporting their independence by providing Home & Community Based Services and Assisted Living.

In calendar year 2003, the program provided more than 250,000 meals to more than 2,250 seniors throughout Nashville – Davidson County. The program provides these services through the dedicated efforts of 23 Metro staff members and 5 paid volunteers under the direction of the Program Manager.

## 2. Program Details

The Nutrition Program provides meals to eligible seniors through two mechanisms: congregate meal sites where seniors gather for social interaction and food service; and, home meal delivery to individuals. The program provided more than 250,000 meals in FY 2003 to 2,256 seniors. Approximately 43% of the participants received home-delivered meals.

The Nutrition Program serves mid-day meals and organizes social opportunities for senior and disabled citizens. These services assist in maintaining at-risk senior adults in their homes. Congregate meal sites are located in 16 community centers and retirement homes throughout the county, wherein the Department provides nutrition



services to eligible seniors. Meal sites are open 4 ½ hours each day, five days per week and provide the following services:

- Meals in a group setting of senior adults
- One hot meal per day
- Meals containing at least one-third of the daily allowance established by nutritional authorities
- Activities for fun, fitness and fellowship
- Transportation to the meal site
- Coordination with other home & community based activities for seniors

The program also delivers meals to eligible seniors and disabled citizens in their homes, using a fleet of vans to deliver a combination of hot meals and frozen meals to the clients, based on their needs. In addition, the Nutrition Program operates the Nutrition Supplement (ENSURE) Program, which provides the elderly with supplemental nutrition products at a significant savings over retail.

The program's target population is seniors, 60 years and older and disabled seniors under 60 who live in high-rises. Home delivered meals are provided to homebound seniors who meet criteria set forth by the Greater Nashville Regional Council, the State designated Area Agency on Aging. The department serves mid-day meals & organizes social opportunities for seniors. The congregate meal sites are located in 16 sites throughout the county. The program also operates 11 home delivery routes that provide home delivered meals.

Nutrition Program participation requires a medical referral from a doctor, social service agency, or other community agency. Program staff have 30 days to complete the



The current operation requires \$1,644,200 to provide nutrition services to clients. Federal and state support provides more than \$848,200 (51.5%) of this amount. Service recipients provide an additional \$146,500 (8.9%) through fees. The remaining funding (39.6%) is provided by Metro.

Payment of salaries and benefits to Metro staff comprise \$733,500 (44.6%) of program expenditures. Contractual services (primarily for outside food preparation services) and miscellaneous supplies comprise the bulk of the balance of spending totaling \$910,700 (55.4%).

Meals are prepared under contract by Valley Innovative Service, Inc. Valley has retained this contract for the last eight years. MSS Nutrition staff receive meal requests from congregate site coordinators and compile with updated delivery route requests. MSS Nutrition forwards this information by fax to Valley by 1:00 PM for the following two days of service. Valley prepares all meals. The MSS Nutrition drivers and volunteers pick-up the meals for delivery from Valley. Valley also provides similar meal preparation service for Cumberland County, TN.

MSS Nutrition manages a variety of meal delivery routes using MSS Nutrition staff, volunteers, and the food preparation vendor. Coordinating delivery with each recipient is important because Metro Health Department regulations forbid leaving meals unattended at the door in the event that the recipient is not home.

Volunteers operate approximately 12 hot meal delivery routes. The volunteers run each route daily to provide a fresh, hot meal to each client. MSS Nutrition staff prepare the routes and develop directions for the volunteers. Each volunteer is required

to complete an application and background check. The vendor (Valley) runs two additional meal delivery routes. Valley delivers one hot and one cold meal at each stop every other day. Three MSS Nutrition staff run nine frozen meal routes. The MSS staff deliver three frozen meals at each stop every third day. Frozen meals provide additional scheduling flexibility.

The Adult Day Care Program is treated separately as a Nutrition Program “site”. Knowles Home Dietary staff provide each ADC participant with a hot breakfast, lunch and bagged snack to take home at the end of the day.

In-Home / Community Site Coordinators (hybrid position ) manage two congregate nutrition sites. These particular staff are responsible for two different functions and report to two managers. Their performance assessment is completed by Homemaker Services. These staff members prep homebound meals for delivery. They also make homebound deliveries within their respective buildings as well as homebound deliveries outside the congregate site building. They also prepare and serve congregate meals at respective sites, and provide limited activities following the meal. Their final duty is to make homemaker visits within their respective sites (typically see each client once / week).

Twelve of the nutrition sites are managed by MSS Site Coordinators, assisted by 5 paid volunteers. These staff members receive and prep food for congregate meal, serve and clean-up after the meal, and provide limited activities programming.

MSS Nutrition provides nutrition supplements to eligible seniors through the ENSURE program. The program purchases Ensure Nutritional Supplement from an

existing hospital contract with the State (sets the base rate). The prices have remained the same for the last 6-7 years. The MSS Board approves the annual estimated costs on an annual basis with a small addition to cover related administrative costs. The program requires a doctor’s prescription for participation. Program participants pick-up their supplement at Knowles Home from 9:00 AM – 11:00 AM and 1:00 PM – 3:00 PM. The distribution process takes approximately 10-15 minutes for each person. There is also limited Ensure distribution at the congregate meal sites. MSS Nutrition accepts cash, check or Electronic Benefits Transfer (EBT) card (Food Stamps). MSS Nutrition maintains their inventory on a monthly basis requiring minimal storage area at the Knowles Home.

The following table summarizes relative program participation:

Clients	2003	2004	Change	
			Number	Percent
Congregate	1,085	1,272	187	17.2%
Home	911	1,200	289	31.7%
ENSURE	260	300	40	15.4%
Total	2,256	2,772	516	22.9%

### 3. Observations

Our observations relating to the Nutrition Program include the following:

- MSS Nutrition effectively outsources a significant part of their operation through the use of a food service vendor for production, volunteer delivery of daily hot meals, and dedicated space provided by residential facilities for congregate meals. It should be possible to contract for the delivery services currently provided by MSS Nutrition Van Drivers. This would allow a degree of cost savings related to salaries and benefits, as well as eliminating vehicles and their required maintenance.

- The ENSURE program is funded by payments for product by the clients. The price charged reflects the current rate under a State contract and includes a modest “bump” for administrative costs. It is estimated that it takes an average of 12.5 minutes to process each walk-in client at Knowles. Assuming annual salaries totaling approximately \$25,000 related to ENSURE processing and an estimated 22 days of compensated absence yields a per minute charge to recover costs of approximately \$0.28. This yields a per transaction service charge of approximately \$3.50. The amount charged to the clients for administrative expenses should increase to reflect the time required to fulfill the order.
- ENSURE is available at reduced prices from other sources in the Metro area. MSS Nutrition could eliminate the program and refer clients to other providers. This would free the half-day allocated to existing support staff for other duties.

## I. REFUGEE SERVICES

### 1. Overview

Citing U.S. Census data, the August 2003 *Final Report on the Immigrant Community Assessment* (completed under contract with Metro by Vanderbilt University) indicates that “the number of Nashville-Davidson residents who were born outside the United States tripled between 1990 and 2000, having grown to 40,000 or 7% of the county population by 2000. Many originated in Africa, Asia, and Latin America. Of all foreign-born Nashville residents in 2000, two-thirds had arrived in the U.S. during the 1990s, three-fourths were not citizens, 20% were officially poor (compared to 13% of Nashville’s native-born population), and 61% were born in Mexico or Central America.”

In light of this data, the Federal Government views Nashville as one of a select few “Second Tier Cities” for refugee resettlement. The MSS Refugee Services Program is currently in the second year of its third three-year grant from DHS’ Office of Refugee

Resettlement (ORR). One of the grant periods was extended one year; so this is actually the 9<sup>th</sup> year of the MSS program.

The overall vision of the program is that local refugees and their families will develop the skills needed for independence, and that refugee communities in the Metro area will become strong and vibrant. It follows that the stated mission of the MSS program is: “To assist refugees by providing services designed to enable them to become more independent, and to help refugees who have been in the U.S. less than five years become integrated into our community while respecting their cultural identity.”

The requirement to focus on refugees in the U.S. less than five years has been established by the program’s primary funding and referral source, Office of Refugee Resettlement (DHS and Federal). \$881,500 (84%) of the MSS Refugee Program’s total FY 2004 budget of \$1,051,000 came from this source. In FY03, MSS provided 236 individual refugees or families with social adjustment and/or employment services and 580 persons with English as a Second Language (ESL) training.

One of the noteworthy impacts of the September 11, 2001 disaster in New York and Washington, D.C., was a reduction in the immediate flow of refugees to the United States. With 15 FTE employees and over 30 part-time interpreters, the MSS Refugee Program is capable of serving more people. One possibility is to expand the scope of services to include recent immigrants to Nashville-Davidson County. As suggested by the Immigrant Community Assessment, the service needs of immigrants and refugees are very similar. However, such a scope expansion would require approval by ORR and additional local funding.

Following are four categories of refugees/immigrants acknowledged by ORR and MSS Refugee Services:

- Refugees are persons who cannot return to their countries because of persecution or a well-founded fear of persecution due to race, religion, nationality, membership in a particular social group, or political opinion.
- Immigrants (lawful permanent resident) are people who have come to the United States and intend to remain here indefinitely.
- Non-Immigrants are persons who are in the United States for a limited period of time (e.g., tourists, students, temporary workers, etc.)

Illegal/Undocumented are persons without the authorization to be in the United States.

The first category, limited to refugees referred by ORR, is the sole focus of the MSS Refugee Services Program. The possibility of expansion suggested by the Immigrant Community Assessment would include the second category of “recent immigrants.”

## 2. Program Details

The target group for the MSS program involves refugees/asylees living in Nashville-Davidson County who have been initially referred for resettlement by Federal and DHS ORR. Based on grant criteria, target group members are eligible for MSS Refugee services for five years from the time of referral by ORR.

The Refugee Services Program operates in four principal areas: social adjustment, employment, English language training, and cultural sensitivity training. In the area of social adjustment, MSS caseworkers assist refugees of all ages, but especially older refugees (e.g., over 60), adjust to the trauma/shock of being resettled in a new county – managing expectations and understanding and being able to deal constructively



with new cultural, social, vocations, economic and family norms. As part of this service, MSS maintains a Senior Refugee Project to assist older refugees over 60, and provides an orientation to Metro schools through its School Orientation Program. MSS also refers, transports and otherwise supports refugees so that they can gain access and secure needed services (e.g., culturally appropriate mental health therapy). In addition, access relates to helping individuals gain access to job opportunities, etc. when they don't have proof of their education, etc. Furthermore, social adjustment services include providing coordination when help from several Metro Government and/or not-for-profit service agencies is needed by a given individual or family, e.g., medical care, social and legal services. "Targeted Assistance" is a specially funded program that provides the above services for refugees with intense, long-term service needs, e.g., single parents, family members with disabilities. Service delivery involves direct services to individuals as well as service development for mutual assistance groups of refugees (e.g., sewing club for Somali Bantu women). Note: MSS maintains a "pool" of approximately 30 part-time interpreters who help refugees understand and communicate with service providers and prospective employers.

With respect to employment services, the MSS Refugee Service Program provides refugees with an orientation to the U.S. job market and training on how things work and what is expected by employers and fellow employees (e.g., work habits, no sexual harassment). Program staff assist refugees in

- Job identification and placement;
- Promote refugee hiring;
- Negotiate with, and provide education to, prospective employers,\; and,

- Provide refugees after they are placed with language training, etc.

To better ensure access to employment services for refugees, one MSS Refugee Services staff member works several days a week at the Nashville Career Advancement Center.

In the area of English Language Training, MSS provides English language training (spoken and written English) through a contract with Metro Board of Education.

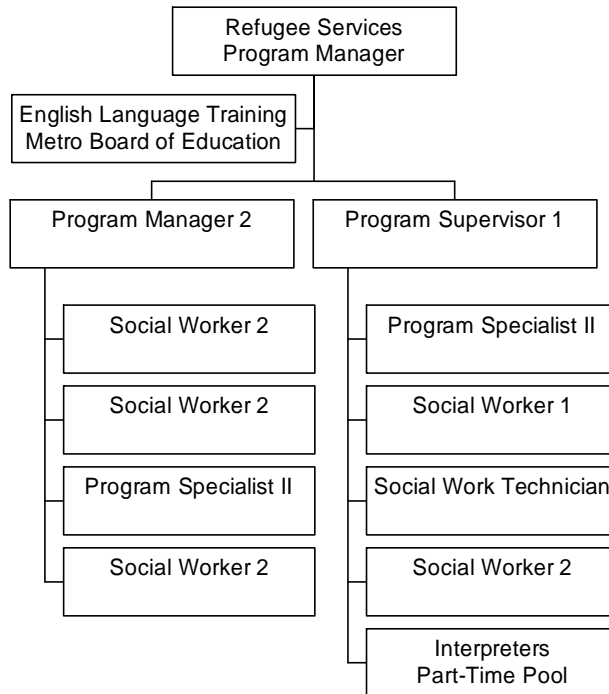
Cultural sensitivity training for the community involves Refugee Services caseworkers advising and educating service providers and employers about refugee cultures, service needs and capabilities. MSS staff have provided community leadership in coordinating and delivering conferences on special service needs of refugees, e.g., a recent conference on mental health services for refugees was attended by 200 people.

The following were identified by program staff as local service partners that provide concurrent or relevant services for MSS refugee clients:

- Catholic Charities
- Cayce Clinic
- Centerstone Mental Health Centers
- CWA Apartments (subsidized housing)
- Davidson County Juvenile Court
- Martha O'Bryan Family Resource Center
- Metro Police Department's Domestic Violence Program
- Meharry Medical Clinic
- Mental Health Cooperative
- MDHA
- Metro General Hospital
- Metro Health Department (WIC, TB Clinic, Woodbine Clinic)
- Metro Public Schools (K-12 and Adult)

- Senior Citizens, Inc.
- Siloam Clinic
- Social Security Administration
- TennCare Consumer Advocacy Program
- TennCare Providers
- Tennessee DHS
- Tennessee MRDD
- Urban Housing Solutions
- Vanderbilt University Hospital's Psychiatric Program
- World Relief Refugee Resettlement

Caseworkers among the Refugee Program's 15 FTEs typically manage a caseload of 30 to 35 individuals or families. The one exception is the caseworker who splits his time (and salary) between MSS and the Nashville Career Advancement Center. His caseload tends to be 18 to 20. Presented below is the current table of organization for MSS Refugee Services.



### 3. Observations

Several Refugee Services staff members report being under-utilized at times because of a dramatic decrease in the number of refugees coming to the United States since the September 11, 2001 disaster in New York and Washington, D.C. Until September 11<sup>th</sup> the overall allowance for refugees entering the U.S. was approximately 50,000 per year. Since September 11<sup>th</sup> approximately half this number of refugees (25,000) have been allowed.

Part of the answer may be changing the scope of the program to serve immigrants that present many of the same needs as refugees. Federal and State ORR sources would have to approve this change.

Refugee Services staff observed that service needs for refugees in Nashville-Davidson County appear to be changing. In this regard, there are distinct periods:

- In the late 1980s and early 1990s, service providers dealt with basic public health needs and finding entry-level jobs for refugee clients;
- In the mid- to late-1990s, many refugees were moving to set up their own businesses and needed help dealing with lending institutions, etc.; and
- Today, refugees coming from poor and developing countries in African (e.g., Somali Bantu) present more fundamental and difficult challenges related to basic life skills, socialization, education and mutual assistance. (Mutual Assistance Association of Middle Tennessee has become an important resource in regard to the latter.) MSS staff also see more legal and health problems that require individual as well as community education.

Consistent with findings and recommendations of the Immigrant Community Assessment, Refugee Services staff see the need for an “umbrella agency” in Metro Government to serve refugees. MSS staff are of the opinion that services for refugees operate best as a Metro Government program. The reasons include:

- Federal and State agency staff who work with Refugee Services suggest that MSS has done a better job than previous service providers of coordination. This is because most of the needed services are offered by government agencies, for example: local courts, schools, public health, health and hospitals, workforce development and financial assistance.
- The perceived authority of a public agency is sometimes important for gaining access for refugees to needed services.
- The basic premise is that refugees constitute a “vulnerable population” that typically does not have the language and cultural sophistication necessary to be served by not-for-profit agencies.
- MSS currently employs a culturally and professionally diverse staff group comprised of social workers, lawyers and a economist. This group can effectively address both individual (inward) refugee needs for being engaged and empowered to achieve economic and social self-sufficiency, and community (outward) needs related to advocacy for refugees and education of service providers and employers.

