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CLICK HERE FOR THE CEO's REPORT DATED JUNE 10, 2008

County of Los Angeles
CHIEF EXECUTIVE OFFICE
713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
http://ceo.lacounty.gov

DAVID E. JANSSEN
Chief Executive Officer

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July 16, 2007

To: Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: David E. Janssen
Chief Executive Officer

BOARD MOTION TO DEVELOP AN EFFECTIVE HEALTH AND HUMAN SERVICES MODEL FOR LOS ANGELES COUNTY TO BETTER INTEGRATE MULTIPLE-AGENCY PLANNING AND IMPLEMENTATION EFFORTS – STATUS REPORT

This is to provide your Board with a status report, and request a 45-day extension for our response to an April 17, 2007 motion by Supervisor Antonovich. The motion instructed the Chief Administrative Office to collaborate with Dr. David Sanders and Casey Family Programs, and report back to your Board within 90 days with recommendations for developing an effective Health and Human Services model for Los Angeles County, to better integrate its multiple-agency planning and implementation efforts toward improving the lives of Los Angeles County's children and families.

Members of my office, including Deputy Chief Executive Officers (CEO's), and senior staff from the Department of Children and Family Services (DCFS) have been in discussions with Dr. Sanders and senior members of his staff. Dr. Sanders has agreed, given his intimate knowledge of our County and best practices from around the country, that he will provide my office with his written assessment, which will help develop our response to your Board. His input will touch upon such topics as the County's CEO Administrative Reorganization, the roles of the New Directions Task Force, the Interagency Operations Group, the CEO's Service Integration Branch, and the Children's Planning Council. He also stated that his comments will refer to the County's integrated prevention model, known as *Healthier Communities, Stronger Families, and Thriving Children*, which includes DCFS' *Prevention Initiative Demonstration Project*.

We anticipate receiving Dr. Sander's report within the next several weeks. We are therefore requesting a 45-day extension to allow time for my office to receive and analyze Dr. Sanders' input and incorporate it into our response to your Board.

If you have any questions or need additional information, please contact me or your staff may contact Bryce Yokomizo of my staff at (213) 974-4530, or byokomizo@ceo.lacounty.gov.

DEJ:BY
CP:hn

c: Executive Officer, Board of Supervisors
County Counsel
New Directions Task Force Members
Interagency Operations Group Members
Children's Planning Council
Director, Department of Children and Family Services

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CHIEF EXECUTIVE OFFICE
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WILLIAM T FUJIOKA
Chief Executive Officer

Board of Supervisors
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October 10, 2007

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

BOARD MOTION TO DEVELOP AN EFFECTIVE HEALTH AND HUMAN SERVICES MODEL FOR LOS ANGELES COUNTY TO BETTER INTEGRATE MULTIPLE-AGENCY PLANNING AND IMPLEMENTATION EFFORTS – STATUS REPORT

This is to provide your Board with a second status report in response to the April 17, 2007 motion by Supervisor Antonovich. The motion instructed the Chief Executive Office (CEO) to collaborate with Dr. David Sanders and Casey Family Programs and report back to your Board with recommendations for developing an effective Health and Human Services model for Los Angeles County, to better integrate its multiple-agency planning and implementation efforts to improve the lives of Los Angeles County's children and families.

As described in our July 16, 2007 status report, members of our office, and senior staff from the Department of Children and Family Services (DCFS), contacted Dr. Sanders to follow-up with your Board's instruction. Dr. Sanders indicated that he would provide us with his written input to help shape our response to your Board.

We have not yet received Dr. Sander's input, which was to touch on such topics as the County's CEO Administrative Reorganization, the roles of the New Directions Task Force (NDTF), the Interagency Operations Group (IOG), the CEO's Service Integration Branch (SIB), and the Children's Planning Council. Dr. Sanders' input would have also addressed the *Healthier Communities, Stronger Families, and Thriving Children (HST)* initiative. HST has been scheduled for your Board's consideration later this month.

The HST, which was developed by the County's IOG and staffed by the CEO-SIB, at the request of the NDTF is the culmination of a year-and-a-half long interdepartmental effort; shaped by input and support received from your Board's policy and field Deputies, First 5 LA, Casey Family Programs, representatives of Service Planning Area Councils, and most recently, representatives of the four recommended demonstration communities.

Our office believes that HST addresses the intent of your Board's motion, as it is a model for more effectively integrating multiple-agency planning and implementation efforts (such as DCFS' *Prevention Initiative Demonstration Project*) for improving the lives of Los Angeles County's children and families. We also believe, given Casey Family Program's ongoing involvement in the development and potential implementation of HST, that Dr. Sanders would agree that this integrated prevention-focused County effort aligns with the intent of your Board's motion.

