Community Service Block Grant
2018-2020 Community Action Plan
Summary

Eligible entities, who receive Community Services Block Grant (CSBG) funds, are statutorily required to submit a Community Action Plan (CAP) every three years. From January through June of 2017, Douglas County staff worked with low-income members of the community and key stakeholders to develop a Community Needs Assessment (CNA). The needs Identified in the CNA have been entered in the 2018-2020 CSBG Community Action Plan ROMA Logic Model attached. Outcomes associated with each of the needs has been assigned to the services of one of three programs; Douglas County Cares, Community of Care Network or Community Data Project. Projected outcome indicators have been set for the three year time frame of the CAP.

This document provides an overview of each of the three programs identified in the CNA logic model. Detailed outcomes, outcome indicators and services are outlined in the logic model.

Douglas County Cares
Douglas County Cares is a thirteen agency collaborative that provides opportunities for low-income residents of Douglas County to achieve self-sufficiency. Primary outcomes will be tracked utilizing the local Self-Sufficiency Matrix and data gathered by program partners. Outcomes identified in the CAP include the following:

- achievement of self-sufficiency
- increased employment
- access to child care
- maintaining housing
- improvement of cognitive capacity
- access to health care providers

Services provided to achieve these outcomes will include:

- case management
- financial management programs
- benefit coordination
- referrals
- transportation services
- child care payments
- rent payment
- utility payments
- transitional housing placements
- permanent housing placements
- temporary shelter placement
- hotel voucher

- executive function skill development
- life skill coaching
- screening
- assessment

Community of Care Network
The Community of Care Network is an ad hoc collaborative of over 50 agencies that serve low-income residents in Douglas County. The primary function of this network is to provide linkages and coordination of services between agencies that serve a similar population, or that work to achieve community level outcomes. The Winter Weather Care and hotel voucher system is coordinated through this network. Outcomes identified in the CAP focus on the needs of residents experiencing homelessness. Outcome indicators include the maintenance of shelter beds, the creation of new shelter beds and a centralized day center provided through the Winter Shelter Network. This project is a community level initiative and will be tracked using the Community Initiative Status Form.

Community Data Project
The Community Data Project began in the fall of 2016 and is an agency initiative that coordinates services between multiple agencies that leverage resources to serve vulnerable populations. Since the initial utilization of the data system during the 2017 Data Pilot Project, the agency is seeking to include additional projects and community based agencies. This project will be considered a community infrastructure project which seeks to expand the ability of community based agencies to provide integrated services through the utilization of the data systems. Outcomes will include the increased numbers of agencies utilizing the system and increased coordination of County transportation and adult programs. The progress of the Community Data Project will be tracked using the Community Initiative Status Form.

Attachments:
2018-2020 COMMUNITY ACTION PLAN ROMA LOGIC MODEL – Douglas County

Program: Douglas County
Program Manager: Rand Clark
Program Year : 2018-2020

Mission: Providing opportunities for low-income residents of Douglas County to obtain and maintain self-sufficiency.