## J. RICHLAND VILLAGE COMMUNITY SERVICES PROGRAM

### 1. Overview

In the past two years, Richland Village Community Services (RVCS) has changed from a residential program to community-based services. The transition was apparently a reaction to a study entitled Report of the Task Force on the Delivery of Services to Children in Nashville, Tennessee. The Children's Services Task Force completed the report in May 2001. Among its many recommendations, the Task Force called for the decentralization of service delivery to children and the use of a community based model.

RVCS' overall vision is that all Metro school children arrive at school prepared for the opportunity to learn – meaning that their basic physical and emotional needs have been met and they are able to devote their energies to academic achievement and social development. RVCS' stated vision is: "To empower Metro middle school students and their families to be successful at overcoming daily challenges by providing services through collaborative partnerships in order to reduce the risks of problem behaviors and non-participation in schools."

Whenever possible, RVCS uses a "wraparound approach" to service delivery. This approach is holistic in that it seeks to address the needs of children and youth served through individual and family counseling as well as other home-based, school-based and community-based services.

The target group for the RVCS Program involves children ages 8 to 15 in Nashville-Davidson County (for Community, Family and School Based Services) and

Nashville-Davidson County children that are at imminent risk of being placed in state custody (for Home Based Services).

RVCS' total budget for Fiscal Year 2004 is \$1,307,500, with the entire amount provided from Metro's general fund budget. RVCS' approved FTE headcount for FY04 is 28. During the most recently completed fiscal year, RVCS served a total of 65 families and 413 children.

## 2. Program Details

A more detailed look at the RVCS Program reveals a service offering that includes:

- Individual and family counseling;
- Intensive family preservation, case support and family unification services;
- Therapeutic mentoring;
- Homemaker services; and
- Community- and school-based activities.

In the area of individual and family counseling, RVDS staff conduct a psychosocial assessment; diagnose mental health related illnesses; provide psychotherapy to improve individual/family functioning; and make appropriate outside referrals, recommendations and follow-up.

Intensive family preservation, case support and family reunification involves a set of short-term home-based services designed to protect, treat and support families where at least one child is at imminent risk of placement in state custody and/or where a child is to be reunified with his/her family after out-of-home care. For each child/family served,

RVCS staff conducts an assessment, develops a service plan, provides home-based support, and monitors progress against the service plan.

Therapeutic mentoring provides therapeutic mentoring for children who are experiencing difficulty in adjusting to home, family and/or school life. Service strategies range from recreation to learning experiences, role modeling effective communication skills, advocating and problem solving on behalf of children with schools, courts and other professionals, and periodic outings.

Homemaker services are provided to families of children at risk, families who are in a reunification plan and transitional living clients. RVCS assists families to stay in their homes by teaching household management and homemaker skills, providing transportation, teaching personal skills (e.g., healthy living habits), and providing encouragement and support. RVCS also provides coordination when help from other Metro Government and/or not-for-profit service agencies is needed by a given individual or family (e.g., medical care, social and legal services).

Community- and school-based youth services involve three principal activities:

- Community mentoring – RSVP employs strategies for helping identified children through recreation and learning experiences, role modeling effective communication skills, and advocating on behalf of children with schools, courts and other professionals.
- Parenting classes – This service involves weekly group sessions with both parents and their teenage children.
- Academic tutoring – Using Metro school-approved materials, RVCS staff provide tutoring at school, home and within community facilities.

Academic tutoring represents a new area of focus and program development for RVCS. Six months ago, RVCS hired a new school liaison supervisor to lead and coach

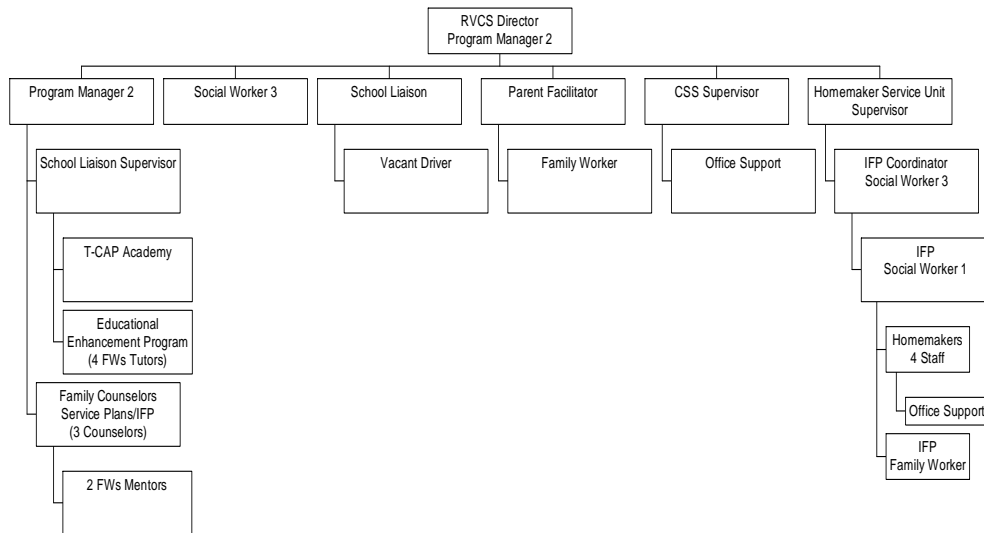


five RVCS staff members. This supervisor has developed new job descriptions for all assigned staff consistent with school-oriented services. She also is training staff in assessment methods and problem-solving strategies appropriate for reading remediation and other presenting problems. The supervisor receives referrals from school guidance counselors and academic coordinators. She also participates in regular service provider meetings that are held at various schools. Each staff member in the academic tutoring area is assigned to cover two schools. The average overall caseload is 75 children, or approximately 14 children per staff member.

Academic Tutoring staff also supported RVCS' new T-CAP Academy program, which was delivered for the first time in the summer of 2003. The primary focus of the program is raising test scores of students. RVCS paid for faculty and transported children to and from the RVCS campus. Approximately 50 children were served during two sessions. Many of the children who participated have social, behavioral and education needs.

RVCS employs an outcome-based service model. In the most recent fiscal year, 91% of the children served by RVCS had a reduction in risk factors (i.e., accomplished goals), and 95% of the children served completed their current school term.

Following is the overall table of organization for the RVCS program:



### 3. RVCS Program Observations

Defining and growing the primary service niche(s) for the RVCS program continues to be a problem/challenge. Several of RVCS' service areas are characterized by the underutilization of available staff. Examples follow RVCS Homemaker Services and Parenting Classes.

- The need for Homemaker Services appears to have declined for RVCS clients. Currently, RCVS has a staff of 4 homemakers, with average caseloads of 5 to 8 families. RVCS experienced a dramatic fall-off in the need for Homemaker Services during Summer 2003. Consequently, supervisor for Homemakers Services had to “scramble” to find additional funding and referral sources. Before then, Caring For Children was the principal source of funding and referral. CFC is now funding on a case-by-case basis.
- Parenting Classes do not appear to have a viable market at the present time. After going through a certification class in 2003 (Savannah Family Institute's “Parenting with Love and Limits” program), RVCS' certified trainer has only delivered 2 classes, each to 4 to 6 participants. The classes involve six 2-hour sessions. Referrals are supposed to come from the Juvenile Court, CFS, DCS, the schools and Tennessee Voices for Children. RVCS has had to spend a lot of time marketing the program so far without the expected response.

RVCS' community image and location appear to be barriers to effective service utilization. Many stakeholders cannot see nor separate Richland Village's "community services" from its "image and history of campus-based residential services." Moreover, RVCS' current target population is located primarily in east Nashville, while the campus is located in west Nashville. The current plan is to move all program staff from the campus by July 2005.

RVCS appears to have had minimal, if any, success in its attempts to reassign and retrain former residential group home workers into community-oriented roles and/or RVCS administrative roles. For example: the School Liaison Supervisor is training a staff of one associate-degreed individual and four high school graduates to assess needs and solve problems related to reading remediation for RVCS middle school clients. These workers are assigned to work with different schools. Interviews conducted as part of the performance audit process suggested "schools often want more than RVCS is capable of giving service-wise."

## **K. TRANSPORTATION SERVICES**

### **1. Overview**

The Transportation Division operates a fleet of personal service vans to transport senior and disabled citizens. The program assists with maintaining at-risk senior adults in their homes through providing access to community services. The program provides rides for medical appointments, nutrition sites, the adult day care program, other

government agencies, and for shopping trips. Appointments must be scheduled between 8:00 AM and 2:00 PM, Monday through Friday except holidays.

The program's mission is to provide personal transportation and the delivery of essential goods and services as part of Metro's services to elderly persons who are homebound, mobility impaired, or economically disadvantaged. The stated vision of the program is that all seniors in Metropolitan Nashville – Davidson County neighborhoods have choices to support their independence and quality of life.

In 2003, the program provided a total of 46,315 one-way trips through both fixed route and on-demand services. Transportation services are organizationally located in the Senior Services Division. The function operates with a Program Manager supervising one Office Support Specialist and eight Van Drivers.

## 2. Program Details

The MSS has a current contract for transportation services through the Older Americans Act Title III. Potential clients for transportation services are referred by the MSS Nutrition Program, the MSS Adult Day Care Program, local physicians, community organizations, or via flyers and handouts distributed by MSS. Clients must be 60 years or older, or possess a disability that complicates their ability to access MTA services.

Clients contact MSS via phone to initiate a transportation request. MSS staff collect information on the prospective client and verify eligibility. MSS staff complete the application form over the phone and send the form with the Van Driver for signature. Van Driver collects signature at time of pick-up and returns form to the Transportation

Office. The rider must be 60 years or older or possess a disability that limits their access to alternative MTA service.

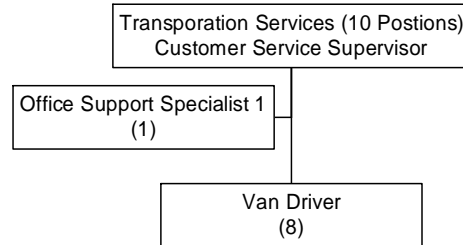
MSS Transportation provides services under contract agreement #2004-04-05-09 with the Tennessee Commission on Aging and Disability and the Greater Nashville Regional Council. MSS receives \$150,000 annually in Title III funds in support of Elderly Programs through Title III-B or Title III-D of the Older Americans Act of 1965, as amended. These funds are provided to serve 13,150 one-way trips to 150 unduplicated persons. MSS may use these funds for supplies, equipment, operational cost, or match for other federal funds awarded to MSS or as otherwise specified and approved in the area plan. MSS agrees to contribute to the cost of the programs from local cash, program income or in-kind resources in an amount at least equal to 10% of the total cost.

The current operation requires \$437,500 to provide transportation services to seniors. More than 88% of this total is required for salary and fringe benefits. Total Federal / State funding of \$155,600 comprises 36% of current funding requirements. The remainder is provided from local funds; \$3,500 from customer donations and \$278,400 from Metro.

MSS Transportation typically operates a fleet of eight fifteen-passenger vans. A recent Metro policy change has required disposal and replacement of these vehicles for safety reasons. The current fleet includes both Metro-owned and leased vehicles with capacities varying from 12-passenger van to full-size bus.

The Transportation operation is managed from converted client space at the Knowles Home for the Aged. This facility provides office space for the Program

Manager and Office Support Specialist I as well as shared space for the eight Van Drivers.



Four of the eight Van Drivers originate from the Knowles Home Office. The remaining four Van Drivers originate from the Howard Office Complex. The variation in placement reflects the different fixed routes serviced by the staff on a daily basis. All Van Drivers check-in with the Program Manager or Office Support Specialist each morning in person, via phone, or e-mail prior to commencing their respective routes. Each Van Driver is provided a cell phone for communication with the central office and each other.

MSS Transportation coordinates services funded under Title III with other appropriate services in the community and assures that these services do not duplicate those provided by other agencies. Coordination efforts include:

- MSS Nutrition Services – Congregate and home-delivered meals (inform clients of other available programs during transport)
- Metro Supplemental Food – Commodity Food Program (provide transportation to clients)
- MTA Access Ride – Transportation for Disabled (make and receive referrals)

MSS Transportation provides both fixed-route and on-demand services. MSS Transportation runs seven daily (Monday – Friday) fixed routes serving congregate meal

sites. This service picks-up individuals at their respective homes in the morning and delivers them to the congregate site. The service also includes the return trip from the congregate site to each individual’s home. Three routes serve the Knowles Home Adult Day Care program as a congregate meal site. The remaining four fixed-routes serve four off-site congregate meal sites. One van and Van Driver are available for demand service throughout the day. The 7 additional Transportation vehicles are available for on-demand service following morning fixed routes and before afternoon fixed routes.

In addition to the Transportation services, MSS Adult Day Care runs their own larger bus to complement the MSS Transportation service. This larger bus runs a fixed route in the immediate area of Knowles Home. Adult Day Care employs two individuals with Commercial Driver’s Licenses to trade-off driving assignments by week. When not driving, these individuals provide direct client service in the Adult Day Care Program. The ADC vehicle provides in-house service following the morning route and may also be used for special / group trips. MSS Transportation drivers and vehicles may also be used for field trips to supplement the ADC vehicle (Ex: Weekly Friday shopping trip).

The following table presents All Trips, By Type:

Trip Type	Fixed-Route		Demand Response		Total	
	Riders	Percent	Riders	Percent	Riders	Percent
Nutrition	21,828	62%			21,828	47%
Adult Day Care	13,202	38%			13,202	28%
ADC Trips			3,325	29%	3,325	7%
Med Appts			3,036	27%	3,036	7%
Shopping			2,002	19%	2,002	4%
Social			1,396	12%	1,396	3%
Commodity			804	7%	804	2%
Grocery			722	6%	722	2%
<b>Total</b>	<b>35,030</b>	<b>100%</b>	<b>11,285</b>	<b>100%</b>	<b>46,315</b>	<b>100%</b>

Each Van Driver documents his/her trips through completion of a daily driver's log. Daily driver logs and destination reports are turned in to the Office Support Specialist who completes a monthly summary report. The Transportation Supervisor reviews these monthly reports and makes service adjustments as appropriate.

Riders are informed through handouts and posted notices about how to report concerns or problems. All calls from riders are documented. The Transportation Supervisor may also call clients directly to solicit feedback. Client satisfaction is assessed through consumer surveys.

A request for service to MSS Transportation may be denied for a variety of reasons. There were 102 documented denials for service in calendar year 2003. The largest single reason for denial involves potential clients that did not meet age criteria (23.5%). However, a greater number of clients could not be served in total for several reasons related to unavailable staff and/or equipment (51%).

### 3. Observations

Observations relating to the delivery of transportation services includes:

- MSS strives to provide outstanding customer service and support to its clients. They provide a very high level of individual customer service including elements of personal care as needed and requested by clients. This may include entering the client's home on request to assist with locating a coat or purse. The staff pride themselves on providing a needed point of regular social contact for their riders and act as extensions of the MSS supervisory function by observing, noting, and referring changes in the attendance, physical or emotional condition of clients to their supervisor or other appropriate MSS staff.
- MSS Transportation lacks the skills and technical support to effectively manage this program. MSS Transportation does not have regular and continuing access to sophisticated routing software to reassess current routes in light of ridership changes. MSS Transportation does not have access to vehicle acquisition and



- service staff knowledgeable in transit and para-transit needs, especially as they involve specialized vehicles with pneumatic lifts for passenger access.
- MSS Transportation confronts the same fundamental issue as other fixed-route transportation providers: determining appropriate service levels between peak demand periods (AM / PM “rush”) and slack periods (mid-day). MSS Transportation operates both fixed-route and on-demand service on a daily basis. Their primary purpose is to provide fixed-route transportation services in support of the MSS Adult Day Care Program located at Knowles and the various MSS Nutrition Program congregate meal sites. This effort requires vehicles and drivers during specific hours in the morning and afternoon. MSS provides on-demand service during the slack period between the AM and PM fixed-route service to provide additional service to clients with otherwise idle vehicles and staff. MSS Transportation lacks the technical skills and supporting systems to develop effective routing and assignments, as well as rider volume to most effectively utilize staff and vehicles during the mid-day period.
  - The relatively small size of the MSS Transportation client base and their relative dispersion throughout the County limit the program’s effectiveness. The Federal time requirement that no rider spend more than 90 minutes (each way) in transit poses additional challenges. MSS Transportation has aggressively pursued additional riders for its on-demand service during the slack mid-day period. However, the existing limitations imposed by the number of vehicles, geographic dispersion of riders and destinations, as well as the limited scheduling flexibility imposed by the required fixed-route service all contribute to minimize the effectiveness of the on-demand operation.
  - MSS Transportation would require a significant capital investment to maintain current operating levels.
  - MSS Transportation’s current physical location at Knowles Home occupies a significant amount of program space for administrative purposes. MSS Transportation occupies space in the Adult Day Care wing of the Knowles Home. Although it might prove difficult to effectively re-program this space for residential use, the space may be better used in support of the Adult Day Care program.