Casey Family Programs assures us that Dr. Sanders' input is forthcoming and we will provide your Board with another update as soon as the recommendations are received.

If you have any questions or need additional information, please contact me, or your staff may contact Bryce Yokomizo at (213) 974-4530 or byokomizo@ceo.lacounty.gov.

WTF:SRH:BY
KH:CP:hn

c: Executive Officer, Board of Supervisors
County Counsel
New Directions Task Force Members
Interagency Operations Group Members
Children's Planning Council
Director of Children and Family Services

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June 10, 2008

To: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

BOARD MOTION TO DEVELOP AN EFFECTIVE HEALTH AND HUMAN SERVICES MODEL FOR LOS ANGELES COUNTY TO BETTER INTEGRATE MULTIPLE-AGENCY PLANNING AND IMPLEMENTATION EFFORTS – STATUS REPORT

This serves to provide your Board with a third status report in response to the April 17, 2007 motion by Supervisor Antonovich. The motion instructed the Chief Executive Office (CEO) to collaborate with Dr. David Sanders and Casey Family Programs and report back to your Board with recommendations for developing an effective health and human services model for Los Angeles County to better integrate its multiple-agency planning and implementation efforts to improve the lives of the County's children and families.

Attached is a letter from Dr. Sanders, dated December 19, 2007 (Attachment A), containing his response and recommendations to your Board's motion. Also attached is feedback solicited by the CEO from the Deputy Chief Executive Officers (DCEOs) and department heads that potentially could be affected by the recommendations made by Dr. Sanders (Attachment B).

Dr. Sanders' letter highlights several issues related to the County's organizational structure and calls for an integrated cross-departmental approach to funding and services to keep the County's children safe from abuse and neglect. Fortunately, much of what Dr. Sanders describes in his letter is well underway, and given the existing CEO administrative structure, stands a greater chance of being successfully implemented, and sustained.

The primary responsibility of the CEO under the existing structure is to ensure that services and resources are coordinated and integrated within and across clusters. As such, each cluster will develop a set of over-arching and interlocking objectives that will serve as that cluster's roadmap for several years to come. This roadmap will serve as a means to further define and achieve systemic change across all departments and clusters. For example, the focus of the Children and Families' Well-Being Cluster over the next few years will be to:

1. Determine the feasibility of developing a Centralized Case Management system to better serve health and human service clients;

2. Implement systemic improvements in the mental health service delivery system for children at-risk of entering and re-entering the child welfare or probation systems;

3. Utilize Title IV-E funds in the most effective manner to reduce the number of out-of-home placements for children/youth in child welfare; and

4. Enhance service coordination between child welfare and probation in order to promote greater safety and permanency, and reduce the escalation into adult corrections.

Additionally, there are a number of interdepartmental efforts underway that are either led or coordinated by the CEO that cut across multiple clusters, and represent concrete applications of integrated services, data, and funding that support the safety and well-being of the County's children and families. Examples of those efforts include: implementing Katie A. settlement recommendations; developing an integrated East San Fernando Valley Family Support Center; ensuring that service and data integration of co-located County departments at 8300 S. Vermont and at Magnolia Place (where service and data integration will not only include co-located County and community-based organizations, but a Network of local partners) begins this fall; aligning cross-departmental/cluster efforts with such Countywide efforts as the child welfare *Prevention Initiative Demonstration Project;* and the proposed community-based *Gang and Violence Reduction Initiative.*

Further, the CEO is coordinating interdepartmental and cross cluster efforts for maximizing services, supports, and improved outcomes for targeted populations, such as:

- Clients common to the Departments of Children and Family Services and Public Social Services through the Countywide expansion of *Linkages.* The *Linkages* program is an interdepartmental partnership that maximizes the services and benefits of common clients and addresses barriers that limit parents' ability to work and safely keep their children at home; and

- Transition Age Youth (TAY), which includes foster, Probation, Cal-LEARN/CalWORKs youth as well as other unaccompanied and at-risk youth. Efforts include producing a comprehensive inventory of housing and services available to TAY; exploring the magnitude of crossover youth (Dependency to Delinquency); strengthening the Youth Development Services Partnership; strengthening the Youth Jobs program; and employing an innovative pilot to improve educational outcomes for foster youth which incorporates electronic sharing of educational records and enhanced educational case planning.

Achieving an integrated health and human services system will require improved and sustained collaboration among the DCEOs and across their respective clusters. The CEO will continue to provide the leadership needed to ensure that future endeavors share responsibility for achieving improved outcomes for clients across clusters, build on lessons learned through the implementation of existing efforts, and are integrated into an effective health and human services system that promotes the safety and well-being of the County's children and families.

If you have any questions or need additional information, please contact me, or your staff may contact Miguel Santana at (213) 974-4530, or via e-mail at msantana@ceo.lacounty.gov.