Need	Service	Outcome	Outcome Indicator (2018-2020)	NPI	Measurement Tool	Data Source & Collection	Frequency & Reporting
Low - Income resident needs additional, affordable housing choices while working to achieve self-sufficiency.	Douglas County Cares Project	Low-Income residents obtain and maintain housing they can afford.	75% of resident households served obtain or maintain safe and affordable housing for 90 days	Module 4, Section A: Housing #3	Lease Income records	DATA SOURCE EmpowOR client data system Paper case records as needed County accounting records	Daily On instance Quarterly
Low-income residents need affordable child care options in order to obtain, increase or maintain employment.	Douglas County Cares Project	Low-income residents receive child care they can afford.	80% of resident households who recieve child care obtain, increase or maintain employment for 90 days.	Module 4, Section A: Employment #6	Child Care bills or statements Employment records or paystubs	DATA COLLECTION Program Coordinator Agency Staff Resident Submission	On instance On instance On instance
Low-income residents need access to doctors and providers who will accept Medicaid and Medicare.	Douglas County Cares Project	Low-Income residents who receive Medicaid or Medicare access needed care from a doctor or provider who will accept their insurance.	90% of resident households served have identified doctor or care provider who accepts their insurance. (December 2019)	Module 4, Section A: Other: The number of households that have a doctor or care provider who accepts their insurance.	Self-reported by customer		
The community needs additional supportive housing for those experiencing homelessness.	Douglas County Cares Project	Community has increased the number of available supportive housing units.	Community increased the number of supportive housing units by 2 by December 2020	Module 3, Section B: Housing Rates Other "Number of available supportive housing units"	Supportive housing service r		
The community needs a centrally located shelter to meet the needs for those experiencing homelessness.	Community of Care Network Project	Community has shelter options for those experiencing homelessness	Community has increased the number of shelter beds available by 50% by December of 2020	Module 3, Section B: Housing Rates #5	Shelter capacity records Funding for available hotel vouchers		
The community needs transportation options which connect various regions in the county to each other and the metro areas to the north and south.	Community Data Project	The community has access to available transportation resources.	100% of available transportation resources accessible to residents through coordinated intake and data system. (July 2018)	Module 3, Section B: Infrastructure Change Count #2.d	MOU Data system contract		
Agencies need to increase their ability to provide integrated services though strong partnerships, improved collaboration tools and collaborative service provision.	Community of Care Network Project Program Strategic Plan	Agencies provide integrated services through new strategic partnerships.	The number of partnerships the agency has entered into is demonstrated through signature of MOU increases by 10 agencies.	Module 2, Section B: Part E. 1-12	Data system MOU		
	Community Data Project	Agencies provide improved integration of services through a shared community database.	Access to data system is provided by at least 30 agencies to coordinate services for vulnerable residents.	Module 3, Section B: Other: "Community-wide Data Collection System Development"	MOU Data System Contract		
Agencies need to create a hub which communicates available resources and services to vulnerable residents.	Community of Care Network Project Program Strategic Plan	Agencies provide an online hub to communicate available resources and services.	Online hub is available to residents by July 2018	Module 2, Section A: #8 Linkages	Open data resource sheet		

Program: Douglas County Cares
Program Manager: Rand Clark
Program Year : 2018

Need	Service	Outcome	Outcome Indicator (2018)	NPI	Measurement Tool	Data Source & Collection	Frequency & Reporting
Low-income households need to obtain self-sufficiency.	Case management	Low-income households obtain self-sufficiency		Module 4, Section A; Multiple Domains #1 & #2 "The number of households that obtain self-sufficiency."	Self-Sufficiency Assessment	DATA SOURCE	
	Financial management programs	80% or higher	30 out of 50 (60%)		Self-Sufficiency Matrix	EmpowOR client data system	Daily
	Benefit coordination	no change	8 out of 50 (16%)			Paper case records as needed	On instance
	Referrals	leave county	8 out of 50 (16%)				
	Transportation services (taxi vouchers, minor vehicle repair, vehicle registration, drivers license, bus pass, light rail pass)	drop out or removed	4 out of 50 (8%)		Family Narrative		
		Facilitators complete Family Narrative	50 out of 50 (100%)				
	Child Care payments	Households complete Family Action Plan	50 out of 50 (100%)		Family Action Plan		
		Low-income households obtain or maintain employment needed to reach self-sufficiency.		Module 4, Section A: Employment #2, 3, 5 & 6	Paystubs	DATA COLLECTION	
		Increased employment	40 out of 50 (80%)		Employment verification form	Program Coordinator	On instance
		unemployed and obtain employment	10 out of 15 (66%)			Agency Staff	On instance
		employed and obtained additional employment	10 out of 15 (66%)				
		maintained employment for 90 days	40 out 50 (80%)				
		wage up to living wage (150% FPL)	45 out of 50 (90%)			Resident Submission	On instance
		wage at or above living wage (150% FPL)	5 out 50 (10%)				
		Increased income from employment	40 out of 50 (90%)	Module 4, Section A: Income #8			
		Increased income form other sources	20 out to 50 (40%)				
		Access child care needed for employment	10 out of 15 (66%)	Module 4, Section A: Other Multiple Domains, "The number of households who access child care."	Child Care bills and payments		
Low-income households need to obtain or maintain housing they can afford while working to achieve self-sufficiency.	Rent payments	Low-income households obtain or maintain safe housing they can afford (less than 50% of gross income).		Module 4, Section A; Housing #2 & #3	Lease or rental agreement		
	Utility Payments				Welcome letter		
	Transitional housing placement	30 days	40 out of 50 (80%)		Housing verification form		
	Permanent housing placement	90 days	35 out of 50 (70%)				
Households experiencing homelessness need access to shelter or hotel vouchers to achieve safety.	Temporary shelter placement	Households experiencing homelessness receive safe temporary shelter or a hotel voucher.		Module 4, Section A; Housing, #1	Hotel folio / receipt		
	Hotel voucher				Shelter log		
		10 days or less	10 out of 10 (100%)				
		10 days or more	6 out of 10 (60%)				
Some low-income residents need to improve their cognitive capacity to achieve self-sufficiency.	Executive function skill development	Residents demonstrate improvement in their cognitive capacity through an increase in their Executive Function score.	18 out of 30 (60%)	Module 4, Section A, Social/ Behavioral, #3	Executive Function assessment tool		
	Mentoring						
	Mental health counseling						
	Life skills coaching						
Low-income residents need access to doctors and providers who will accept Medicaid and Medicare.	Screening	Low-Income residents who receive Medicaid or Medicare access needed care from a doctor or provider who will accept their insurance.	37 out of 50 (75%)	Module 4, Section A: Other Health #10 "The number of households that access care providers who accept their insurance."	Self-Sufficiency Assessment		
	Referrals						
	Utilization assessment						
Agency needs to increase capacity to serve additional customers	Linkages						
		Agency increases number of partners	5 new partners	Module 2, Section A: Linkages	MOU		
		Agency increases number of trained facilitators	10 trained facilitators		Training sign in sheets		
		Agency provides data system to integrate and bundle services	EmpowOR data system		System contract		