### III. BEST MANAGEMENT PRACTICES

#### A. PURPOSE AND APPROACH

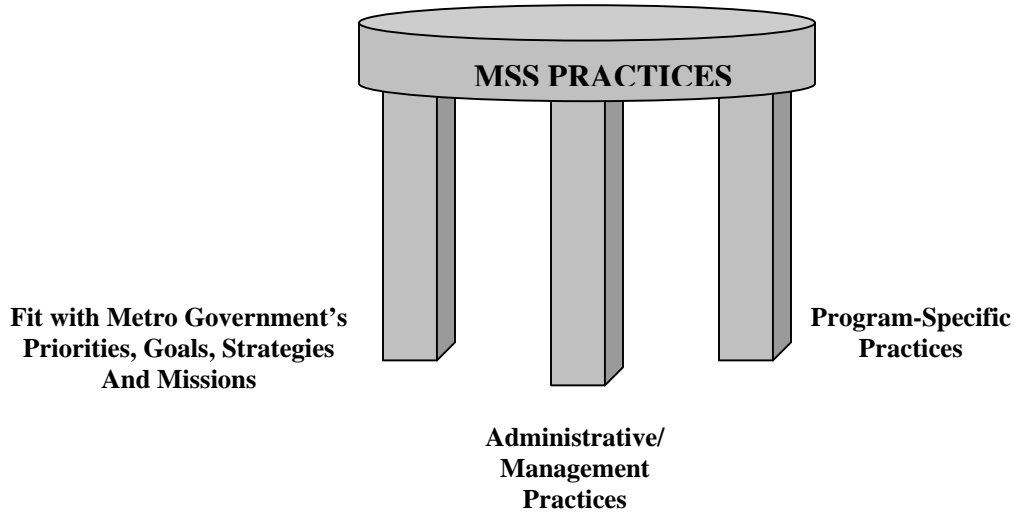
This section summarizes how well MSS is doing in relation to selected best management practices. The primary purpose of including this assessment as part of the performance audit is to identify potential improvement opportunities for MSS programs and administrative functions.

In assessing MSS in relation to industry best management practices, the MAXIMUS team conducted interviews with MSS senior management, reviewed organizational and program materials provided by MSS, interviewed representatives of state and regional agencies that monitor MSS program (i.e., Tennessee Department of Human Services and the Regional Agency on Aging and Disability), reviewed data from the MAXIMUS service assessment interviews, and investigated the Metro Government's priorities, goals, strategies and missions related to social services. Analytical Framework

The MAXIMUS team used an analytical framework that represents a synthesis of social service standards established by national accrediting organizations, such as the Council on Accreditation (COA) for Children and Family Services, and MAXIMUS' own work in conducting performance audits and management studies for local government. The framework consists of three basic dimensions:

- "Fit" with governmental priorities, goals, strategies, and missions.
- Administrative and management practices;
- Program-specific operational practices; and

These dimensions can be visualized as a three-legged stool. If any one of the three legs is inadequate, the stool cannot stand.



### C. ASSESSMENT OF MSS

Overall, MSS has both noteworthy strengths and weaknesses related to administrative/management practices and program-specific operating practices. Of particular concern, however, the "fit" with Governmental Priorities, Goals, Strategies and Missions" leg is not well articulated or demonstrated, and MSS is deficient in virtually every standard.

Following is MAXIMUS' assessment of how MSS compares with this three-legged best management practices framework, using the following scale:

- **Meets Standard** – No Immediate Need for Improvement
- **Small to Moderate Gap** – Immediate Improvement Opportunity
- **Significant Gap** – Substantial Improvement Imperative

Because the best management practice was conducted for the Department as a whole and not for individual programs, the assessment ratings should be viewed as “directional” and not “definitive.”

## 1. Fit with Metro’s Priorities, Goals, Strategies, Mission

MSS has best management practice gaps in every evaluative category relating to Metro priorities, goals, and missions, many of them significant. An examination of MSS’ current programs as well as its history suggests that the Department delivers few, if any, services which Metro, as a local government, is required to provide. Instead, it appears MSS delivers programs that have “evolved” over time into what some Department representatives characterize as a “safety net” for some of the more vulnerable members of the Metro Nashville community. However, upon closer examination, it appears that MSS delivers a set of “niche services” for population segments that reflect a response to ad hoc funding opportunities or location more so than a well articulated, Metro-wide social service needs analysis and strategy. Consequently, MSS’ services often do not appear to be coordinated with one another for purposes of development or delivery. Moreover, while MSS can point to evidence that many of its services are delivered in the “right way,” it is unclear whether they are the “right services” to be delivered by the Metro Government.

Standard	Assessment			Comment
	Meets Standard	Small Gap	Significant Gap	
<b>Mandated and Aligned Services</b>				
<ul style="list-style-type: none"> <li>Organization services are mandated or otherwise authorized by the appropriate level of government or public authority</li> </ul>		X		MSS services necessarily require approval by the Metro Council. However, neither state nor federal legislation mandates current MSS services.
<ul style="list-style-type: none"> <li>The priorities, goals and mission of the organization are aligned with the broader priorities, goals and strategies of the appropriate level of government or public authority</li> </ul>			X	<p>While each individual program of MSS addresses a perceived social service need, there does not appear to be an organizational focus to them.</p> <p>Interviews with other Metro agencies indicate questions in all other agencies about the role of MSS, potential duplications, and whether MSS should directly deliver certain services, particularly in view of their limited geographical scope, limited clientele and local mandate.</p>
<ul style="list-style-type: none"> <li>Personnel understand how their work supports the achievement of the priorities, goals and strategies of the appropriate level of government authority</li> </ul>			X	Many of the MSS staff interviewed were unable to articulate a clear connection between their service program and Metro Government's priorities.
<b>Department-Level Planning</b>				
<ul style="list-style-type: none"> <li>Organization-wide long-term planning process in place</li> </ul>		X		MSS has engaged in an annual strategic planning process. However, it is uncertain with respect to how well this process is coordinated with other Metro departments.
<ul style="list-style-type: none"> <li>Each program has short-term plans that support the</li> </ul>			X	Even as MSS' long-term planning is questionable with

Standard	Assessment			Comment
	Meets Standard	Small Gap	Significant Gap	
accomplishment of organization's long-term plans				respect to its coordination with other Metro agencies, so individual program plans can be called into question. There also is some question regarding the extent to which MSS program areas coordinate plan development with one another.
<b>Adequate Revenue Sources</b>				
<ul style="list-style-type: none"> <li>Stable and predictable sources of revenue are sought through diversified and balanced funding streams</li> </ul>			X	MSS revenue sources outside of Metro's general budget, are largely defined by competitive grants and not mandated funding sources.
<b>Cost-Effective Services</b>				
<ul style="list-style-type: none"> <li>Services are delivered in a manner that is cost-effective and cost-competitive when compared with other or alternative service providers.</li> </ul>			X	The unit cost of some MSS services appears to be considerably higher than comparable services in the community.

## 2. MSS Administrative and Management Practices

In this area, MSS tends to perform reasonably well. However, this appears to be a function of adherence to Metro-wide administrative policies and procedures imposed on the Department.

MSS operates under the Metro Government Charter, which was established in 1963, and a seven-member Board of Commissioners appointed by the Mayor and confirmed by Council. The Board meets quarterly, with meeting agendas established and

supported by MSS senior management. With regard to financial management, MSS has a record and reputation with funding sources of coming-in “at” or “under” budget.

An Interim Director has managed MSS’ day-to-day operations since June 2003. Consequently, while MSS has in place many long-term administrative and management practices, it also is an organization “in transition.” This is evident in one of the Interim Director’s priorities, namely, requiring that each program and functional area develop a formal, up-to-date set of policies and procedures for review and approval by MSS senior management. This work is still work-in-progress. Because of the Interim Director’s status, new initiatives such as the implementation of Metro’s Results Matter program and MSS’ aim of seeking COA accreditation, have been placed on hold.

Standard	Assessment			Comment
	Meets Standard 1	Small Gap 2	Significant Gap 3	
<b>Organizational Governance</b>				
<ul style="list-style-type: none"> <li>Organization has written mission and defined purpose</li> </ul>		X		While the Department has a written mission statement, there is a lack of coherent service organization and delivery.
<ul style="list-style-type: none"> <li>Governing body exercises leadership, adopts policies, oversees financial management, ensures accountability to public</li> </ul>			X	Interviews indicate that members of MSS’ Board of Commissioners do not have sufficient understanding of the day-to-day operation of MSS programs. The Interim Director and Board Chairperson have sought to close this gap by recently assigning Board members oversight responsibility for individual program areas.  Recent budget review

Standard	Assessment			Comment
	Meets Standard 1	Small Gap 2	Significant Gap 3	
				discussions indicated that the Board directed staff to undertake percentage across-the-board cuts rather than focus on specific program area opportunities.
<ul style="list-style-type: none"> <li>Governing body effectively monitors and evaluates Chief Executive Officer</li> </ul>		X		The Board of Commissioners and the Interim Director confer on a regular basis, at which time Board members review and provide feedback on MSS program initiatives and issues. However, no evidence was provided to indicate that the Board conducts a annual formal evaluation of the Department Director on formal performance objectives, with input from stakeholders, etc.
<ul style="list-style-type: none"> <li>Chief Executive Officer is responsible for monitoring organization risks and unsatisfactory service</li> </ul>	X			
<b>Financial Management</b>				
<ul style="list-style-type: none"> <li>Current fiscal cycle is planned for</li> </ul>	X			
<ul style="list-style-type: none"> <li>Financial information system provides data that support calculation of service delivery costs against actual or potential revenues</li> </ul>		X		<p>The MSS Chief Financial Officer has sought to provide overall program and unit cost information. However, the current financial information system is inadequate, particularly for the analysis of unit costs.</p> <p>There is insufficient accurate performance data to reflect</p>



Standard	Assessment			Comment
	Meets Standard 1	Small Gap 2	Significant Gap 3	
				unit costs of service.
<ul style="list-style-type: none"> <li>Organization receives, disperses, and accounts for funds according to sound financial practices</li> </ul>		X		Internal Audit has determined that certain financial controls appear to be insufficient.
<ul style="list-style-type: none"> <li>Accountability to governing body, other designated authority, regulatory bodies, and community is maintained</li> </ul>	X			
<b>Risk and Contract Management</b>				
<ul style="list-style-type: none"> <li>Exposure to risks is identified and reduced through prevention and risk reduction activities</li> </ul>		X		Potential risks were identified in the course of audit interviews with Knowles Home, Family Services and Richland Village that were not immediately apparent to program managers and staff.
<ul style="list-style-type: none"> <li>Written service agreements specify responsibilities when organization is collaborating with other organizations to provide services</li> </ul>		X		While the formal contracts are in place, interviews indicate a limited capacity to manage or evaluate contractor performance.
<ul style="list-style-type: none"> <li>Organization complies with applicable standards when engaged in contractual agreements as purchaser or vendor of services</li> </ul>		X		Some MSS program areas have not fully explored and/or taken advantage of cost savings from joint purchasing arrangements with other Metro departments.
<ul style="list-style-type: none"> <li>Contracting is carried out according to established contracting procedures</li> </ul>	X			
<ul style="list-style-type: none"> <li>Services provided by other providers are monitored and evaluated</li> </ul>			X	While the formal contracts are in place, interviews indicate a limited capacity to manage or evaluate contractor performance.

Standard	Assessment			Comment
	Meets Standard 1	Small Gap 2	Significant Gap 3	
<b>Continuous Quality Improvement (CQI)</b>				
<ul style="list-style-type: none"> <li>There is a written CQI process</li> </ul>		X		While there is a written process, interviews and field observations indicate insufficient performance data to conduct valid CQI reviews.
<ul style="list-style-type: none"> <li>Organization encourages full participation of personnel in meeting quality and performance goals</li> </ul>		X		Front-line supervisors and staff are still in a learning mode with respect to applying and benefiting from CQI methods.
<ul style="list-style-type: none"> <li>Evaluation of system and program procedures is completed and used to improve performance</li> </ul>			X	Comprehensive CQI performance measurement processes and tools to do not exist; MSS anticipates using the Results Matter process as a means of establishing that information.
<ul style="list-style-type: none"> <li>Clear, accurate, timely info on CQI process provided to all pertinent stakeholders</li> </ul>		X		MSS has made progress against this standard, but still must await the implementation of Results Matter.
<ul style="list-style-type: none"> <li>Information required to plan, manage and evaluate programs and services available and used to improve services and solve issues identified in CQI process</li> </ul>			X	Most program managers appear to be responding to measurement requirements from funding sources. To date, there is no Department-wide performance management system consistent with CQI standard.
<b>Human Resource Management</b>				
<ul style="list-style-type: none"> <li>Organization organizes and deploys sufficient human resources to provide appropriate services and ensure satisfactory outcomes</li> </ul>			X	The volumetric analysis and anecdotal data obtained through MAXIMUS interviews suggest that some MSS program areas may be understaffed, while other areas

Standard	Assessment			Comment
	Meets Standard 1	Small Gap 2	Significant Gap 3	
				have staff that are under-utilized.
<ul style="list-style-type: none"> <li>Human Resources are managed or directed by a trained professional human resources manager in an organization with 125 or more employees</li> </ul>		X		The MSS Human Resources Manager recently transferred, and MSS has left the position vacant. This would be a more serious issue, except that the Interim MSS Director has a long, professional history in human resources management.
<ul style="list-style-type: none"> <li>Responsibilities specified in written polices and procedures</li> </ul>		X		Essentially all MSS position descriptions have been recently updated. However, they should be reexamined from the perspective of new policies and procedures developed at the request of the Interim Director.
<ul style="list-style-type: none"> <li>Clear policies, procedures and practices promote: workplace free from unlawful harassment; fair, equitable and consistently applied personnel practices; equal opportunity; promotes diversity reflective of community.</li> </ul>	X			MSS policies, procedures and practices appear to be consistent with Metro guidelines.
<ul style="list-style-type: none"> <li>Recruitment and selection procedures meet human resources needs identified in organizational plans; and aim to select most qualified applicants</li> </ul>	X			MSS procedures appear to be consistent with Metro processes and requirements.
<ul style="list-style-type: none"> <li>Personnel records are maintained</li> </ul>	X			MSS procedures appear to be consistent with Metro processes and requirements.
<ul style="list-style-type: none"> <li>Personnel are held accountable for work performance</li> </ul>		X		MSS supervisors are required to conduct annual performance evaluations. Interviews with individual MSS staff suggest

Standard	Assessment			Comment
	Meets Standard 1	Small Gap 2	Significant Gap 3	
				that these evaluations have little or no value with respect to personal accountability or improved work performance.
<b>Staff Training and Supervision</b>				
<ul style="list-style-type: none"> <li>All new personnel are oriented to organization's mission, objectives, policies, services and resources</li> </ul>	X			MSS has a regular employee orientation program.
<ul style="list-style-type: none"> <li>Training programs are available that enable personnel to enhance their knowledge, skills, and abilities; ensure that personnel are appropriately trained for their responsibilities; promote sensitivity to cultural backgrounds and needs</li> </ul>		X		MSS develops an annual department training plan based on input from each program area. However, the determination of training needs and plan implementation are the responsibility of individual program managers. Interviews with program managers suggest that training are inconsistently defined and resourced.
<ul style="list-style-type: none"> <li>Front-line supervisors are trained and competent to supervise staff in service provision</li> </ul>			X	Other than on-the-job training, MSS supervisors appear to receive minimal "new supervisor" training and subsequent training updates.
<ul style="list-style-type: none"> <li>Training is offered on safety strategies to protect selves, clients, and organization</li> </ul>	X			MSS has done some training in this area.
<b>Service Environment</b>				
<ul style="list-style-type: none"> <li>Organization is housed, equipped and maintained so as to facilitate service delivery and show respect to clients served</li> </ul>		X		Some MSS field staff complained about routine delays in responsiveness of information system. In addition, this standard represents work-in-progress with respect to the deployment of MSS staff to Family

Standard	Assessment			Comment
	Meets Standard 1	Small Gap 2	Significant Gap 3	
				Resource Centers.
<ul style="list-style-type: none"> <li>Services are accessible to defined service population</li> </ul>			X	This standard represents a continuing challenge for MSS. Some program services are immediately accessible because they are provided in-homes or on-site in close proximity to service populations. But there are MSS services that appear to be too geographically limited for a “Metro-wide service” (e.g., Child Care Center).
<ul style="list-style-type: none"> <li>Premises and equipment are functional and safe for use of personnel, clients and visitors</li> </ul>		X		Some MSS staff expressed considerable concern about the reliability and the speed and functionality of the Department’s client management information system

### 3. MSS Program Practices

While the Department has significant overall gaps from industry practice, individual programs often appear to be functioning well when considered as stand-alone activities. Representatives of the Tennessee DHS and the Regional AAD Agency view several MSS programs as “very good” and even “model” programs, that is, they are programs that DHS and AAD representatives point to as worthy of first-hand observation by other jurisdictions. Examples include Child Care Center, Adult Nutrition, Adult Day Care and Refugee Services. These evaluations tend to relate to overall client management rather than to cost effectiveness.