WTF:MS
KH:CP:hn

Attachments (2)

c: Executive Officer, Board of Supervisors
County Counsel
New Directions Task Force
Interagency Operations Group
Children's Planning Council

December 19, 2007

Mr. William T. Fujioka
Kenneth Hahn Hall of Administration
Room 713
500 W. Temple Street
Los Angeles, CA 90012

Dear Mr. Fujioka:

Enclosed, please find my response to the April Board motion. The report is overdue, but hopefully will be of assistance. As you can see the focus is on organizational structure and the issue of child safety and my recommendations are based on my personal experience as a Department Director.

I am also copying Lari Sheehan on this as she has been my contact for this. I would like to thank her for the information she provided and the responsiveness to my questions. Please feel free to contact me at DSanders@casey.org or by phone at 206-282-7300 x14655.

Sincerely,

David Sanders, Ph.D
Executive Vice President
Systems Improvement
Casey Family Programs

cc Lari Sheehan

1300 Dexter Avenue North, Floor 3, Seattle, Washington 98109-3542
phone 206.282.7300 fax 206.282.3555 www.casey.org

casey family programs
fostering families. fostering change.

Thank you for the opportunity to comment on the CEO Administrative Reorganization and the roles of the New Directions Task Force; the Interagency Operations Group; the Service Integration Branch; the Children's Planning Council; and the County's Integrated Prevention Model. I will comment based on my experience as the former Director of the Department of Children and Family Services and the observations of Human Services systems nationally since becoming an Executive Vice President at Casey Family Programs.

L.A. Experience

It is clear that child safety and protection of children in dangerous family circumstances have been ongoing priorities for the Board of Supervisors. It is also equally clear that children are involved in all of the social and public safety problems that the County seeks to prevent and end, such as homelessness, gang violence and child abuse. However, the challenges to successfully addressing these social and public safety problems that have children at their forefront may lie in the fact that the responsibility for child safety rests primarily with DCFS while the authority over the County resources necessary to do so are highly independent.

The performance of the Department of Children and Family Services (DCFS) has fallen short of the Board's expectations for several years. DCFS has historically performed poorly in assuring safety for children in foster care; assuring timely permanency for youth in care; meeting the mental health needs of children; serving children in homeless families; and a variety of other areas. During the past five years, DCFS has demonstrated progress in many areas, including improved safety for children and significantly shorter times in out-of-home care. However, during my tenure as DCFS Director, it was my contention that the Department's progress would eventually slow or plateau due to fundamental structural issues in the County.

To execute its responsibility DCFS has authority over significant resources including Children's Social Workers, contracts for Foster and Group homes, Family Preservation Services, a limited number of Public Health Nurses and other supports. As a result, DCFS is able to exercise its responsibility through improved quality of safety and risk assessments by social workers, improved quality of interactions between social workers and families, timely permanency and improved decision-making regarding case opening, out-of-home placement and case closure. Furthermore, DCFS can improve child safety through improved selection and oversight of contracted agencies by inclusion of performance measures in contracts and by rewarding high-performing agencies and penalizing poor performers. Finally, DCFS can use Public Health Nurses or other resources to supplement the assessment of children and to improve the quality of decision-making or interaction with families. This is not intended to be

David Sanders
1300 Dexter Avenue, Seattle, WA 98109
phone 206-282-7300 www.casey.org

an exhaustive list, but rather a demonstration of examples in which the Dept. has the necessary authority to meet its responsibility for child safety.

However, ironically, the department that has the responsibility for child safety has limited or no ability to effect problems contributing to child endangerment because it has no authority over many of the other necessary resources, services or supports to fully meet this responsibility. Housing services for homeless families, mental health services for adults and children, substance abuse services for adults and youth, health services and employment services for adults, and income maintenance and child support are isolated under the authority of other departments. Although other county departments work closely with DCFS, none has the direct responsibility or authority for child safety, rather, their resources are aligned with their own respective and distinct primary missions.

A variety of high-profile occurrences in recent years evidence these authority and resource limitations and structural challenges. The Katie A. lawsuit was the result of an inability to adequately provide Mental Health Services to youth in foster care. MacLaren Children's Center had to be closed due to the inability to assure child safety by coordinating sufficient services from Mental Health, Probation and DCFS. Additionally, to address child safety, DCFS co-locates a number of Public Health Nurses, employed by the Department of Public Health, but funding limitations restrict these nurses from accompanying Child Protection workers on investigative visits. This limits the expertise necessary for DCFS to properly assess neglect or physical abuse of children. Finally, for the past two years, the County has experienced challenges in coordinating DCFS, Health, Mental Health and DPSS to assure child safety for children in homeless families.