Program: Community of Care Network
Program Manager: Rand Clark
Program Year : 2018

Need	Service	Outcome	Outcome Indicator (2018)	NPI	Measurement Tool	Data Source & Collection	Frequency & Reporting
Community needs a centrally located shelter to meet the needs of those experiencing homelessness. (Community Level Initiative)	Faith-based emergency shelter system	Community has shelter to meet the needs of those experiencing homelessness				DATA SOURCE	
		Shelter bed created	0 out of 50	Module 3, Section B: Housing Count #3	Shelter log	EmpowOR client data system	Daily
	Winter Weather Care	Shelter beds maintained	25 out of 25	Module 3, Section B: Housing Count #4		Paper case records as needed	On instance
	Winter Shelter Network	Central day center created	1 out of 1	Module 3, Section B; Other Housing, "Central day center created"	MOU	MOU	On instance
						DATA COLLECTION	
						Program Coordinator	On instance
						Agency Staff	On instance
Community needs to increase ability to provide integrated services through strong partnerships	Linkages	Partnerships are increased among community partners that serve low-income residents		Module 2, Section B: E, 1-12	Attendance Logs		
					MOUs		
		Increased agency attendance	15% increase				
		Increased number of MOU partners	25% increase				
		Trainings hours for partners and staff	120 hours	Module 2, Section B: B, 2	Attendance logs		
Community needs to create a hub which communicates available resources and services to vulnerable residents.	Linkages	Community has hub which communicates available resources and services to vulnerable residents.	1 out of 1	Module 2, Section A: Data Management	URL		
					Partner list		
		Number of partner agencies listed	45 out of 50 (90%)	Module 2, Section B: E, 1-12			

Program: Community Data Project
Program Manager: Rand Clark
Program Year : 2018

Need	Service	Outcome	Outcome Indicator (2018)	NPI	Measurement Tool	Data Source & Collection	Frequency & Reporting
The community needs to increase its ability to provide integrated services through strong partnerships, improved collaboration tools and collaborative service provision. (Community Level Initiative)	Linkages Community wide data system Community wide assessment Service coordination and support Training and Technical Assistance	The community has expanded its ability to provide integrated services through collaborative data systems Additional agencies utilizing system Transportation services are coordinated through the utilization of community data system. Adult service are coordinated through the utilization of the community data system.	 20 agencies 100% of County transit services 100% of County adult services	Module 3, Section B: Other Infrastructure "The community has a data system."	Data system users Data system records	DATA SOURCE EmpowOR data system MOU DATA COLLECTION Program Coordinator Agency Staff	 Daily On instance On instance On instance

