



Metropolitan
Human
Services
Commission

Mission and Scope
Purposes and Functions
Overall Strategy
Organization and Process
Criteria and Guidelines
Priorities
Three to Five Year Strategies

Approved March 24, 2006

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This document and other information related to the MHSC
can be found on the following website:

www.csctulsa.org/publpolicy.htm

Metropolitan Human Services Commission in Tulsa 2006 Members

Dr. David Sawyer, Chairperson
Gary Burnidge, MS, DDS, Vice-Chairperson

Partners:

Union Public Schools

- Cathy Burden, Ph.D, Superintendent

Tulsa Public Schools

- Matt Livingood, JD, President, Board of Education
- David Sawyer, Ed.D, Superintendent

Tulsa County

- Commissioner Wilbert Collins, Sr.

Tulsa City-County Board of Health

- Gary Burnidge, MS, DDS, Vice-Chairman of the Board of Health
- Gary Cox, JD, Director

Tulsa Area United Way

- Bob LaFortune, Former Chairman of the Board, Tulsa Area United Way

Oklahoma Department of Human Services

- Steve Scott, Area Director

City of Tulsa

- Kathy Taylor, JD, Mayor
- Brenda Miller, Director, Urban Development

Ad Hoc Members:

Tulsa Metropolitan Ministry

- Jim Mishler, Director

Metro Tulsa Chamber

- Susan Harris, Vice-President, Community Betterment

Founders & Associates Foundation

- Herbert Orr, MD, Trustee, Board of Directors

At-Large Member:

- Bill Doenges, JD, Past Chairman of the Board, Metro Tulsa Chamber

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PROLOGUE

The Commission exists to provide leadership for coordinating funding, planning and policy decisions affecting the development of human capital in Tulsa County, and to provide guidance and joint action for use of partners' resources to best advance that development.

Sponsoring members include key public and philanthropic entities committed to working together to enhance the County's investment in human capital. These include:

- Tulsa County
- City of Tulsa
- Tulsa Health Department
- Tulsa Public Schools
- Union Public Schools
- Tulsa Area United Way
- Oklahoma State Department of Human Services

Ad Hoc members committed to support of this collaborative approach include:

- Tulsa Metro Chamber
- Tulsa Metropolitan Ministries

MISSION

To serve as a leadership catalyst for coordination of funding, planning and policy decisions affecting human capital development in Tulsa County, and provide guidance to its partners to best enhance that development.

SCOPE OF CONCERN

Advancing the community's investment in human capital includes the scope of efforts addressing the education, safety, health, housing, family support, emergency financial, transportation, and employment preparation needs of families and individuals. These efforts increasingly seek to prevent needs through promoting greater self-sufficiency among Tulsa's people while still intervening to respond to crises and other immediate concerns.

OVERALL STRATEGY:

A FOCUS ON EFFECTIVE USE OF RESOURCES

Overall, MHSC focuses its work to promote the most effective use of resources in improving investments in human capital. This focus often results in shifting the use of resources toward new directions where there is strong evidence for greater effectiveness. This focus also helps determine MHSC priorities, as success in some areas of investment, e.g., child abuse prevention, can potentially result in significant savings in spending on other costly needs.

PURPOSES

- Coordinate decision making among partners, and state and other resources, as appropriate.
- Clarify and strengthen the roles and responsibilities of the partners and related groups in addressing specific needs, especially related to responses to changes in funding and policy directions of federal and state governments.
- Promote the importance of the roles of all sectors—public, philanthropic, and private—in assuring the overall success of the human capital investment.
- Develop and maintain an ongoing common data base for informed decision-making.
- Identify, recommend, and facilitate as needed, actions to help prevent or reduce problems of joint concern among partners.

FUNCTIONS

- Provide an ongoing public forum for coordinated decision making and planning.
- Coordinate human services funding application and review processes, as needed, to reduce the administrative burden on agencies and the partnership members, as well as to support needed, quality services.
- Provide a common data base for effective decision-making.
- Address legislative and administrative issues that inhibit effectiveness in furthering human capital development or potentially contribute to improved outcomes.
- Facilitate the implementation of new funding and policy directions as they relate to advancing MHSC priorities.
- Address other areas of concern agreed upon by the members.