Individual MSS programs are reviewed in detail in Section II of this report. The following is a “high-level cross-program” assessment of the Department.

Standard	Assessment			Comment
	Meets Standard 1	Small Gap 2	Significant Gap 3	
<b>Ethical Service Practice</b>				
<ul style="list-style-type: none"> <li>Clients are provided information to make informed service choices</li> </ul>		X		This relates to clients in individual programs. There is no coherent cross-program client management.
<ul style="list-style-type: none"> <li>Eligibility criteria are defined for each service choice</li> </ul>	X			
<ul style="list-style-type: none"> <li>Culturally competent service environment is provided</li> </ul>	X			
<ul style="list-style-type: none"> <li>Information on clients served is confidential</li> </ul>	X			
<ul style="list-style-type: none"> <li>Written procedures and formal mechanisms are in place to resolve complaints and grievances</li> </ul>		X		MSS needs to update these procedures and mechanisms so that they are consistent with the formalization of policies and procedures required by the Interim Director.
<b>Intake, Assessment, and Service Planning</b>				
<ul style="list-style-type: none"> <li>All applicants are promptly and responsively screened</li> </ul>		X		This relates to individual programs. MSS has an intake function that also performs these duties. However, there is no indication that clients are considered in the context of a full mix of services but more eligibility for an individual serviced program.

Standard	Assessment			Comment
	Meets Standard 1	Small Gap 2	Significant Gap 3	
<ul style="list-style-type: none"> <li>All persons and families serviced receive an intake assessment, basic assessment, or comprehensive psychosocial assessment according to need and services provided</li> </ul>	X			
<ul style="list-style-type: none"> <li>Service planning involves family members and significant others when requested or if person served is minor or under care of legal guardian</li> </ul>	X			
<ul style="list-style-type: none"> <li>Most appropriate and least restrictive or intrusive service alternatives are provided or recommended</li> </ul>	X			
<ul style="list-style-type: none"> <li>When greater social support and inclusion is a service goal, organization helps clients to build and maintain support systems and to move to becoming full members of community</li> </ul>		X		This is a strength of MSS programs such as Refugee Services and Richland Village. At the same time, however, it is significant weakness with respect to serving homeless clients.
<b>Service Delivery</b>				
<ul style="list-style-type: none"> <li>Clients and families are fully informed about service options, setting goals, and making decisions about services received</li> </ul>		X		This relates to individual programs rather than to departmental clients across all departmental programs.
<ul style="list-style-type: none"> <li>Accepted service modalities and interventions are used</li> </ul>	X			
<ul style="list-style-type: none"> <li>Service coordination and continuity are addressed</li> </ul>			X	Service coordination and continuity represent standards that require explicit continuous improvement in most program areas. This appears to be an issue and

Standard	Assessment			Comment
	Meets Standard 1	Small Gap 2	Significant Gap 3	
				challenge for clients served by multiple MSS programs as well as clients referred to other service providers.
<ul style="list-style-type: none"> <li>Case records are maintained and contain the information necessary to provide appropriate service, protect the organization and comply with legal requirements</li> </ul>			X	MSS is overly dependent on paper case file information. The case management information system requires significant upgrading.
<ul style="list-style-type: none"> <li>Case plan supervision and review occurs at least quarterly to evaluate service plan implementation and the appropriateness of services</li> </ul>	X			
<ul style="list-style-type: none"> <li>Organization supports community approaches to address community problems</li> </ul>			X	This is an area of strength and weakness for MSS. In programs areas such Refugee Services and Adult Nutrition, MSS is recognized as an important source of advocacy and community leadership. On the other hand, MSS has not been very effective in providing visible leadership for community problems such as homelessness.
<b>Behavior Management</b>				
<ul style="list-style-type: none"> <li>Rights and dignity of clients are respected by organization when any behavioral management interventions are used</li> </ul>	X			
<ul style="list-style-type: none"> <li>All personnel involved in behavior management interventions have appropriate training</li> </ul>		X		For some MSS program areas, such as Richland Village, this standard represents work-in-progress.



## IV. PEER JURISDICTION SURVEY

### A. PURPOSE AND APPROACH

This section summarizes findings and conclusions from the survey of social services provided by six peer jurisdictions in Tennessee:

- City of Chattanooga
- Hamilton County
- City of Knoxville
- Knox County
- City of Memphis
- Shelby County

These jurisdictions were selected since they all operate under the same basic State and Federal policies as Metro Social Services.

The survey was designed to obtain information that would be helpful for determining how MSS is similar to and different from these jurisdictions with regard the following questions:

1. Does your city or county government have a social services agency?
2. What is the agency's mission?
3. What is the approximate annual budget?
4. How many full-time equivalent (FTE) employees does the agency have?
5. What direct services does the agency provide?

6. What services does the agency provide through contracts with other providers?

These questions were e-mailed to the director of the finance department in each jurisdiction with the request that the finance department respond, with input from representatives of the city or county's social services agency, where appropriate. In this way, responses were obtained from all six peer jurisdictions during March 2004.

## **B. SURVEY FINDINGS AND CONCLUSIONS**

The findings and conclusions related to each survey question are summarized below. A table with the full-text of survey responses from each peer jurisdiction is presented in the Table of Survey Responses at the end of this Chapter.

### **1. City or County Social Services Agency**

Metro Government: MSS operates as a separate and distinct department of the Metro Government. A Board of Commissioners, appointed by the Mayor and confirmed by Council, provides primary oversight. Other Metro departments deliver some services that may be categorized as "social or human services" in peer jurisdictions. Examples include: Metro Action Commission (Head Start), Metro Health (health screening for homeless individuals and families), Nashville Career Advancement Center (workforce development), and Caring For Children (services for children and youth at risk of coming into State custody).

All of the survey respondents reported the presence of a public social services agency in their jurisdiction. However, upon closer examination, it appears that only three of the six jurisdictions have a full-fledged social services “department” operating within the city or county government in a manner similar to MSS: the City of Chattanooga, Hamilton County and Shelby County.

The other three jurisdictions maintain different organizational arrangements. The City of Memphis limits its service offering to information and referral (provided by two full-time equivalent staff). Otherwise, all of the City’s social services are provided through the funding of local non-profit human services agencies. The City of Knoxville and Knox County jointly created a separate “local public agency” in 1964 to serve the community with a comprehensive range of Federal, State and Local government funded programs. The Knox County-Knoxville Community Action Committee (CAC) provides a combination of services that resemble those services found in MSS, the Metro Action Commission, the Metro Health Department, the Nashville Career Advancement Center and the Caring For Children Program.

## 2. Agency’s Mission

Metro Government: The stated mission of MSS is, “To promote quality living in our communities by linking people, information and resources. We provide services as part of our response to persons challenged by economic, social, physical or behavioral problems.”

The overall mission of the social services agencies provided and/or funded by the peer jurisdictions is similar to that of MSS. All of the mission statements suggest that the primary purpose of the responsible public service agency is “to meet the immediate social and economic needs of low-income families, seniors and other vulnerable people, and where appropriate, to promote self-help and self-sufficiency.”

However, it is important to note that the scope of “direct” service delivery and the use of local government funding to contract for services varies considerably from one jurisdiction to the next. Details are presented below under Direct Services and Contract Services.

### 3. Approximate Annual Budget

Metro Government: The overall Fiscal Year 2004 budget for MSS is \$12,946,400. FY 2004 budget dollars for other Metro departments providing services that peer jurisdictions reference as “social or human services” include:

■ Metro Action Commission (Head Start, emergency financial)	\$17,332,500
■ Metro Health (health care for homeless, health care access, Title 1 oral health, nutrition services, behavioral health)	\$ 7,103,400
■ Nashville Career Advancement Center (workforce dev.)	\$ 7,303,200
■ Caring For Children (family preservation and crisis support)	\$ <u>6,520,700</u>
Total for Other Metro Depts.	\$38,259,800

The combined total for the Metro Government is \$51,206,200.

The total annual budgets for social services vary widely across peer jurisdictions. The lowest reported budget amount is approximately \$540,000 for the City of Knoxville. The highest reported budget is approximately \$68,000,000 for Shelby County. The latter includes an estimated \$5,300,000 from Shelby County's general funds, \$12,000,000 from enterprise funds, and \$50,700,000 from grants. This variance is due to significantly different services being provided by each and different funding approaches.

When "combined city and county budgets" for social services are compared, the following picture emerges:

- City of Chattanooga and Hamilton County      \$18,500,000
- City of Knoxville and Knox County (CAC)      \$27,000,000
- Metro Nashville and Davidson County      \$51,206,200
- City of Memphis and Shelby County      \$69,500,000

Again, it should be kept in mind that the scope of services in each of the combined jurisdictions includes services that extend beyond the scope of MSS. For example: the reported social or human service offering in each of the combined jurisdictions includes Head Start, weatherization and emergency energy support, and workforce development.

#### 4. Full-Time Equivalent Employees

Metro Government: MSS had 267 approved FTE positions in the FY 2004 budget. As listed below, other Metro agencies delivering social or human services have approximately 569 FTEs. The resulting total is 836 FTEs.

■ Metro Action Commission	342 FTEs
■ Metro Health (selected services)	86 FTEs
■ Nashville Career Advancement Center	60 FTEs
■ Caring for Children	81 FTEs

The number of FTE employees working directly for peer jurisdiction social services agencies varies from no (zero) FTEs in the City of Knoxville to 1,058 FTEs in Shelby County. The following picture emerges when “combined jurisdictions” are compared, and the CAC is included for the City of Knoxville and Knox County:

■ City of Chattanooga and Hamilton County	236 FTEs
■ City of Knoxville and Knox County (CAC)	377 FTEs
■ Metro Nashville and Davidson County	836 FTEs
■ City of Memphis and Shelby County	1,060 FTEs

Again, the scope of services in each of the combined jurisdictions includes services that extend well beyond the scope of MSS.

## 5. Direct Services

Metro Government: Metro Social Services delivers direct services in 10 functional and program areas, including:

- Knowles Home for the Aged
- Transportation
- Adult Day Care
- Nutrition
- Adult Homemaker

- Disability Information
- Family Services
- Refugee Services
- Richland Village Community Services
- Child Care Center

Three of the six peer jurisdictions reported that they provide “no direct” social services, namely, the City of Knoxville, Knox County and the City of Memphis. In effect, all social services funded by local government in these jurisdictions are delivered through contracts with one or more “external” service providers. In the case of Knoxville and Knox County, the provider is the Community Action Council (CAC). In the case of Memphis, the City provides grants to several not-for-profit human services agencies.

Survey respondents for the remaining three peer jurisdictions described some direct services that are similar to those of MSS’ and other services that go beyond the scope of services provided by MSS. For example: the City of Chattanooga’s social services agency not only provides emergency financial assistance, child care and a summer nutrition program, but it also provides shelter care, weatherization and energy assistance, and a Head Start program. The Hamilton County social services agency provides emergency financial assistance and transportation services as well as parenting support for families with young children. Shelby County provides direct services that appear similar to MSS’ with respect to transportation, community services and services for the elderly. At the same time, Shelby County offers many direct services beyond those delivered by MSS, including: detoxification (jail diversion), energy assistance,

services to the homeless, Head Start, services to victims of crime, nursing home services, child protective services, and child protection services.

A list of direct services provided by each peer jurisdiction is presented in the Table of Survey Responses at the end of the section.

## 6. Contract Services

Metro Government: Metro Social Services uses a limited number of vendors or contractors to deliver program services. The largest single contract (for approximately \$800,000) is with Valley Innovative Services for preparation and delivery of meals for the MSS Nutrition Program.

With the exception of the City of Chattanooga, the surveyed peer jurisdictions reported heavy reliance on external providers to deliver their social services. Three of the six peer jurisdictions indicated that “all” of their social services are delivered through contracts with one or more external service providers – City of Knoxville, Knox County, and City of Memphis. As noted before, Knoxville and Knox County contract with the CAC, a special public agency established jointly by the City and County.

Hamilton County contracts with private non-profit organizations for many of the County’s social services. In fact, Hamilton County reported that the latter organizations account for 261 FTEs involved in social services delivery, compared with the County’s own social services staff of 30 FTEs. Shelby County directly delivers most of its social services. Budget-wise, approximately 75% of Shelby County’s social services dollars



(from all sources) are used to support County-delivered social services. The services for which it relies primarily or to a great extent on external service providers include: detoxification (jail diversion), child abuse prevention, weatherization, Head Start, and services to the elderly and disabled.

The Table of Survey Responses provides a list of contract services funded by each peer jurisdiction.

### **C. TABLE OF SURVEY RESPONSES**

The table beginning on the next page provides a full-text of the survey responses from each peer jurisdiction. Also identified is a contract person for each jurisdiction.