PROGRAM ESTIMATES 2018						AMOUNT	
By Project							
A.	**Resources contributed by your organization**						
	Douglas County Cares						
		Direct program support:					
			Staff support provided				
				Community of Care Navigator		$	81,000.00
		Operating costs (i.e. rent, utilities, insurance, equipment, supplies)					
		Volunteer hours (1 volunteers x 36 hours x $20/hour)					
		Other : General Fund Assistance				$	25,000.00
	Data System Project						
		County General Funds				$	6,000.00
		Transportation - Cash Match				$	50,000.00
		Adult Services - Cash Match				$	53,827.00
		Adult Services - Staff Support					
			Adult Services Manager			$	46,600.00
				Organizational Contribution		**$**	**262,427.00**
B.	**Resources contributed by partner organizations**						
	Douglas County Cares						
		Project support:					
			Family Facilitators	50	each family	$ 4,000.00	$	200,000.00
			Leadership	15 staff	36 hours	$ 40.00	$	21,600.00
			Other earmarked services	4 housing units	12 month	$ 1,107.50	$	53,160.00
			Housing Unit Acquisition	4 housing units			$	780,000.00
		Other: Basic Needs Services (food bank, utility assitance, clothing, etc.)				$	270,000.00
		Other: Domestic Violence Services				$	45,000.00
	Community of Care Network - Winter Weather Care						
		Project support:					
			Operating costs (i.e. vouchers, shelter operations, staff)				$	56,405.00
			In-kind value (volunteers, meals, etc.)				$	444,884.00
	Community Data Project						
		Operating Costs - Agency contribution				$	8,000.00
		Local In-Kind Match - Transportation				$	54,834.00
		Additional Partner Contributions				$	5,000.00
				Partner Contribution		**$ 1,938,883.00**	
C.	**Additional income allocated or anticipated for the project:**						
	Douglas County Cares						
		Faith Based Funds				$	15,000.00
		Grants					
			Community Services Block Grant			**$**	**78,742.00**
	Data System Project						
		Community Fund - Transportation				$	50,000.00
		Grants					
			5310 Contracted Funds - Transportation			$	419,334.00
			DRCOG Contracted Funds - Adult Services			$	379,901.00
				Additional Contribution		**$**	**942,977.00**

D.	**TOTAL PROJECT ESTIMATE**	**$ 3,144,287.00**

Program: Community of Care Network
Program Manager: Rand Clark
Program Year : 2018
Vision: Low-income residents are able to become more self-sufficient through efficient, effective and integrated care, delivered through strong partnerships.

Need	Service	Outcome	Outcome Indicator (2018)	NPI	Measurement Tool	Data Source & Collection	Frequency & Reporting
Douglas County (DC) CSBG needs to increase ability to provide integrated services through strong partnerships	Linkages	DC CSBG has increased the number of partnerships				DATA SOURCE	
		Increased participation in Network meetings	10% increase	Module 2, Section B: E, 1-12	Attendance roll	EmpowOR client data system	Daily
		Additional strategic partners	15% increase	Module 2, Section B: E, 1-12	MOUs	Paper case records as needed	On instance
						MOU	On instance
DC CSBG needs to increase its ability to provide integrated services through improved collaboration tools	Linkages	DC CSBG has expanded its ability to provide integrated services through collaborative data systems		Module 2, Section A: Linkages: Data Management & Reporting	MOU	DATA COLLECTION	
	Community wide data system					Program Coordinator	On instance
	Community wide assessment	Additional agencies utilizing system	20 agencies		System contract	Agency Staff	On instance
	Service coordination and support	Transportation services are coordinated through the utilization of community data system.	100% of County transit services		Data system users		
	Training and Technical Assistance	Senior services are coordinated through the utilization of the community data system.	100% of County senior services		Data system records		
DC CSBG needs to increase leveraged funds	Linkages	DC CSBG increases leveraged funding		Module 2, Section C: F,2			
		Leveraged fund ratio	Increase by 15%				
DC CSBG needs to provide high quality of service to residents	Agency capacity building	DC CSBG delivers quality services to residents		Module 2, Section A: C			
		Outcome achievement	80%-120% of target				
		Training opportunities provided	10 training opportunities provided		Training sign in sheets		
		Training opportunities attended	6 training opportunities attended				
DC CSBG needs to create a hub which communicates available resources and services to vulnerable	Linkages	DC CSBG has online community information hub	1 unit provided (100%)		URL		