MHSC Organization and Process Needed to Assure Success

MHSC MEETINGS

Guidelines...

- Conduct official meetings with specific outcomes in mind.
- Reorganize meetings to provide for discussion among partners.
- Schedule learning sessions concerning existing and emerging issues, using presentations by experts in the field.
- Monitor and discuss progress on initiatives.
- To further MHSC objectives, schedule sessions with leaders of state agencies:
 - State Department of Education
 - Oklahoma Department of Human Services
 - Oklahoma State Department of Health
 - Oklahoma Health Care Authority
 - Oklahoma State Department of Mental Health and Substance Abuse Services
 - Office of State Finance
- Schedule session (s) with state legislators.
- Schedule first meeting of each year to discuss and finalize annual plan of work.

NEW PARTNERS

Given MHSC's growing focus on the "human development" theme and education, the following have been proposed:

- Tulsa Technology Center
- Tulsa Community College
- Tulsa Community Foundation

MHSC recommendation: Priorities on new members included the Tulsa Community Foundation (Bob LaFortune and Phil Dessauer will contact), and the OU Medical School (Dr. Sawyer and Phil Dessauer will contact). TTC and TCC will remain under consideration.

(Continued)

MARKETING AND AWARENESS OF MHSC

MHSC recommendation: Continue low key for the time being. Produce 25 year report as latest update on progress. Distribute 25 year report to key elected and appointed decision-makers at the local, state, and federal levels.

PARTNER REPRESENTATION

MHSC recommendation: Bob LaFortune and Bill Doenges will visit with Commissioner Dick after the city elections to explore how best to re-engage Tulsa County.

FUNDING

MHSC recommendation: Communication will be made with city councilors regarding MHSC role and benefit to City prior to vote on city budget.

MHSC 25th ANNIVERSARY (May 2006)

MHSC recommendation: A celebration event will be held. Invitation list will include past members of the Commission, and event will include some testimonials regarding impact of Commission's work. The invitation list also will include appropriate state level officials and those from OKC we want to more formally educate about MHSC. Anniversary brochure will include pictures and relevant quotes recognizing MHSC's major accomplishments. Bill Doenges, Bob LaFortune, and former member, John Selph will form committee to organize event.

To become a MHSC priority, the issue or action being considered:

- **Has a strong preventive impact–Prevention First**
When effective, research based preventive approaches are used; success means fewer resources are needed to address needs and problems in the long-run.
- **Relates directly to achieving improved education outcomes**
Successful education performance is the key goal to enhancing overall human capital development.
- **Has a significant impact on the issue being addressed, using a research based solution**
- **Contributes to shifting community efforts to more holistic, collaborative approaches in addressing needs, based on “same client” philosophy ^[1]**
- **Engages the community; opportunity exists for communicating the issue to the community, and in doing so, public awareness of the issue is raised**
- **Is achievable, and there is sufficient time to accomplish the initiative**
Some issues are large and complex, and/or effective solutions are not available to resolve them. MHSC must assess its ability to effectively achieve the desired results, considering existing commitments and the time and effort needed to accomplish the initiative. The availability of staff time and capacity must be considered in making this determination.
- **Can be assessed to determine when the initiative is complete**
This is important because MHSC should not consider addressing new issues until it has completed its existing agenda.
- **Focuses on Tulsa and the immediate geographic area around Tulsa**
Strategies possibly could involve influencing a broader area (e.g., state-wide) in order to best meet the needs of Tulsa.
- **Is part of a limited, but often related, 3-5 item priority package**
The number of issues addressed by MHSC, at any one time, should be limited to a small number to assure the best opportunity for success.

Note: Most MHSC top priority issues will usually require a long-term commitment, often multiple years.