TABLE OF SURVEY RESPONSES FROM SIX PEER JURISDICTIONS AND METRO NASHVILLE-DAVIDSON COUNTY							
SURVEY QUESTION	METRO NASHVILLE-DAVIDSON	CITY OF CHATTANOOGA	HAMILTON COUNTY	CITY OF KNOXVILLE	KNOX COUNTY	CITY OF MEMPHIS	SHELBY COUNTY
1. Does your city or county government have a social services agency?	Yes Metro Social Services (MSS) Department Note: In addition to MSS, Metro Nashville-Davidson County provides services similar to those which peer jurisdictions characterize as "social or human services" through several other Metro departments, including: Metro Health, Metro Action Commission, Nashville Career Advancement Center, and Caring For Children.	Yes City of Chattanooga Human Services Department	Yes Hamilton County Social Services Department	Yes (Conditional) Knoxville-Knox County Community Action Committee (CAC) Note: CAC describes itself as a "local public agency" created in 1964 by the City and County to serve the community with a comprehensive range of federal, state and locally funded programs." CAC is governed by a diverse group of citizens who represent local government, people served by CAC, low-income neighborhoods, and the community at large.	Yes (Conditional) Knoxville-Knox County Community Action Committee (CAC) Note: Knox County did not respond directly to the Peer Jurisdiction Survey. However, a response was submitted by the CAC. The information presented below was provided by the CAC.	Yes (Conditional) Note: City of Memphis provides funding and information & referral. It does not provide direct services.	Yes Shelby County Division of Community Services
2. What is the agency's mission?	To promote quality living in our communities by linking people, information and resources. We provide services as part of our response to persons challenged by economic, social, physical or behavioral problems.	To improve the quality of life for poor and disadvantaged residents by providing assistance, mobilizing community resources, and the encouragement of self-help activities that will help alleviate poverty conditions in the community.	To assure the best possible use of taxpayer's dollars spent for community social services on behalf of children and their families; and to establish a comprehensive system of services on behalf of children and families on the basis of needs.	The CAC provides a wide range of social services to low-and moderate-income families and individuals.	To help people help themselves by promoting self-sufficiency and independent living for low-income families, seniors and other vulnerable people through the caring and efficient delivery of needed services and the development of effective partnerships.	To fund and provide support for non-profit human services agencies serving low-to moderate-income people and the homeless.	To respond to a variety of human service needs in the County in the most effective manner possible through direct provision of services and by serving as a coordinating entity with the total human service community. Also, to seek innovative methods to address community problems through

TABLE OF SURVEY RESPONSES FROM SIX PEER JURISDICTIONS AND METRO NASHVILLE-DAVIDSON COUNTY

SURVEY QUESTION	METRO NASHVILLE-DAVIDSON	CITY OF CHATTANOOGA	HAMILTON COUNTY	CITY OF KNOXVILLE	KNOX COUNTY	CITY OF MEMPHIS	SHELBY COUNTY
3. What is the approximate annual budget?	\$12,946,400 is FY04 budget for Metro Social. Note: The "other" Metro departments identified in the response to Question 2, account for an additional \$32,620,100. \$45,566,500 is the overall total when this number is combined with MSS' budget.	\$13,934,124 Note: This budget total accounts for some services that fall outside the scope of the Metro Social Services Department, including: Head Start and energy assistance	\$4,499,742	\$427,950 is the City of Knoxville's budget for supporting CAC services in the current fiscal year. Note: In addition, the City contracted with CAC for \$113,000 this year to operate the John T. O'Connor Senior Citizens Center.	\$1,601,305 is Knox County's budget for supporting CAC services in the current fiscal year. Note: The CAC's total annual budget is approximately \$27,000,000. This total accounts for some services that fall outside the scope of the Metro Social Services Department, including: Head Start, energy assistance and weatherization, and workforce development.	\$1,500,000	\$67,829,630 Note: This budget total accounts for some services that fall outside the scope of the Metro Social Services Department, including: Head Start, detoxification, energy assistance, services to victims of crime, services to veterans, and child support Services. The total of \$67,829,630 includes \$50,332,422 for the cost of services provided directly by Shelby County, and \$17,497,208 for the cost of services provided through contractors or sub-recipients.
4. How many full-time equivalent (FTE) employees does the agency have?	267 FTEs Note: This is the total for MSS in the FY04 budget. The "other" Metro departments cited earlier account for an additional 569 FTEs. The combined total is 836 FTEs.	216 FTEs	30 FTEs Note: Many of Hamilton County's social services are contracted through private non-profit organizations. The latter employ approximately 261 FTEs.	No FTEs Note: The City employs no FTEs for the management or delivery of social services. All staff are employed by the CAC.	377 FTEs are employed by CAC.	2 FTEs	1,058 FTEs

TABLE OF SURVEY RESPONSES FROM SIX PEER JURISDICTIONS AND METRO NASHVILLE-DAVIDSON COUNTY							
SURVEY QUESTION	METRO NASHVILLE-DAVIDSON	CITY OF CHATTANOOGA	HAMILTON COUNTY	CITY OF KNOXVILLE	KNOX COUNTY	CITY OF MEMPHIS	SHELBY COUNTY
<p>5. What direct services does the agency provide? (Please list these services.)</p>	<ul style="list-style-type: none"> <li>The 10 principal functions and direct service areas in MSS include:                             <ul style="list-style-type: none"> <li>Knowles Home for the Aged</li> <li>Transportation</li> <li>Adult Day Care</li> <li>Nutrition</li> <li>Adult Homemaker</li> <li>Disability Information</li> <li>Family Services</li> <li>Refugee Services</li> <li>Richland Village Community Services</li> <li>Child Care Center</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The department provides comprehensive emergency assistance with shelter, utilities, rent, food, medicine and services for other life-threatening occurrences.</li> <li>The department also provides weatherization assistance and energy assistance payments.</li> <li>The department operates a Head Start Program, a childcare program, a summer feeding program, and distributes surplus commodities.</li> </ul>	<ul style="list-style-type: none"> <li>The department provides safe, efficient transportation to people of Hamilton County outside the city limits of Chattanooga.</li> <li>The department also provides timely emergency financial assistance to low-income Hamilton County residents experiencing temporary monetary shortfalls.</li> <li>The department seeks to enable each parent to recognize the vital importance of their involvement with their children and in becoming their child's best first teacher in the critical first years of life that build the foundation for all later</li> </ul>	<p>CAC's programs include, but are not limited to, childcare, transportation, services for senior citizens, and assistance for minor home repairs.</p> <p>Note: CAC's services are listed under Question 6 for Knox County.</p>	<p>CAC's services are described under Question 6.</p>	<p>Information and Referral</p>	<p>Shelby County's provides the following direct services with financial support from general, grant and enterprise funding. (Some service categories involve contractors. These are distinguished by the reference, "also by contractor".)</p> <ul style="list-style-type: none"> <li>Detoxification – jail diversion (also by contractor)</li> <li>Community services</li> <li>Energy, cooling &amp; heating assistance</li> <li>Weatherization (also by contractor)</li> <li>Transportation</li> <li>Services to the homeless</li> <li>Commodities</li> <li>Head Start (also by contractor)</li> <li>Services to victims of crime</li> <li>Services to veterans</li> </ul>



TABLE OF SURVEY RESPONSES FROM SIX PEER JURISDICTIONS AND METRO NASHVILLE-DAVIDSON COUNTY							
SURVEY QUESTION	METRO NASHVILLE-DAVIDSON	CITY OF CHATTANOOGA	HAMILTON COUNTY	CITY OF KNOXVILLE	KNOX COUNTY	CITY OF MEMPHIS	SHELBY COUNTY
6. What services does the agency provide through contracts with other providers? (Please list these services.)	MSS does very limited contracting for direct service delivery. The single largest contract is with a vendor that prepares and delivers meals for the MSS Nutrition Program.	None	<ul style="list-style-type: none"> <li>Homemaker Services</li> <li>Adult Day Care for adults with mental illness.</li> <li>Treatment, prevention and educational services to the chemically dependent and their families.</li> <li>Professional training for individuals and agencies to deal with child abuse cases.</li> <li>Services for children who are victims of sexual and physical abuse. Includes childcare 7 days</li> </ul>		<p>The CAC's services include:</p> <ul style="list-style-type: none"> <li>Neighborhood centers that provide emergency services, case management, information and referral for limited income people. Also available is community leadership training.</li> <li>AmeriCorps – community problem-solving.</li> <li>Preschool Head Start program in 6 locations. Also, Early Head Start for</li> </ul>	<p>The City provides grants to 501(C)(3) agencies for:</p> <ul style="list-style-type: none"> <li>Meals on wheels</li> <li>Emergency utility assistance</li> <li>Drug and alcohol addition services</li> <li>Disabled veteran services</li> <li>Homeless services</li> <li>Milk for infants</li> <li>Senior transportation</li> <li>At-risk youth services (e-g., mentoring).</li> </ul>	<ul style="list-style-type: none"> <li>Services to the elderly and disabled (also by contractor)</li> <li>Nursing home services</li> <li>Agricultural extension</li> <li>Child protective services</li> <li>Child support services</li> <li>Detoxification – jail diversion</li> <li>Child abuse prevention</li> <li>Weatherization</li> <li>Head Start</li> <li>Services to the elderly and disabled</li> </ul>

TABLE OF SURVEY RESPONSES FROM SIX PEER JURISDICTIONS AND METRO NASHVILLE-DAVIDSON COUNTY

SURVEY QUESTION	METRO NASHVILLE-DAVIDSON	CITY OF CHATTANOOGA	HAMILTON COUNTY	CITY OF KNOXVILLE	KNOX COUNTY	CITY OF MEMPHIS	SHELBY COUNTY
			<p>a week, 24 hours a day charging on a sliding scale.</p> <ul style="list-style-type: none"> <li>Group care for male adolescent status offenders.</li> <li>Temporary shelter care for homeless/runaway youth experiencing a crisis, including neglect and abuse.</li> <li>Short-term treatment and community-based care for adolescent girls needing care outside their homes.</li> <li>Group living care for adolescent dependent and neglected girls and boys.</li> <li>Family counseling and community based mental health services, including: mental health evaluation and treatment services; and emergency help</li> </ul>		<p>pregnant women, infants and toddlers in North Knoxville.</p> <ul style="list-style-type: none"> <li>Office of Aging, which provides over 15 different types of service, including: Senior Nutrition Program (midday meals at congregate locations and mobile meals for homebound elderly); Short-Term Emergency Meal Services (STEMS) for any age person with need; Transportation Program (for all ages with no other means); Senior Citizens Center that also includes an adult daycare program.</li> <li>Center for Energy and Housing Services provides low-income energy assistance,</li> </ul>		

TABLE OF SURVEY RESPONSES FROM SIX PEER JURISDICTIONS AND METRO NASHVILLE-DAVIDSON COUNTY							
SURVEY QUESTION	METRO NASHVILLE-DAVIDSON	CITY OF CHATTANOOGA	HAMILTON COUNTY	CITY OF KNOXVILLE	KNOX COUNTY	CITY OF MEMPHIS	SHELBY COUNTY
			<p>and medication to individuals with mental health problems who are not on TennCare, are low income and lack other payment resources.</p> <ul style="list-style-type: none"> <li>Social, recreational and educational opportunities to individuals 18 through 65 who are not mentally retarded but have a physical disability.</li> <li>Identification and complete diagnostic audiological evaluation to determine the scope of hearing problems in adults.</li> </ul>		<p>weatherization, and minor home repairs.</p> <ul style="list-style-type: none"> <li>Homeward Bound Programs to assist homeless achieve self-sufficiency through emergency shelter, counseling and recovery, case management, job training, etc.</li> <li>Office of Community Services, which provides information on hunger and poverty and coordinates distribution of emergency food and home gardening.</li> <li>CAC also maintains USDA supported food distribution programs.</li> <li>Workforce Connections, which provides employment assistance and related training and support</li> </ul>		

TABLE OF SURVEY RESPONSES FROM SIX PEER JURISDICTIONS AND METRO NASHVILLE-DAVIDSON COUNTY							
SURVEY QUESTION	METRO NASHVILLE-DAVIDSON	CITY OF CHATTANOOGA	HAMILTON COUNTY	CITY OF KNOXVILLE	KNOX COUNTY	CITY OF MEMPHIS	SHELBY COUNTY
<b>Contact Person</b>	Dorothy Berry Metro Government Metro Social Services Department 615-862-6400	Tommy Pruitt City of Chattanooga Human Services Department 423-757-5551	Cindy Thomas Hamilton County Human Services Administration 423-209-6800	Amy Nolan City of Knoxville Communications Coordinator 865-215-3710	Sue Campbell Knoxville-Knox County Community Action Committee 865-546-3500	Keenon McCloy City of Memphis Division of Public Svcs. & Neighborhoods 901-576-6564	Jim Crockett Shelby County Dept. of Administration & Finance 901-545-4689



## V. PROGRAMS FOR THE HOMELESS AND IMMIGRANT COMMUNITIES

### A. HOMELESS PROGRAMS IN DAVIDSON COUNTY

As part of this project, Metro requested that MAXIMUS review the current program activity relating to supporting the needs of the homeless population in Davidson County. During the course of the field work, the project team undertook several initiatives to review this service area. These include:

- Interviews with staff from MSS
- Interviews with representatives of other Metro agencies, including Metro Health, Metro Action Commission, and Metro Development and Housing Authority.
- Interviews with various social service providers in Davidson County
- Collection and review of written materials and data pertaining to homelessness in Davidson County
- Focus group session with representatives of key agencies providing services to the homeless.

#### 1. Services to the Homeless in Metropolitan Nashville and Davidson County

Several different Metro agencies and many different social service agencies provide services to the homeless population. The four most significant Metro agencies are:

- **Metro Public Health.** The Health Department is the most dominant of service providers among the Metro agencies. It's primary point of contact and service is the Downtown Clinic, which provides direct medical, dental, and psychological care to homeless persons. It also uses a van to provide transportation for persons to specialized medical care. The Clinic operates in property made available by MDHA. It also has a cooperative work arrangement with the Campus for Human Development (CHD), a primary not-for-profit care provider for the homeless located across the street from the Downtown Clinic in a property also made

available by MDHA. Under the working agreement, the Clinic provides health screening for persons coming to CHD. The Clinic serves approximately 3,500 different individuals per year, most of whom are classified as homeless.

A second element of the Health Department is its efforts to build a database of homeless clients being served within Davidson County, referred to as the Homeless Information Management System (HMIS). The project is managed by the Department and Metro ITS has contracted with Link2Gov for the development. No other agency is currently participating in the system development, which is nearing its developmental phase. The cost of the program development is being covered through a federal grant for homeless services.

During the twelve month period from November 2002 to October 2003, the Department provided the following levels of care to the homeless:

METRO PUBLIC HEALTH DEPARTMENT HEALTH CARE FOR THE HOMELESS SERVICE ACTIVITY NOVEMBER 2002 THROUGH OCTOBER 2003	
ACTIVITY	VOLUME
Individuals Served	3,822
Increase over previous year = 26.7%	
Percentage of individuals who are women = 25%	
Number of primary care visits	6,291
Number of persons receiving primary care	2,216
Number of dental visits	1,883
Number of persons receiving dental care	981
Number of substance abuse assessment and treatment visits	2,096
Number of persons receiving substance abuse and treatment	284
Number of mental health visits	687
Number of persons receiving mental health treatment	365
Total visits to Downtown Clinic, medical services at Campus for Human Development, and case management	14,448
Passenger trips provided in Department Van	10,000 est.

Grants received by the Department for homeless services include:

METRO PUBLIC HEALTH DEPARTMENT GRANTS AND CONTRACTS FOR HOMELESS SERVICES PLANNED FOR FY04-05	
GRANT (GRANTING AGENCY)	GRANT AMOUNT
A & D Grant (TN Department of Health)	\$130,200
Health Access (TN Department of Health)	\$75,000

METRO PUBLIC HEALTH DEPARTMENT GRANTS AND CONTRACTS FOR HOMELESS SERVICES PLANNED FOR FY04-05	
GRANT (GRANTING AGENCY)	GRANT AMOUNT
Public Health Service Grant (HRSA)	\$637,540
Supplemental Housing Grant Supportive Housing Program (US HUD through MDHA)	\$700,000
HMIS Grant (US HUD)	\$58,162
National Homeless Grant (NHCHC)	\$55,000
Integrated Dual Diagnosis Grant (SAMHSA)	Amt not known

- Metropolitan Development and Housing Agency.** As designated by federal law and Metro, the MDHA is responsible for conducting planning regarding homeless services and applying for, and administering, various federal grants to assist with homeless services. MDHA does not provide direct services for the homeless but has the lead role in planning and service coordination, the “Continuum of Care.” As part of its responsibility, the MDHA facilitates monthly provider meetings to discuss cooperative strategies for funding.

In FY03, MDHA administered the following HUD Continuum of Care Grants:

HUD CONTINUUM OF CARE GRANTS, FY 03		
AGENCY	AMOUNT	TERM
Supportive Housing Program (Renewals)		
Renewal House	\$93,407	3 years
Nashville Family Shelter	\$179,659	3 years
Salvation Army	\$741,162	3 years
Urban Housing Solutions	\$73,750	3 years
Supportive Housing Program (New)		
Campus for Human Development	\$399,000	3 year
Matthew 25/Dismas House	\$111,125	3 year
Shelter Plus Care (Renewals)		
MDHA Rent Subsidies	\$857,712	1 year
MDHA Rent Subsidies	\$343,320	1 year
New Permanent Housing Project – Shelter Plus Care		
MDHA Shelter Plus Care Program	\$753,240	5 year
<b>TOTAL</b>	<b>\$3,552,375</b>	
<b>No. of Persons Served</b>	<b>1,116</b>	

In addition to the Continuum of Care grants, MDHA also administers the HUD Emergency Shelter Grants Program. The recommended FY04 allocations included:

HUD EMERGENCY SHELTER GRANTS, RECOMMENDED AWARDS FOR FY04	
AGENCY	TERM
Campus for Human Development	\$52,633
Dismas House	\$12,565
Foundations Associates	\$8,316
Loaves and Fishes	\$9,821
Morning Star Sanctuary	
Matthew 25	\$12,114
Nashville Family Shelter	\$8,792
Nashville's Table	\$16,733
Oasis Center	\$14,790
Operation Stand Down	\$4,928
Park Center	\$7,263
Renewal House	\$7,000
Salvation Army	\$5,000
Safe Haven Family Shelter	\$16,801
United Methodist Urban Ministry	\$10,585
YWCA Domestic Violence Shelter	\$12,579
MDHA Administrative Charges	\$4,080
<b>TOTAL</b>	<b>\$204,000</b>

- **Metro Action Commission.** MAC provides some general services, particularly relating to emergency financial assistance for utilities, for homeless persons and refers persons to other support agencies.
- **Metro Social Services.** As noted in the service assessment chapter, MSS provides limited services to the homeless. The Department has one social worker who is assigned on about a half time basis for homeless services. In addition to other responsibilities, this individual serves as the Department's liaison for working in partnership with other Metro agencies and not-for-profit groups, assisting in identification of homeless persons, and referral to agencies for assistance.

