

**Southeastern Connecticut  
Regional Human Services Coordinating Council**  
*A steering committee  
of the Southeastern Connecticut Council of Governments*

Southeastern Connecticut Council of Governments  
5 Connecticut Avenue, Norwich, CT

**Friday, February 15, 2019 8:30 AM**

**Meeting Summary**

Attendees: Deborah Monahan, Dina Sears-Graves, Joan Wessell, Nancy Gentes, Lee-Ann Gomes, Anne Stockton, Cathy Zall, Leanne Theodore, Sue Murphy, Catharine Otto, Connie Hilbert, Lee-Ann Gomes, Nancy Bulkeley, Andrea Kaiser, Mary DeMarco, Nancy Gentes, Stephenie Guess, Jennifer O'Brien, Anne Stockton, Trisha Shah, Wendy Bury, Allon Kalisher, Paula Oberg, Emily Boushee, Jill Corbin, Cara Westcott, Sue Radway, Mayor Ron McDaniel, Jim Butler, Amanda Kennedy

1. Call to Order – *Deb Monahan*
2. Welcome and Introductions – *Deb Monahan*
3. Update on Human Services Shared Services Study – *Jim Butler/Amanda Kennedy*

Mr. Butler and Ms. Kennedy provided a summary of the findings and recommendations of the Shared Services Study completed by consultants in late 2018 (included below). The report has been posted to the SCCOG website and provided to RHSCC attendees via weblink. Mr. Butler and Ms. Kennedy stated that the quality of the consultant's work was not as expected. Meeting attendees offered several thoughts on errors in the study's findings and in the consultants' methodology including:

- Documentation of existing collaboration was not comprehensive (things missed).
- Communication from consultants was phone calls, not meetings, and little opportunity for later feedback.
- Information on agencies willing to sub-contract services was inaccurate.
- Information on United Way 211 was inaccurate.

Mr. Butler and Ms. Kennedy offered to re-open the report for comment and revision. Ms. Kennedy is to send email out to participants requesting corrections prior to finalizing a corrected report.

Attendees noted several useful findings, including an emphasis on outcomes-based programming and specific suggestions on how agencies can work together or contract for savings. The suggestion was made and agreed with to invite The Alliance to present to the RHSCC about the benefits of membership. There was also discussion of focusing on the recommended trainings, improving the use of United Way 211, and convening the municipal representatives for a discussion of collaboration by that group of providers.

Mr. Butler proposed that a small subgroup of RHSCC members convene to review the report's recommendations and prioritize next steps.

#### 4. New Business

Ms. Zall will be briefing SCCOG at its next regular meeting on issues related to funding and taxation.

#### 5. Adjournment

The meeting adjourned at 9:45 am.

# SCCOG Human Services Providers Shared Services Study

## December 2018

### Summary of Findings and Recommendations

#### Findings:

- 1) Rising Costs
- 2) Dependence on declining sources of funding
- 3) Lack of strategic and transition planning
- 4) Lack of service coordination across the region

Costs associated with labor (staffing & benefits) are of most concern. Responses to increased operating costs (cutting full-time staff, benefits, professional development) undermine sector's health.

Over half of surveyed organizations were dependent on one source for more than 1/3 or annual revenue. Nonprofits see municipalities more as competition for funds than as source for funds.

Fewer than half of organizations have current strategic plans or leadership transition plans.

Several municipalities coordinate their local human services network: New London, Norwich, Stonington. Lack of local knowledge of what services are available from others encourages duplication. Information about increases or decreases in funding would also help local coordination.

Organizations suggested several possible local or thematic convener organizations, but three have potential to bring together a wide array of organizations: The United Way of Southeastern CT, TVCCA, and The Arc New London County.

#### Recommendations:

- 1) Pursue cost savings
- 2) Diversify revenue
- 3) Increase knowledge of available provider network
- 4) Develop pay-for-success programs

#### *1. Cost savings*

Ranked organization interest in sharing services by function

Tech support 74%

Landscaping 69%

Housekeeping 65%

Data analysis 63%

Fleet management 62%

Marketing 58%  
Talent recruitment56%  
Property management54%  
Development50%  
Business or strategic plan writing45%  
Bookkeeping and finance35%

Recommends **joint purchasing** for third party provision for many of the above services, but more info would be needed to say which ones ideal for third-party joint purchasing.