MHSC approved January 20, 2006

^[1] Dr. Harold Hodgkinson’s (education demographer) “prevention agenda” seeks to keep people out of poverty, off drugs, in school, out of prison, adequately housed, eating nutritiously, and not pregnant when they are still kids themselves. He and others who study trends and outcomes claim that the two strongest keys to achieving these outcomes are families and education.

2006 MHSC Priorities

- **Prevention of child abuse and neglect**--Child Abuse Prevention Fund programs and Children First
- **Promotion of child well-being through adoption**--permanent placement of children
- **Early childhood education and development** (focus would be on children under age 3 years and on screening and early intervention)
- **Development of community schools** (initial focus on TPS and Union with additional school districts added as appropriate)
- **Government function and role—promote and inform** (initial focus on educating the public on the purpose and role of education, health, mental health, personal and family development, and human services as critical community capital essential to our quality of life, and on the role of all sectors in providing support; see ATTACHMENT D: “Views On Government Role In the Country’s Problems”)
 - Government provides for the “common good” that benefits all, regardless of their status, abilities, and resources.
 - Government has the capacity to affect community-wide problems that cross-cut societal and geographic territory, in cooperation with the private sector.
 - Services delivered through government can:
 - Provide savings and reduce losses
 - Be effective in improving the infra-structure of the community
 - Provide an efficiency that no other organizations can accomplish
- **Ongoing state/local decision making to enhance local funding base to address MHSC and other critical community priorities**

Note: Child health and physical fitness (behavioral issues of exercise, substance abuse, etc.) will be strategically integrated into other priorities.

MHSC approved January 20, 2006

Overall Strategies for the Next 3-5 Years

- Make available the “power of the MHSC forum (bully pulpit)” to assist selected local efforts to more effectively address critical community priorities.
- Coordinate work with leaders and like groups as MHSC partners in Oklahoma County, and as appropriate, explore the possibility of assisting in development of a MHSC like entity there.
- Develop data bases and research knowledge for use in addressing MHSC priorities and determining their success.
- Use MHSC members, as much as possible, in advocacy and other leadership roles for all its work.
- Engage MHSC members in ongoing decision-making to help guide the work of the Commission.

Priority 1: Prevention of child abuse and neglect

Child Abuse Prevention Fund (CAPF) programs and Children First

Key strategies (2005-2006):

- Gain support from the Tulsa Health Department and local Board of Health.
STATUS: Complete (May, 2005)

- Develop state-wide plan, in cooperation with the Tulsa City-County Health Department and the local contractor for the CAPF, that encompasses:
 - a determination of the level of need for child abuse prevention services
 - determining the resources necessary to reach the projected number of families (costs of staffing, operating and support services)
 - how much would be needed per year to eventually reach the projected number of families over five and ten year periods.*STATUS: Complete (June, 2005)*

- Present plan to Oklahoma State Department of Health (OSDH) Chief of the Division of Family Health Services and program directors of the Office of Child Abuse Prevention and Children First.
STATUS: Complete (June, 2005)

- Negotiate plan objectives and time frames with OSDH Family Health Services Division.
STATUS: Complete (June, 2005)

- Present revised plan to Oklahoma State Department of Health Deputy Commissioner for Family Health Services with program directors of the Office of Child Abuse Prevention and Children First. Secure support from the Deputy Commissioner for Family Health Services.
STATUS: Complete (June, 2005)

- Present agreed upon plan to Commissioner of Health, with the Deputy Commissioner for Family Health Services, and program directors of the Office of Child Abuse Prevention and Children First. Secure support from the Commissioner of Health.
STATUS: Complete (July, 2005)

Priority 1: Prevention of child abuse and neglect—key strategies (2005-06), continued:

- Present recommendations to the Tulsa area members of the State Board of Health. Request that they advocate for implementing the plan with other members of the State Board of Health (BOH) individually and at the State Board of Health Retreat.
STATUS: Complete (August, 2005)
- Present plan at the State Board of Health Retreat and secure support from the Board of Health.
STATUS: Complete (August, 2005)
OUTCOME: Oklahoma State Board of Health included the positions presented by the Tulsa Health Department in their priority list for 2006.
- Monitor OSDH internal priority setting by OSDH management and contact OSDH Board of Health members prior to Board meeting when 2006 appropriations priorities are recommended, and attend BOH meeting where priorities are set.
STATUS: Complete (August-September, 2005)
OUTCOME: Family Support and Prevention was included in the OSDH Budget request to the Governor at a # 5 priority level (CAPF #11 in 2005 and not submitted to the legislature). A total of \$2,543,000 was requested (\$1.343 m CAPF; \$1.2 m C1) and a total of 1,258 families (CAPF 638 and C1 620).
- Present plan to Governor's Office/Office of State Finance and secure support from the for the OSDH request for child abuse prevention funding.
- *Who's involved:* Children's Consortium's Legislative Liaison; local contractor for the CAPF; representative from Oklahoma City local contractor for the CAPF; Tulsa Health Department; MHSC staff.
STATUS: Complete (September 2005)
OUTCOME: February 2006 - Family Support and Prevention was included in the Governor's Executive Budget for a total of \$1,500,000, including 10 C1 nurses and 1,000 CAPF families.
- Present plan to legislative leaders in the House and Senate to secure support for the Governor's Executive Budget recommendation at minimum, and for the OSDH request.

Priority 1: Preventing child abuse and neglect, key strategies (2005-06), continued:

- Contact House and Senate members on the Appropriations & Budget Sub-Committees for Health & Social Services to further support in the appropriations request.
- Provide support information to selected legislators every three to four weeks during the legislative session on the benefits of CAPF and Children First.
- Engage local community leaders to meet with legislative leaders to assure approval of funding request.
 - Who's involved:* Oklahoma Institute for Child Advocacy; Children's Consortium's Legislative Liaison; Tulsa Health Department Legislative Liaison; local contractors for the CAPF programs; urban and rural and community leaders associated with these programs; MHSC members; MHSC staff.
- Present plan to Governor's Office/Office of State Finance and secure support from them for the OSDH request for child abuse prevention funding.
- *Who's involved:* Children's Consortium's Legislative Liaison; local contractor for the CAPF; representative from Oklahoma City local contractor for the CAPF; Tulsa Health Department; MHSC staff
 - STATUS: Complete (September 2005)*
 - OUTCOME:** February 2006 - Family Support and Prevention was included in the Governor's Executive Budget for a total of \$1,500,000, including 10 C1 nurses and 1,000 CAPF families.
- Present plan to legislative leaders in the House and Senate to secure support for the Governor's Executive Budget recommendation at minimum, and for the OSDH request.
- Contact House and Senate members on the Appropriations & Budget Sub-Committees for Health & Social Services to further support in the appropriations request.
- Provide support information to selected legislators every three to four weeks during the legislative session on the benefits of CAPF and Children First.

Priority 1: Preventing child abuse and neglect, key strategies (2005-06), continued:

- Engage local community leaders to meet with legislative leaders to assure approval of funding request.
Who's involved: Oklahoma Institute for Child Advocacy; Children's Consortium's Legislative Liaison; Tulsa Health Department Legislative Liaison; local contractors for the CAPF programs; urban and rural and community leaders associated with these programs; MHSC members; MHSC staff
- Monitor appropriations process and make necessary contact as appropriate using community leaders.
- If there is agreement of appropriations by the House and Senate, monitor and act accordingly to assure final passage and the signature of the Governor on the appropriations.

Priority 2: Promotion of child well-being through adoption—permanent placement of children

Key strategies:

Work with the Department of Human Services, service providers, and the community to determine necessary steps and actions.

MHSC recommendation: OKDHS has requested additional Child Welfare workers (a total of 112 for FY 2007). MHSC should support this request. These workers will be used for both investigations and developing permanent placements for children in OKDHS custody.

Priority 3: Early childhood education and development

Focus would be on children under age 3 years and quality early learning, and on early screening and intervention related to identifying and addressing disabilities. Note: Attention can still be given to 3-5 year olds, but emphasis would be on concerns related to young children.