In addition to these agencies, Metro has established a number of different vehicles for the coordination of services to the homeless. Among these are:

- **Continuum of Care Coordination Group.** This group meets monthly under the auspices of MDHA. Its primary role is to provide input into annual planning processes, to discuss program opportunities, and initiatives, and to discuss

cooperative funding strategies. This group serves as an informal advisory body and has no official duties or functions.

- **Interdepartmental Task Force.** This group was formed by Executive Order of the Mayor (Number 007) on June 8, 2000. Originally consisting only of Metro departmental representatives, its membership has expanded over time to include other governmental agencies and external not-for-profit agencies. The formal membership of the task force include the following persons, or their respective designees:
  - ❑ Executive Director, Metropolitan Development and Housing Agency (MDHA designated to provide staff support)
  - ❑ Director, Metro Social Services (designated as Chair)
  - ❑ Executive Director, Nashville Career Advancement Center
  - ❑ Executive Director, Metropolitan Action Commssion.
  - ❑ Director of Homeless Programs, Metropolitan Health Department
  - ❑ Homeless Coordinator, Council on Community Services
  - ❑ Director, Room in the Inn Program
  - ❑ Davidson County Sheriff
  - ❑ Metropolitan Public Defender
  - ❑ Metropolitan Chief of Police
  - ❑ Director, Metropolitan Board of Education
  - ❑ Director, Mental Health Cooperative
  - ❑ Representative from Homeless Advisory Committee established by the Metropolitan Health Board
  - ❑ Director, Nashville Downtown Partnership/CBID
  - ❑ Director, Nashville Union Rescue Mission
  - ❑ U.S. Department of Housing and Urban Development, Community Builder
  - ❑ Director, Mayor's Division of Affordable Housing.

The assignment of this task force is:

- ❑ Focus on effective implementation of Stewart B. McKinney Homeless Assistance Act
- ❑ Serve as vehicle to assess all homeless activities currently being conducted by agencies and departments of Metro

- Make recommendations as to means by which available resources can be most effectively utilized to assist the homeless.

- **Mayor’s Task Force for the Elimination of Homelessness.** During the fieldwork of this project, the Mayor announced the creation of a task force to develop a strategy and plan for the elimination of homelessness in Davidson County in the next decade. The Director of Metro Social Services was appointed to chair the task force. In addition to the Metro agencies and coordinating task forces, many different social service agencies provide a variety of services to the homeless persons living in Davidson County. The first chapter of this report and the preceding tables in this chapter list a few of the agencies. When asked to suggest persons to participate in a focus group on homelessness, staff from MSS identified no less than 51 different agencies known to provide some level of service to homeless persons in Davidson County. Based on our interviews with some of the agencies and service coordinators and our review of documentary material, it was MAXIMUS’ conclusion that, together, these myriad of agencies provide a full spectrum of service to homeless persons. Many of these agencies have come together to form a Coalition for the Homeless, which is currently an advocacy group attempting to secure governmental support for homeless services.

The Campus for Human Development, which has been one of the leaders in responding to issues of the homeless in Davidson County, has assembled a coalition of various agencies to develop a continuum of care for homeless persons. Called “Odyssey,” this coalition is designed to provide service coordination, case management, grants development, and program development. The program development component includes mentoring, resource sharing, therapeutic aftercare housing, education and job training, job counseling, and micro business support.

- Agencies identified as part of the Odyssey network include:
  - Campus for Human Development
  - Stand Down
  - Downtown Clinic (Metro Health Department)
  - Metropolitan Development and Housing Authority
  - Park Center
  - Foundations
  - Nashville CARES

- Veteran's Administration
- Matthew 25
- Urban Housing Solutions
- Mental Health Cooperative

As part of its proposed Odyssey program, the Campus for Human Development has assembled an excellent table reflecting its understanding of the continuum of care that is presently provided by its participating agency. This continuum is shown in the charts on the following pages:

Existing Continuum of Care for the Chronically Homeless

		Campus ██████████ 242-3374	Stand Down ██████████ 321-3919	DTC ██████████ 862-7900	MDHA ██████████ 252-8574
Outreach	Programs	Room in the Int Guest House Support Center No Hay Fronteras Hygiene Center	William Lutrell	Russ Ann Buchi	Lee Mitchell
Assessment/Referral	Programs	Bridge Case Mgr.	Nancy Moore Stand Down Event	ASI Psych-Social Medical/Dental	
Treatment	Programs	Case Management Respite		12 Step A&D Dual Diagnosis Medical	
Aftercare	Programs	Transitional Housing	30 Transitional Beds Aftercare Meeting Mentor Meetings		
Education/Training	Programs	Basic Education Job Readiness	Employment Training Resume Wrint Vernon Veazey		
Employment	Programs	Job Counselor	Placement Service 3 Counselors		
Housing	Programs				
Miscellaneous	Programs	Van/Bus Pass		Van	

Source: Campus for Human Development



Park Center ██████████ 650-2900	Foundations ██████████ 256-9002	CARES ██████████ 259-4866	Veterans Admin ██████████ 327-5320	Matthew 25 ██████████ 383-9377	UHHS ██████████ 726-2696
Park Center South Park Center East Center Gallatin Rd.	Marketing Conferences	Heartline (I&E) Case Managers Education	Outreach Worker	Outreach Network VA Outreach	
Transitional House	GPRA ASI Psych/Social Psychiatrist Personality Profile	Psych Social Intake A&D Mental Health		Needs Assessment	Housing Assessment Psych/Social 5 Social Workers 3 A/D Workers
Mental Health	Dual-Diagnosis 16 beds Six Week Case Management IOP 72 Hr Respite 15 beds	Mental Health A&D IOP A&D HIV Support Groups	A & D Medical Mental	AA/NA Meetings	
Group Home Case Management CTT	17 Beds Women/Child 4 beds		Contracted Aftercare	8 Bed Rental 36 Transitional 6 Beds Emergency	Structured Housing 86 Beds
Job Training Job Counselor	Voc Rehab 2 Counselors Interview Training Vocational Training	Individualized HIV Education	Work Therapy	Life Skills Coping/Relapse Financial Program	
Job Partners (15)		Case Management		Job Finding Voc Rehab Partner Goodwill Partner	
Staff Grp Homes (3) 20 hr Staff Homes (2) Supervised Apts (4)		Funds for Housing Emergency Independent Living		Housing Location Class	Section 8
Vans	Vans	Nutrition Bus Pass Food Services Care Teams Cares Free			

Source: Campus for Human Development

Odyssey Service Delivery Flow Chart for the Chronically Homeless

**Outreach**  
 Identifying and engaging the homeless individual on the street or through services

**Pre-Treatment**  
 The process of overcoming obstacles and convincing the homeless individual to enter into the treatment process

**Odyssey Intake**  
 Initial intake and assessment of the individual and referral to the appropriate agency for further assessment

**Assessment**  
 Assessment of the client's physical, mental, emotional, A&D, educational, shelter and employment needs.

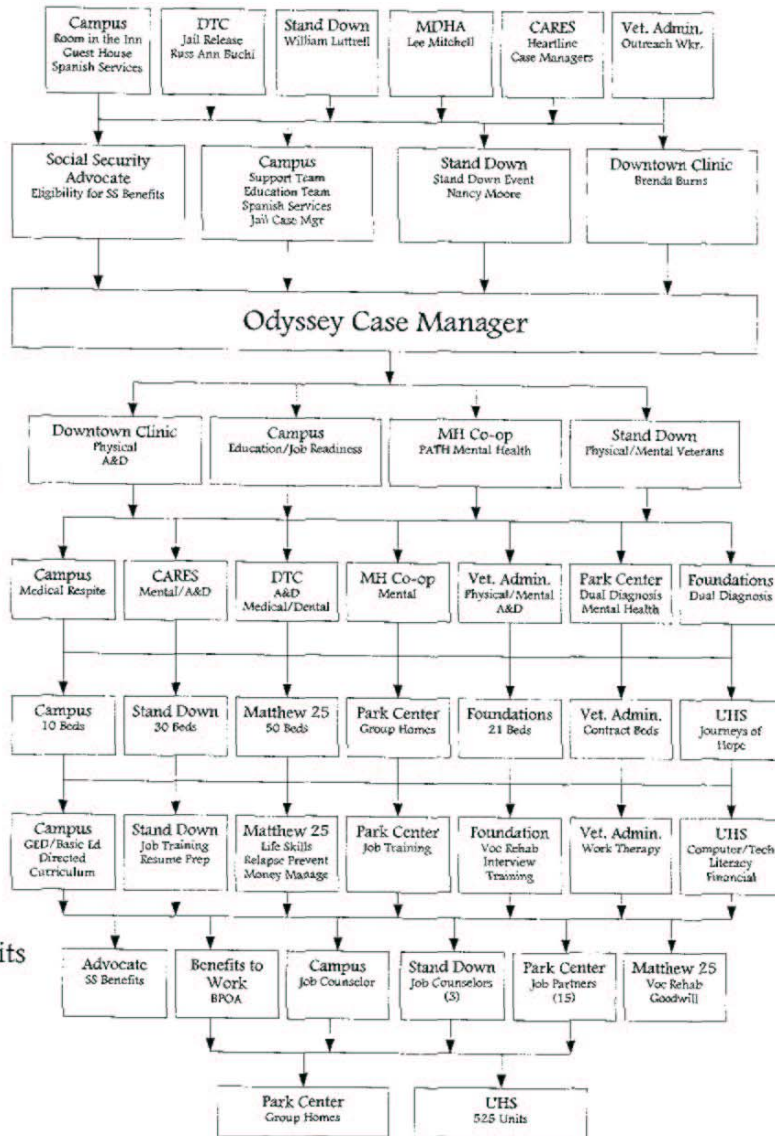
**Treatment**  
 Treatment to meet the specific needs identified through the assessment process.

**Aftercare**  
 A structured aftercare program which includes housing.

**Education**  
 GED prep, literacy, technical training, life skills, job readiness and other classes that prepare the individual.

**Employment/Benefits**  
 Assist the client in acquiring benefits or employment through training, job partnerships and/or referral.

**Housing**  
 Permanent housing that is appropriate to the client's physical and mental abilities and finances.



Source: Campus for Human Development

## 2. Focus Group on Homeless Services

In addition to individual interviews and data collection, the MAXIMUS project team also conducted a focus group of individuals and organizations involved with service delivery for the homeless. We planned and structured the focus group as follows:

- We solicited the names of possible participants and agencies from MSS and from other agencies whom we interviewed. We also reviewed planning material identifying various agencies providing services in Davidson County.
- The project team selected fifteen individuals and agencies from the assembled lists and provided those names to Metro Internal Audit, who arranged for the meeting location and sent invitations.
- A total of twelve persons participated in the focus group session. They represented three Metro agencies and eight not-for-profit entities.
- The focus group was conducted as a structured yet open discussion, in which the participants were asked to address the following questions:
  - What is the current status or condition of services for the homeless in Metro Nashville-Davidson County?
  - What is missing from the service mix?
  - What is the appropriate role for the Metro Government and Metro Social Services?

The discussion of the focus group was as follows:

### CURRENT CONDITIONS WITH SERVICES FOR THE HOMELESS

- Service delivery is sporadic.
  - Depends too much on luck in finding the right service provider.
  - Consequently, many promises remain unfulfilled.
- There is not sufficient follow-through by service providers, consequently, we can't be confident that we are delivering helpful services.
- Many needed services are available and diverse.
  - For example: there are places to get food, shelter, etc. A lot more individuals and families could be served.
  - At the same time, the available services are not always acceptable to homeless people because of faith-based operating philosophy, etc.

- Services are fragmented.
  - In part, because they have tended to be ego-driven (i.e., focused only on what's good for their own service program).
  - Also, there has been inadequate community-wide leadership.
  - There is no master coordinator or focal point in the community for serving the homeless.
- Individual service workers tend to know whom to call. These are their “special phone numbers” (not in the “general directory”). These are the people and providers they believe they can count on.
- Service workers making referrals have to know the different operating philosophies.
  - As noted earlier, they need to know that some providers are faith-based.
  - They also need to know whether a provider can serve intact families (not simply a parent with a child).
- The key people or programs to know include:
  - Campus for Human Development
  - Metro Health
  - MDHA
  - MAC
  - Financial Assistance (MSS)
- One of the implications of the above considerations is that there are “multiple service networks” for the homeless, which are not always known or understood by homeless people, providers or the broader community. In this regard, there is insufficient information and knowledge about service providers.
- The discussion, thus far, seems to be limited to who we have to know to make referrals. We haven't discussed the limitations of services for the homeless.
- For the most part, service providers appear to get along well and to respect one another, but they are not adequately informed about the “flux” and “change” in different programs.

#### MISSING SERVICES FOR THE HOMELESS

- Currently have about 992 shelter beds available in town. If the “Count” scheduled for March 24 shows the expected number of 1,800 or more, then there would be a significant gap with respect to available shelter beds.
- Coordination is a problem when dealing with the Metro Government.
  - Have some people to go to when information is needed.
  - But there is literally no one who focuses full-time on homelessness.

- Most service providers operate on a 5-day schedule. With many providers, there are no weekend services for the homeless.
- Many of the non-profit service providers do not have sufficient staff. They count on the commitment of staff who are willing to put in extra time (after attending meetings, etc.). But these staff are hard to come-by because of low salaries.
- Former homeless people “fall-back” into homelessness because there are no programs that deal adequately their spiritual needs
- We’re better at emergency services than long-term solutions. There are significant gaps in providing permanent housing and job finding and development.

#### METRO’S ROLE

- Beyond the Mayor, the “must knows” in Metro Government – that is, the people who can really make a difference leadership- and resource-wise – are really not well known. We can’t make the necessary community-wide changes at the “worker-level.” Community-wide leadership is necessary.
- There is a need for a community-wide leadership group.
  - Starts with the Mayor.
  - Also should include Metro department heads, executive directors of service agencies, and the Chamber of Commerce.
  - There also may be value in quarterly meetings with other community/service representatives.
- Mayor is key.
  - See example of special “Offices” established by the Mayor that have made a difference, e.g., Office of Neighborhoods providing leadership in establishing Family Resource Centers.
  - He can focus attention and resources. He can initiate through Executive Orders. He can call key people to enlist their help.
- Any community-wide effort must recognize and coordinate among agencies with different operating philosophies.
  - One of the positive developments after the dissolution of the old coalition for the homeless has been acceptance of a “Let Us Live” perspective among service providers. That is: Let Us Live with our philosophy and way of doing things; don’t beat us up because we seek to operate in a different way.
  - This relates primarily to faith-based service providers, but it also acknowledges that there is a place for private providers that operate with HUD/government money. One of the things we can build on today is that there is more respect for one another – for different service providers.



- We better understand the need for and value of different philosophies, resources and gifts for dealing with homelessness.
- Theme of “inclusiveness” is important for service providers as well as the people being served. This includes services within the Metro Government.
- We have people today with “high purposes” but not “big egos.” We continue to work with the homeless because we want to be part of the solution.
- None of the necessary strategic direction, analysis and leadership is now available.
  - The history of services for the homeless in the Metro area has been driven for the most part by individual private providers.
  - Investment of federal dollars has come largely because of private leadership, not Metro Government leadership.
  - At the same time, local government dollars have been leveraged to obtain some dollars from federal and state sources.
- Metro services such as police and public safety must be committed in order to create a supportive community environment for homeless service providers. (For example: Downtown site for Rescue Mission and CHD.)
- Potential issue: Metro officials may conclude that they can cut smaller, less visible homeless programs because it appears these programs can depend on funding from “private good will.”
- Recognize some constraints for local government.
  - Due to mandates and charter commitments.
  - Homeless services may not fit with the mission and mandates of local government departments. This reflects “like to do mission” instead of “mandated mission.” For example: given the call to reduce budgets by 15%, the Metro Health Department is perceived as having concluded that homeless services do not fit with their mission.
  - At same time, should recognize that budget cuts that are being considered create doubts about Metro Government’s commitment and leadership in dealing with homelessness.
- We need more than discussion. We need decision-makers who actually listen and then lead. Metro leadership involves being receptive to new and different ideas, decision-making, direction setting, priority setting, and funding.
  - One of the missing pieces that Metro Government can provide is making the community aware that homelessness is a “community-wide” problem, need and priority.
  - Metro Government also needs to take the lead in developing solutions that involve public and private cooperation.