**Staff and Labor:** To assist very small organizations, recommends an **umbrella organization to manage training and/or insurance** or a non-profit to hire and service employees who work for other very small organizations.

**Facilities:** recommends work group to develop specific solutions that could include sharing staff (i.e. agencies paying for another's staff person to provide services), contract bundling, and/or nonprofits/municipalities providing services to others. Municipalities could also **offer space to nonprofits**. Groton would like to. Five agencies have expressed interest in providing housekeeping, landscaping, fleet management, and/or property management services to other organizations.

**Technology:** Recommends **collective procurement of technology** and information about discounts available to non-profits. Includes info on many of the discount programs available.

**Collaborations/Mergers:** Collaborations range from joint programming/fiscal sponsorship/mergers. Includes tool to assess initial merger prospects.

**Membership in The Alliance** provides access to some joint purchasing benefits including HR benefits, accounting, and technology.

## *2. Revenue Diversification*

Pursue mission-aligned **revenue source diversification**.

**Increase advocacy** if dependent on government funds. **Develop focused advocacy** mission that measures impact and awareness of organization's expertise.

Manage **long-term fundraising** strategy.

Improve **financial oversight**. Best practice- finance committees review 990s each year for 3 years and identify shifts in funding.

**Develop a collective impact model for social impact bonds/pay-for-success model.** CT DCF already runs a family stability pay-for-success program and is considering one for children on welfare influenced by substance abuse. Region can get ahead of these trends and establish priorities that influence how these new funding structures are set up.

**Develop a centralized third-party billing system** to simplify access to this revenue for small providers.

### *3. Business Strategy & Transition Planning*

All organizations should have a **strategic business plan**. Start with a self-assessment. Points to a number of self-assessment tools. Business plan should consider potential for partnerships or mergers.

All organizations should have a **Leadership Transition Plan**.

### *4. System Alignment*

Develop effective continuum of care through **intentional coordination/collaboration** between providers, municipalities, and for-profit businesses to better align services with needs. Coordination outcome is a continuum of care linking clients with all the various help they need.

Recommends **municipal human services strategic planning** to map available services and identify gaps. Every municipality receives Youth & Family Services funding from the CT DOE—some of this funding could be used for strategic planning for youth development. Recommend similar planning for seniors and adults-without-children.

Develop **referral network system** for municipalities and organizations. TVCCA maintains partnership agreements with 100 other organizations. Create a database of referral agencies and template payment arrangements and partnership agreements.

**Notify municipalities** when grants are made to other organizations to provide services in that municipality, so that municipal and other staff can refer those in need to the available services.

**Map continuum of care** within each thematic area of need, e.g. mental health. Identify the role of different organizations within continuum and recruit providers to fill gaps

**Improve communication** from funders to organizations, and from municipalities about services/events available locally.

Recommends municipalities use existing senior services programs/facilities to bring in services by other agencies and expand access to types of service provided. **Bringing agencies to community facilities** can reduce transportation barriers for clients.

### *Ways SCCOG and Other Regional Conveners Can Support Human Services Sector:*

#### **Convene forums for agencies to learn about each other**

In lieu of SCCOG being convener, **SCCOG could identify a “neutral” leader**- potentially United Way, Arc, or TVCCA. Or Chamber of Commerce. Task a subcommittee of the RHSCC to develop this further.

#### **Offer training on**

- Strategic planning
- Partnership/referral agreements
- Revenue generation
- Workforce development

#### **Map continuum of care provider networks.**

Work with United Way to **develop 211CT reporting system multi-year trend analysis** of service provision and benchmarking of nonprofits.

**Develop regional database** of available services, services provided, model partnership agreements.

**Develop communication system** for coordinated calendar of events and news on State and other funding.

**Assist providers with advocacy**- connect them to legislators. Develop survey to map agency relationships to elected officials.

Advocate for funding opportunities that promote collaborative programming. **Suggest new funding and performance guidelines for funders** (foundations, municipalities, State).

**Develop performance guidelines** to promote best practices by providers in region. E.g. guidelines for revenue diversification, data reporting, training.