Key strategies (2006):

- Continue to provide technical assistance to Oklahoma State Partnership for School Readiness to advance a statewide research and action agenda focused on addressing the early development needs of children ages 0-2.

Priority 3: Early childhood education and development—key strategies, continued:

- Coordinate with, and support, the Tulsa County Partnership for Early Childhood Success in implementing its priorities for children ages 0-2.
- Provide research and data to help advance the work of Tulsa's local partnership on an ongoing basis.

Priority 4: Development of community schools

Initial focus on TPS and Union with additional school districts added as appropriate.

Key strategies (2006):

- Develop marketing/communication tools for initiative.
- Meet with key stakeholders to obtain support and develop membership for community steering group (e.g., State Departments of Education, Health, Human Services, Commerce, Career Tech; key partner agency boards; MHSC member boards; local funders roundtable; INCOG and City of Tulsa officials related to new comprehensive plan; Chamber Education Committee; others)
- Provide technical assistance for completion of implementation plans for at least three Union and eight TPS elementary school sites, and develop funding and other commitment for successful initiation in fall 2006.
- Become informed about funding and policy needs and options for all community school components and develop action plan to address these needs.
- Organize work groups for each of major community school components (early childhood, after-school, neighborhood development, health, behavioral health and health promotion, family/parent support) to support local school implementation.
- Take community school local "Tulsa team" to national community schools conference in June.
- MHSC become a "local partner" with national Community Schools Coalition.
- Organize community leadership steering committee to guide initiative.

Priority 5: Promote the purpose and role of quality government impact

Initial focus should be on educating the public on the purpose and role of education, health, mental health, personal and family development, and human services as critical community capital essential to our quality of life, and on the role of all sectors in providing support (see attachment 1 on “Views On Government Role In the Country’s Problems”).

- Government provides for the “common good” for the benefit of all, regardless of their status, abilities, and resources.
- Government has the capacity to affect community wide problems that cross-cut societal and geographic territory, in cooperation with the private sector.
- Services delivered through government can
 - Provide savings and reduce losses
 - Be effective in improving the infra-structure of the community
 - Provide an efficiency that no other organizations can accomplish

Key strategies (2006):

- Publish set of 3-4 MHSC “white papers” that describe critical role of public sector to success on selected MHSC key concern or priority, e.g., keeping children safe. The specific concerns would be determined by MHSC members and the main messages and backup data would be provided by the appropriate MHSC member(s).
- Present findings of the reports to appropriate entities, and develop agreement with *Tulsa World* and other media outlets to communicate desired messages.
- Conduct 1-2 public meetings addressing the quality impact of government in specific area or priority. This may be implemented in the context of reviewing the effects of federal funding reductions.

Priority 6: Ongoing state/local decision making to enhance local funding base to address MHSC and other critical community priorities

Key strategies:

- The primary strategy has been to examine allocation of existing state resources to the Tulsa area for services provided either by or through state agencies. The funding and/ or services delivered have then been compared to Oklahoma and Tulsa Counties' shares of the issue or problem being addressed by the state program.
- Services of the Oklahoma Department of Human Services have been examined in this manner and in several areas of service significant discrepancies have been identified.
- An examination of funding and services delivered through the Oklahoma State Department of Health was started, but delayed until a study requested by the legislature was completed.

STATUS: OU Health Sciences Center has completed a draft the study for the Interim Legislative Study Committee that examined Oklahoma's high ranking on expenditures for public health and low ranking for health out comes, as rated by the UnitedHealth Foundation. The findings contained in the draft have been reviewed with the Oklahoma State Department of Health. No official response has been issued The MHSC needs to determine, after reviewing the Interim Study findings, what the next steps should be for the MHSC. The final report findings are scheduled to be available by mid-May, 2006.

Staff comment: *These strategies are still being updated from the last planning session.*

Once we finalize all the other strategies we will probably add to this priority as additional state funding.