- A related potential issue is the “strings attached” to Metro leadership and funding. Such strings may be acceptable if they are known up-front.
- Solutions for homelessness require a “permanent commitment for fragile people.” Metro can’t rely on month-to-month decision-making.
  - One idea proposed is to establish a “Department for Homelessness,” that would not be eliminated at the whim of the next mayor.
  - At a minimum, we have to have clarity “where the buck stops” in the Metro Government. Decision-making and responsibilities are too fragmented now.
  - Important to know where responsibilities are “lodged in order to ensure consistent and persistent attention.”
- The language we use to define local problems and solutions is important.
  - Current national political language regarding the “chronic homeless” is too limiting.
  - We need to answer, “What is ‘our’ (Metro’s) problem and need with respect to homelessness?” It goes beyond the chronic homeless.
- The scope of solutions to be sought extends to preventing homelessness. However, it is hard for current serviced providers to focus the necessary energy and resources on prevention when they are dealing with so many current homeless people in crisis. In effect, we are the “bottom net.” We view prevention as the responsibility of institutional service providers, e.g., mental health, health, education and employment agencies.
- Risk is that without support for current service programs and providers Metro will see increased criminalization of the homeless because of increased reliance on jails as shelters, etc.
- At the same time, non-profit fund raising is not adequate to make up for Government’s share or responsibility for serving the homeless.

#### END OF MEETING SUMMARY

- We have reason to be proud of many individual services and service providers that appear to do good work on behalf of the homeless.
- However, when viewed Metro-wide, private and public services often appear fragmented and, at times, almost random.
- We refer homeless people to other providers based primarily on personal knowledge and relationships within multiple networks.
- Otherwise, there is no real sense of community-wide coordination and leadership.
- We need to seek more permanent solutions for admittedly fragile people.
- The Metro Government’s own services for the homeless are fragmented – lacking coordination and accountability.

- Metro Government's credibility is at risk in light of threatened budget cuts for homeless services.
- One of the missing pieces that the Metro Government can provide is making the community aware that homelessness is a community-wide problem that should be a community priority.
- The Metro Government can and should serve as focal point for community-wide leadership in dealing with homelessness. This would involve strategic direction, analysis and funding. It also would involve taking the lead in developing solutions based on public and private cooperation.

### 3. Exemplary Homelessness Programs

The National Alliance to End Homelessness is a nationally leading not-for-profit association focusing on strategies to end homelessness. A primary initiative of the Alliance is encouraging local governments to develop ten-year plans to end homelessness in the respective communities. Other principal areas of the Alliance's work include:

- Informing policy makers at the federal level about ways in which they can help to end homelessness across the nation,
- Providing assistance to service providers, advocates, and public officials in developing and implementing plans to end homelessness in their communities,
- Increasing the number of Americans educated about the issues, causes and solutions of homelessness and engaged in pursuing its permanent end.

As part of its work, the Alliance has developed a set of community best practice standards that can provide Metro with some guidance on how to proceed with its ten year planning for the elimination of homelessness. The following table presents those standards and identifies various agencies who have been identified as being good examples:



<b>EXEMPLARY PROGRAMS TO ASSIST THE HOMELESS</b> (SOURCE: NATIONAL ALLIANCE TO END HOMELESSNESS)		
<b>STANDARD</b>	<b>DESCRIPTION</b>	<b>EXEMPLARY PROGRAMS</b>
Creating a Plan to End Homelessness	The community has a set of strategies focused on ending homelessness. A wide range of players (government programs, elected officials, homeless providers, etc.) has made funding and implementation commitments to these strategies.	<ul style="list-style-type: none"> <li>• Chicago, Illinois</li> <li>• Indianapolis, Indiana</li> </ul>
Creating a Data System to Help You End Homelessness	The community has a homelessness management information system that can be analyzed to assess how long people are homeless, what their needs are, what the causes of homelessness are, how people interact with mainstream systems of care, the effectiveness of interventions, and the number of homeless people.	<ul style="list-style-type: none"> <li>• Massachusetts Housing and Shelter Alliance</li> <li>• Philadelphia HMIS</li> <li>• Spokane, WA HMIS</li> <li>• Wisconsin HMIS</li> </ul>
Establishing Emergency Prevention Programs	The community has in place an emergency homelessness prevention program that includes rent/mortgage/utility assistance, case management, landlord/lender intervention, and other strategies to prevent eviction and homelessness.	<ul style="list-style-type: none"> <li>• Anoka County Rivercity Housing Collaborative, Anoka County, MN</li> <li>• Community Care Grant Program, Washington, DC</li> <li>• Hennepin County Homelessness Prevention Programs, Hennepin County, MN</li> <li>• Lakes &amp; Pines County Community Action Council, Lakes &amp; Pines County, MN</li> <li>• Philadelphia Housing Support Center, Philadelphia, PA</li> <li>• Project SAFE, Everett, WA</li> </ul>

<b>EXEMPLARY PROGRAMS TO ASSIST THE HOMELESS</b> (SOURCE: NATIONAL ALLIANCE TO END HOMELESSNESS)		
<b>STANDARD</b>	<b>DESCRIPTION</b>	<b>EXEMPLARY PROGRAMS</b>
Making Systems Changes that Prevent Homelessness	The community has in place both mainstream programs (mental health, substance abuse, TANF, child welfare, etc.) that provide care and services to low-income people consistently assess and respond to their housing needs, as well as placement in stable housing for all people being released from public institutions.	<ul style="list-style-type: none"> <li>• Connecticut Department of Children and Families Housing Continuum</li> <li>• Illinois Department of Children and Families Youth Housing Assistance Program</li> <li>• Lighthouse Youth Services Housing Continuum</li> <li>• Minnesota Family Homeless Prevention and Assistance Program</li> <li>• New Mexico Adolescent Transition Groups</li> <li>• San Francisco Department of Public Health Direct Access to Housing</li> </ul>
Outreach to Homeless People on the Streets	The community has an outreach and engagement system designed to reduce barriers and encourage homeless people so that they enter appropriate housing (including safe havens) linked with appropriate services.	<ul style="list-style-type: none"> <li>• Pathways to Housing, New York, NY</li> <li>• Project H.O.M.E., Philadelphia, PA</li> </ul>
Shortening the Time People Spend Homeless	The shelter and transitional housing system in your community is organized to reduce or minimize the length of time people remain homeless, and the number of times they become homeless. Outcome measures will be key to this effort.	<ul style="list-style-type: none"> <li>• Getting Housed, Staying Housed, Chicago, IL</li> <li>• Community Shelter Board, Columbus, OH</li> </ul>
Re-Housing People Rapidly So That They Do Not	The community has skilled housing search and housing placement services available to	<ul style="list-style-type: none"> <li>• Anoka County Rivercity Housing Collaborative, Anoka County, MN</li> </ul>

<b>EXEMPLARY PROGRAMS TO ASSIST THE HOMELESS</b> (SOURCE: NATIONAL ALLIANCE TO END HOMELESSNESS)		
<b>STANDARD</b>	<b>DESCRIPTION</b>	<b>EXEMPLARY PROGRAMS</b>
Become Homeless	rapidly re-house all people losing their housing or who are homeless and who want permanent housing.	<ul style="list-style-type: none"> <li>• Community Care Grant Program, Washington, DC</li> <li>• Beyond Shelter, Los Angeles, CA</li> <li>• Lakes &amp; Pines County Community Action Council, Lakes &amp; Pines County, MN</li> <li>• HomeStart, Boston, MA</li> <li>• Philadelphia Housing Support Center, Philadelphia, PA</li> <li>• Rapid Exit Program, Hennepin County, MN</li> <li>• St. Stephen's Housing Services, Hennepin County, MN</li> </ul>
Putting Together Treatment and Other Services for Homeless People	When households are re-housed, they have rapid access to funded services, and mainstream programs provide the bulk of these services.	<ul style="list-style-type: none"> <li>• Pathways to Housing, New York, NY</li> <li>• Anishinabe Wakiagun, Minneapolis, MN</li> <li>• Project H.O.M.E., Philadelphia, PA</li> <li>• Beyond Shelter, Los Angeles, CA</li> <li>• Lutheran Social Service of Minnesota, Crow Wing, Morrison, &amp; Todd County, MN</li> <li>• Rapid Exit Program, Hennepin County, MN</li> </ul>
Creating an Adequate Supply of Permanent Affordable Housing	The community has a sufficient supply of permanent supportive housing to meet the needs of all chronically homeless people. The community is implementing a plan to fully address the permanent housing needs of extremely low-income people.	<ul style="list-style-type: none"> <li>• Project H.O.M.E., Philadelphia, PA</li> <li>• Anishinabe Wakiagun, Minneapolis, MN</li> <li>• Pathways to Housing, New York, NY</li> <li>• Seattle Housing Levy, Seattle, WA (this link will</li> </ul>

EXEMPLARY PROGRAMS TO ASSIST THE HOMELESS (SOURCE: NATIONAL ALLIANCE TO END HOMELESSNESS)		
STANDARD	DESCRIPTION	EXEMPLARY PROGRAMS
		take you outside the Alliance site) <ul style="list-style-type: none"> <li>• Los Angeles Affordable Housing Trust Fund, Los Angeles, CA (this link will take you outside the Alliance site)</li> <li>• Inclusionary Zoning, Montgomery County, MD (this link will take you outside the Alliance site)</li> </ul>
Ensuring that Homeless People Have Incomes to Pay for Housing	When it is necessary in order to obtain housing, the community assists homeless people to secure enough income to afford rent, by rapidly linking them with employment and/or benefits. It also connects them to opportunities for increasing their incomes after housing placement (opportunities provided primarily by mainstream programs).	<ul style="list-style-type: none"> <li>• IMPACT Employment Services</li> <li>• The Maryland SSI Outreach Project, Baltimore, MD</li> <li>• STRIVE, New York, NY</li> <li>• Larkin Street Youth Services' HIRE UP Program, San Francisco, CA (this link will take you outside the Alliance site)</li> </ul>

#### 4. Conclusions and Recommendations Regarding Homeless Services

The summary of the focus group on homelessness provides a good overview of the current state of affairs regarding homeless services in Davidson County. There is generally agreement that the necessary continuum of services is available. However, since there is no accurate count of the homeless population in Davidson County, there is uncertainty whether the volume of service capacity is sufficient. While there are several

vehicles to discuss coordination of homeless services, there is no agency or person specifically tasked to be the lead on planning and coordination. The agency which would appear to be the most appropriate—Metro Social Services—is the Metro agency which is currently the least capable because of the lack of dedicated resources and specific program focus.

The recommendations in the first chapter of this report are intended to address this issue. As part of a new mission of planning and coordination, we recommend that the Department have a professional level position assigned specifically to the planning and coordination of homeless services. We agree that the Director of MSS is the appropriate position to chair the Metro task forces and to provide Metro’s leadership in the coordination of homeless service delivery. To that end, we have included as Appendix A of this report, a recommended Charter for the Task Force on the Elimination of Homelessness in Davidson County. This Charter includes a suggested mission and scope, provides recommendations for possible participation, and outlines a work plan for task accomplishment. The MAXIMUS project staff developed this recommended Charter based on the model of programs in Memphis and Atlanta, industry suggestions for best practices derived from the National Alliance to End Homelessness, and our own experience in social service delivery.

In addition to the recommendations relating to Metro Social Services, we assume that Metro’s service commitments in the various other departments will remain at least constant.

## B. COMMENTS ON IMMIGRANT COMMUNITY ASSESSMENT

Refugee Services is now one of the principal functions of MSS. As envisioned in the Alternative Service Model, direct client services currently performed by Refugee Services would be reassigned to other Metro agencies, delivered through contracts with private providers, or eliminated. At the same time, the recommended Alternative Service Model would include a Program Planning and Coordination position dealing with immigrant and refugee services as a functional area of key policy interest. In this regard, the scope of Metro Social Services activities would change in two ways:

- The focus of service would shift from direct service delivery, case support and coordination for individual and/or refugee families and community advocacy to overall service planning and coordination and community advocacy.
- The target population would expand from refugees to immigrants and refugees.

It is important to consider the implications of these changes for Metro Government's response to the recommendations presented in the August 2003 *Final Report of the Immigrant Community Assessment*. This report was prepared under a contract with the Metro Government by a collaborative project involving three Nashville-based universities – Meharry Medical College, Tennessee State University, and Vanderbilt University. The table on the following pages highlights the primary recommendations of the Immigrant Community Assessment and related implications of the Alternative Service Model.

As with homeless services, we recommend that MSS assume a leadership role in addressing issues of services to the immigrant population through planning and coordination.

COMMENTS ON RECOMMENDATIONS OF THE IMMIGRANT COMMUNITY ASSESSMENT		
THEME FROM ASSESSMENT	RECOMMENDATION FROM ASSESSMENT	COMMENTS ON IMPLICATIONS OF ALTERNATIVE SERVICE MODEL
<b>Theme 1: Increase countywide, community familiarity with the cultural traditions and contributions of immigrants and refugees in Nashville.</b>	<p><u>Recommendation 1.1:</u> Develop instructional resources – for example, brochures, workshop curricula, videos, mini-conferences with immigrants and refugees – about the cultural traditions and local contributions of all foreign-born ethnic groups in Nashville for employers, real estate managers, and professional service providers in all domains.</p>	<ul style="list-style-type: none"> <li>MSS Refugee Services currently provides community advocacy and some instructional resources, with a focus on refugees.</li> <li>As envisioned in the Alternative Service Model, MSS Program Planning and Coordination staff could serve as a source of best practice information on instructional resources as well as community advocacy for immigrant and refugee needs and services in the identified domains.</li> </ul>
	<p><u>Recommendation 1.2:</u> Increase the instructional opportunities on the cultural traditions and local contributions of Nashville’s foreign-born ethnic groups for employers, real estate managers, and professional service providers in all service domains.</p>	<ul style="list-style-type: none"> <li>MSS Refugee Services currently provides some of these instructional opportunities through community advocacy activities.</li> <li>In the Alternative Service Model, MSS Program Planning and Coordination staff could serve as a source of best practice information, need identification and advice related to instructional opportunities addressed by other Metro agencies and private providers.</li> </ul>
	<p><u>Recommendation 1.3:</u> Encourage employers, real estate managers, and professional service providers in all service domains to avail themselves voluntarily of any instructional opportunities of the kind described in Recommendation 1.2.</p>	<ul style="list-style-type: none"> <li>MSS Program Planning and Coordination staff could advise and support public announcements and other communications related to the importance of voluntary participation in these instructional opportunities.</li> </ul>
	<p><u>Recommendation 1.4:</u> Develop K-12 curricula and materials on global immigration to Nashville for instruction in social studies, geography, history, literature, foreign language, and statistics courses.</p>	<ul style="list-style-type: none"> <li>This service would be most appropriately addressed by Metro Public Schools. MSS Program Planning and Coordination staff could advise.</li> </ul>



COMMENTS ON RECOMMENDATIONS OF THE IMMIGRANT COMMUNITY ASSESSMENT		
THEME FROM ASSESSMENT	RECOMMENDATION FROM ASSESSMENT	COMMENTS ON IMPLICATIONS OF ALTERNATIVE SERVICE MODEL
	<p><u>Recommendation 1.5:</u> Support more public inter-cultural events and disseminate more public-interest information about global immigration to Nashville and the cultural traditions and local contributions of Nashville’s foreign-born ethnic groups.</p>	<ul style="list-style-type: none"> <li>MSS Program Planning and Coordination staff could advise and provide best practice information to other public agencies and private providers that are responsible for the recommended inter-cultural events and public-interest information.</li> </ul>
<p><b>Theme 2: Increase the availability and broaden the curricula of English-language instruction and instruction on daily life in the United States.</b></p>	<p><u>Recommendation 2.1:</u> Increase English-language instructional opportunities that are offered during non-working hours.</p>	<ul style="list-style-type: none"> <li>MSS Refugee Services currently provides English-language instruction to some refugees.</li> <li>In the Alternative Service Model, MSS Program Planning and Coordination staff could encourage and advise Metro Public Schools and adult education providers on English-language instructional opportunities.</li> </ul>
	<p><u>Recommendation 2.2:</u> Offer more English-language instruction at proficiency levels higher than the elementary level.</p>	<ul style="list-style-type: none"> <li>MSS Program Planning and Coordination could encourage and advise Metro Public Schools and adult education providers on such instructional opportunities.</li> </ul>
	<p><u>Recommendation 2.3:</u> Offer more instruction on daily life routines in the United States.</p>	<ul style="list-style-type: none"> <li>MSS Refugee Services currently provides refugees this service.</li> <li>In the Alternative Service Model, MSS Program Planning and Coordination staff could advise Metro Public Schools and private providers on this instruction.</li> </ul>
	<p><u>Recommendation 2.4:</u> Increase the supply of affordable and safe childcare services for adult students.</p>	<ul style="list-style-type: none"> <li>MSS Program Planning and Coordination staff could help target needs and advise the development and provision of these childcare services.</li> </ul>
<p><b>Theme 3: Encourage the development of community-based social service agencies in areas where immigrants and refugees tend to reside.</b></p>	<p><u>Recommendation 3.1:</u> Encourage the development and diffusion of community based, multi-service, multi-ethnic social service agencies in the southeast quadrant of Nashville.</p>	<ul style="list-style-type: none"> <li>MSS Program Planning and Coordination staff could help target needs and advise the development, coordination and potential funding (from federal, state and local sources) for these services.</li> <li>MSS Contract and QA staff could help identify service and related funding requirements that warrant the expenditure of Metro contract dollars.</li> </ul>



COMMENTS ON RECOMMENDATIONS OF THE IMMIGRANT COMMUNITY ASSESSMENT		
THEME FROM ASSESSMENT	RECOMMENDATION FROM ASSESSMENT	COMMENTS ON IMPLICATIONS OF ALTERNATIVE SERVICE MODEL
	<p><u>Recommendation 3.2:</u> Increase the frequency with which transportation services operate between the southeast quadrant and the other areas of Nashville.</p> <p><u>Recommendation 3.3:</u> Increase the supply of affordable and safe childcare services for families who visit social service agencies.</p>	<ul style="list-style-type: none"> <li>MSS Program Planning and Coordination staff could facilitate planning and provision of transportation services by MTA.</li> <li>MSS Program Planning and Coordination staff could advise and promote the need for such services in other Metro agencies.</li> <li>MSS staff could work with contact service providers to explore options for agencies to accommodate parental needs when providing services.</li> </ul>
<p><b>Theme 4: Increase the accessibility of employment, housing, and service providers to immigrants and refugees.</b></p>	<p><u>Recommendation 4.1:</u> Increase the supply of bilingual advocates – counselors, lawyers, and social workers – who can advocate on behalf of non-English-speaking clients and patients, and on behalf of those who are not fluent in English during interactions and transactions in the areas of adult education, children’s education, employment, health, housing and safety.</p>	<ul style="list-style-type: none"> <li>MSS Refugee Services staff and interpreters currently serve as bilingual advocates for refugees when dealing with various service providers.</li> <li>In the Alternative Service Model, MSS Program Planning and Coordination staff could help target needs and advise development, coordination and potential funding (from federal, state and local sources) for agencies that can supply bilingual advocates.</li> <li>MSS staff should partner with Metro Schools and other educational programs to foster the development of bi-lingual training programs.</li> </ul>
	<p><u>Recommendation 4.1:</u> Increase the supply of bilingual emergency-service receptionists and providers.</p>	<ul style="list-style-type: none"> <li>MSS Program Planning and Coordination staff could promote and advise other Metro agencies with first responders (e.g., police, fire, EMS, hospital) on the need for bilingual personnel.</li> <li>MSS Client Intake and Referral should include bilingual staff.</li> </ul>
<p><b>Theme 5: Streamline the credentialing of immigrants and refugees for employment in diverse sectors of the Nashville economy.</b></p>	<p><u>Recommendation 5.1:</u> Encourage collaboration among private and public employers, labor unions, employment services, human resource management professionals, professional associations,</p>	<ul style="list-style-type: none"> <li>MSS Program Planning and Coordination staff could advise the Nashville Career Advancement Center (NCAC) and other Metro agencies on how to support and streamline credentialing of immigrants and refugees.</li> </ul>

COMMENTS ON RECOMMENDATIONS OF THE IMMIGRANT COMMUNITY ASSESSMENT		
THEME FROM ASSESSMENT	RECOMMENDATION FROM ASSESSMENT	COMMENTS ON IMPLICATIONS OF ALTERNATIVE SERVICE MODEL
	occupational licensing agencies, vocational and technical education providers, and refugee resettlement agencies in the development of on-going, countywide capacity to interpret foreign, employment credentials earned in all countries of origin and streamline the preparation, communication, and presentation of foreign-born workers' credentials for employment in the Nashville economy.	
<b>Theme 6: Develop public arenas for immigrants and refugees to express regularly their interests and needs.</b>	<u>Recommendation 6.1:</u> Establish an on-going forum for the regular expression of interests by immigrants and refugees in Nashville.	<ul style="list-style-type: none"> <li>• MSS Program Planning and Coordination staff and/or MSS Client Intake and Referral staff could facilitate, lead, and represent the Metro Government at such a forum.</li> </ul>
<b>Theme 7: Strengthen countywide capacity to monitor, plan, coordinate, and address the widest possible range of needs of immigrants and refugees.</b>	<u>Recommendation 7.1:</u> Establish an on-going, countywide organization dedicated to “immigrant and refugee affairs” to monitor social services needs and plan, coordinate and achieve a mutually beneficial incorporation of the rapidly growing and diversifying community of immigrants and refugees in Nashville.	<ul style="list-style-type: none"> <li>• In the envisioned Alternative Service Model, MSS might address this recommendation in one or more of the following ways:                             <ul style="list-style-type: none"> <li>– Help plan and advise the development of such an organization;</li> <li>– Represent the Metro Government on the organization’s advisory board;</li> <li>– Facilitate the definition of requirements and the provision of Metro contract dollars to support such an organization;</li> <li>– Serve as a participating agency in a Metro-led organization that serves this mission.</li> </ul> </li> </ul>

**APPENDIX A:**  
**RECOMMENDED CHARTER FOR METRO HOMELESSNESS TASK FORCE**  
**METRO NASHVILLE-DAVIDSON COUNTY**

**Purpose**

Mayor Bill Purcell has determined that the matter of more effectively addressing the needs of the homeless population of Nashville-Davidson County should be a priority for Metro Government. In January 2004, he announced that the Interim Director of Metro Social Services will serve as the chairperson of a task force that will be charged with developing and initiating implementation of a comprehensive plan for breaking the cycle of homelessness and preventing future homelessness in the Metro area.

The purpose of this document is to help focus discussion and foster agreement among Metro elected officials and executives regarding the charter for the Homelessness Task Force (Task Force). The document speaks to the following aspects of the Task Force:

- Overall mission and scope;
- Primary deliverable and timeline;
- Membership and key roles;
- Administrative and expert support;
- Planning principles or guidelines;
- Preliminary high-level work plan and timetable; and
- Immediate next steps.

**Overall Mission and Scope**

The overall mission of the Task Force is to act as the Metro Government's designated entity for planning and initiating implementation of a more comprehensive and better coordinated system of services and housing options to break the cycle of homelessness and prevent future homelessness in Metro Nashville-Davidson County.

As this mission statement suggests, the scope of the Task Force's charter includes:

- **Delivering a Comprehensive, Metro-wide Plan** – The Task Force planning effort will identify and assess the needs of homeless individuals and families as well as the services and resources for meeting these needs throughout Metro Nashville-Davidson County. While the Metro Government will be the primary sponsor of the Task Force, the work and membership of the Task Force will necessarily extend beyond Metro's own homeless services, resources and clients.

- **Breaking the Cycle of Homelessness and Preventing Future Homelessness**  
– The Task Force will not limit its work to seeking solutions for breaking the cycle of homelessness for those individual and families that currently find themselves homeless. It also will seek strategies for preventing future homelessness.
- **Initiating Plan Implementation** – The Task Force will help initiate implementation by delivering a feasible and implementable plan that includes specific goals, strategies, responsibilities, resource requirements, timetable and proposed progress and outcome measures.

### **Primary Deliverable and Timeline**

Within six months, the Task Force will prepare and present a plan to the Mayor that includes, but need not be limited to, the following elements:

- **Background Information**
  - Task Force Charter
  - Task Force Members
  - Involvement of Other People and Organizations
  - Rationale and Importance of Serving Metro’s Homeless Population
  - Definitions and Key Assumptions
    - Cycle of Homelessness
    - Root Causes of Homelessness
    - Degrees of Homelessness
    - Housing Options
    - Services and Resources
  - Overview of Task Force Approach to Plan Development and Implementation
- **Description of Homeless Population in Metro Nashville-Davidson County**
  - Data Collection Methods and Sources
  - Types or Categories of Homeless People
  - Specific Findings – Homeless Demographics, Needs, etc.
  - Conclusions
- **Inventory of Services and Resources in Metro Nashville-Davidson County**
  - Data Collection Methods and Sources
  - Types or Categories of Services, Housing Options and Other Resources
  - Specific Findings – Quantity and Relative Strengths and Weaknesses
  - Conclusions

■ **Overall Goals and Strategies related to Comprehensive Plan**

- Priority Issues (or Need Areas)
- Specific Goals and Strategies

■ **Implementation Actions and Timetable**

- Short-Term Actions
  - Corresponding Responsibilities and Resource Requirements
  - Proposed Progress and Outcome Measures
  - Timetable
- Long-Term Actions
  - Corresponding Responsibilities and Resource Requirements
  - Proposed Progress and Outcome Measures
  - Timetable

**Membership and Key Roles**

Task Force membership will be limited to approximately 20 people. Members will represent or be drawn from the following areas of the Metro community:

- Metro Government policy makers and agency heads;
- Directors of mainstream federal programs;
- Service providers;
- Faith community; and
- Business leaders.

Key roles on the Task Force include:

- Chairperson – Director, Metro Social Services
- Co-Chair (Who will chair the Task Force in the absence of the Chair); and
- Recorder or Secretary.

The Task Force will meet as a whole a minimum of once a month. Task Force members also may be asked to lead or participate in small work groups and/or specific work plan activities.

In addition to the aforementioned members and roles, the Task Force will seek regular input from a cross-section of service providers, grassroots community groups, activists, formerly homeless and homeless, and local colleges and universities through focus groups, work groups and other ad hoc or voluntary arrangements.

### **Administrative and Expert Support**

The Metro Government will deploy and/or budget for administrative and expert resources to support the work of the Task Force in the following ways:

- Define, coordinate and schedule work plan activities;
- Conduct best practice research;
- Conduct and otherwise support data collection and analysis activities related to assessing population characteristics, needs and resources for the homeless;
- Advise Task Force members on substantive issues and strategies related to homelessness;
- Advise Task force members on meeting agendas and processes;
- Prepare documentation and report materials appropriate for Task Force review, discussion and presentation;
- Facilitate work group activities; and
- Carry out other activities deemed necessary by the Task Force Chairperson.

### **Planning Principles or Guidelines**

The work plan and processes of the Task Force will be guided by the following principles:

- **Address homelessness as a “symptom,” not “the problem”** – The Task Force will operate on the premise that homelessness is not the problem to be solved, but rather a symptom of underlying problems associated with “individual risk factors” (e.g., substance abuse, severe and persistence mental health and mental disorders, learning disabilities, low education levels, poor financial management, poor job skills, history of dependence on public assistance) and “structural factors” beyond an individual or family’s direct control (e.g., lack of affordable housing, fragmented and under-funded mental health and substance abuse resources, low-wage jobs, limited transportation to jobs, inadequate educational preparation for jobs).
- **Build on lessons learned** – The Task Force will identify, use and take advantage of lessons learned, best practices and research on homelessness from other credible sources.
- **Ensure local understanding and ownership for issues and solutions** – The Task Force will seek to understand issues and to develop solutions related to homelessness that are appropriate and valid for the people, situations and resources in Metro Nashville-Davidson County.
- **Foster commitment building** – The Task Force will foster shared understanding, shared commitment and shared accountability across the Metro area for dealing with homelessness.

- **Provide change leadership** – The Task Force will seek to communicate, educate, advocate and provide direction in transitioning policy-makers, service providers and other resources toward a more comprehensive, coordinated, collaborative and effective system of health, mental health care, social services and housing for the homeless in the Metro area.
- **Move quickly to provide visible action and impact** – The Task Force will define and prioritize short-term actions that can be taken within the next 12 months to meaningfully and materially improve the situation for breaking the cycle of homelessness for current homeless people in the Metro area.
- **Build for long-term success** – The Task Force will define and prioritize long-term actions that should be taken in the next one to three years to both break the cycle of homelessness and to prevent future homelessness for people in the Metro area.
- **Ensure performance measurement** – The Task Force will propose progress and outcome measures for monitoring and determining the implementation and impact of recommended short- and long-term actions.

**Preliminary High-Level Work Plan**

Task	Timetable
<p><b>1. Establish Metro Homelessness Task Force</b></p> <ul style="list-style-type: none"> <li>- Develop and obtain agreement on Task Force charter</li> <li>- Develop preliminary work plan</li> <li>- Select Task Force members</li> <li>- Deploy and/or obtain administrative and expert support</li> <li>- Schedule and prepare for initial Task Force meeting</li> <li>- Convene initial Task Force meeting</li> <li>- Document and report on initial Task Force meeting</li> </ul>	
<p><b>2. Conduct Policy and Best Practice Research</b></p> <ul style="list-style-type: none"> <li>- Confer with Metro agencies, mainstream programs and experts on potential sources of policy and best practice information</li> <li>- Obtain and summarize information on current federal, state and local policies and programs that represent actual and potential resources for Metro homeless</li> <li>- Obtain best practice information related to homelessness definitions, issues, strategies, etc.</li> <li>- Summarize policy and best practice information for Task</li> </ul>	



Task	Timetable
Force discussion and use <ul style="list-style-type: none"> <li>- Determine policy and best practice information that should be included in Metro service gap analysis</li> </ul>	
<b>3. Classify and Quantify Metro Homeless Population</b> <ul style="list-style-type: none"> <li>- Review and agree on categorization of homeless with Task Force</li> <li>- Confer with local homeless coalition on current effort to quantify and describe homeless in Metro area</li> <li>- Define and agree on methodology and source(s) to be used by Task Force for point-in-time count and annualized unduplicated count of Metro homeless</li> <li>- Obtain or complete homeless counts</li> <li>- Analyze homeless data in terms of agreed on categories and sub-groups</li> <li>- Review and discuss issue and service implications of homeless demographic and other data with Task Force</li> </ul>	
<b>4. Inventory Metro-Wide Homeless Resources</b> <ul style="list-style-type: none"> <li>- Review and agree on categorization of homeless resources (including service providers, funding sources/utilization, structural issues, etc.)</li> <li>- Agree on best practices or standards against which Metro-Wide homeless resources should be compared for gap analysis</li> <li>- Define and agree on methodology and source(s) to be used by Task Force in inventorying and evaluating Metro-Wide homeless resources</li> <li>- Collect data on homeless resources</li> <li>- Analyze data on homeless resources to develop quantified and qualitative picture of resources and to identify service gaps</li> <li>- Review and discuss issue and service implications of resource and service gap findings with Task Force</li> </ul>	
<b>5. Identify Priority Issues/Needs and Related Goals</b> <ul style="list-style-type: none"> <li>- Develop draft Issues Report that summarizes key issues/needs of the homeless population in the Metro</li> </ul>	



Task	Timetable
area - Review and discuss draft Issues Report with the Task Force – including prioritization and related goal setting - Prepare revised Issues Report	
<b>6. Develop Strategies to Address Priority Issues/Needs</b> - Develop draft strategies for dealing with the priority issues/needs of the homeless described in the revised Issues Report - Review and discuss draft strategies with the Task Force – including implications and ideas for short-term and long-implementation action recommendations for dealing with homelessness in the Metro area - Also review and discuss priority issues/needs and strategies with a cross-section of other stakeholders in order to assess feasibility, etc. - Prepare revised Strategies Report	
<b>7. Prepare Draft and Final Task Force Report</b> - Develop draft Final Task Force Report – including priority issues/needs and corresponding goals, strategies and implementation actions (short- and long-term) - Review and discuss draft Final Task Force Report with the Task Force - Prepare Final Task Force Report and presentation materials for delivery to the Mayor - Present Final Task Report to the Mayor	