The county has historically had several mechanisms in place to improve integration across departments. While none of these mechanisms had child safety as their sole mission, their issue-based integration efforts generally focused on cross-departmental facilitation only. The four mechanisms that address integration by bringing together department directors and senior managers and linking the County to the community include the New Directions Task Force (NDTF), the Interagency Operations Group (IOG), the Service Integration Branch (SIB) and the Children's Planning Council (CPC). However, none of these integration/facilitation mechanisms address the obstacles of necessary funding, service coordination and alignment of mission. Ultimately, they were unable to resolve the Katie A. lawsuit, child safety at MacLaren Children's Center or child safety within homeless families.

It is my contention, based on my history as DCFS Director, that the County structure, which charges DCFS with the responsibility for child safety but leaves the authority for

David Sanders
1300 Dexter Avenue, Seattle, WA 98109
phone 206-282-7300 www.casey.org

supportive spending, services and staffing resources with other departments, results in the County's limited ability to effectively manage its top priority of child safety, which is embedded within all countywide social and public safety problems. Prior to the change in County governance, the lack of alignment between child safety responsibility and authority over supportive resources could have been addressed by aligning control of supportive resources under the supervision of the DCFS Director, either permanently or under certain circumstances. As an example, following the initiation or settlement of the Katie A. Lawsuit, the County could have assigned Mental Health resources to DCFS, either permanently or temporarily, until the lawsuit was resolved and outcomes related to child safety were improved.

Organizational Structure

The Los Angeles County Administration Structure presented to the Board of Supervisors in May 2007 includes several changes that conceptually begin to address the issues identified above. The creation of clusters with a Deputy CEO position to oversee the cluster promises improved alignment of the countywide responsibility for child safety with the authority over services and supports that other departments oversee. For example, this is true of Income Maintenance and Child Support Services, which will enhance the ability to blend funding and better allocate resources to families that cross departmental lines, and which will be particularly helpful in providing service to homeless families. However, there are a number of remaining areas that are not fully addressed by the new structure. In its current configuration, the clusters will perpetuate and complicate the problem under the weight of heavier bureaucracy.

Within the Children and Families Well-Being cluster, the extent of the Deputy CEO's responsibility for child safety and authority over all resources within the cluster is unclear. The Administrative Structure Document defines the role of Department Heads as "Ensuring that the public is provided with effective and caring services". Furthermore, the Deputy CEO is assigned the responsibility of "facilitating integration" while department heads have "financial and operational management of [the] department." This seems to suggest that the DCFS Director continues with the responsibility for child safety, but that the authority for the necessary supportive services, even within the Children and Family Well-Being cluster, remains with the other Department Heads and not with the Deputy CEO. Therefore, in reality, an additional layer has been added within the cluster with limited ability to oversee the blending of funding and staff resources and with no actual accountability for child safety. Furthermore, the Deputy CEO seems to create an additional layer between the DCFS Director and the Board, which potentially makes Board oversight of child safety more complicated.

David Sanders
1300 Dexter Avenue, Seattle, WA 98109
phone 206-282-7300 www.casey.org

Outside of the Children and Families Well-being cluster, the primary challenge is that many of the services necessary to assure child safety are in other clusters. The above analysis of the challenges within the Children and Families Well-being cluster apply. The responsibility and authority of the Deputy CEO seems limited, but in the assurance of child safety, issues will now potentially need to go through an initial administrative layer in order to be resolved. In the past, issues were addressed Department Head to Department Head. With the new structure, it is possible that two and possibly three Deputy CEOs will now also need to be involved. As a result, the actual authority for services necessary to assure child safety is more diffuse; and the new structure will continue to require all of the previous service integration mechanisms, including NDTF, IOG, CPC and SIB, to assure service integration. Therefore, the authority for services and resources necessary to assure child safety is spread among more administrators and may make many of the historical challenges even more difficult to resolve.

DCFS and Probation share a major federal funding source in Title IV-E. Although Probation supervises both juvenile offenders and adult probationers, there is considerable overlap in the juvenile clients served across the two departments, for whom both departments require services under the authority of other departments primarily in the Health and Mental Health Services cluster. While it would be detrimental to separate the juvenile and adult functions because that would jeopardize Probation's need-driven rather than age-driven continuum of services, the separation of DCFS and Probation into separate clusters and the addition of two Deputy CEOs over each cluster may complicate the management of IV-E, especially now that the County has implemented the Waiver.

Summary and Recommendations

Assuming that child safety remains one of the Board of Supervisors' top priorities, the new CEO structure falls short in providing a foundation for improving child safety because it only partially addresses the alignment of responsibility for assuring child safety, which rests with DCFS, and the authority for services, staffing and fiscal resources necessary for child safety, which reside in other clusters. Furthermore, the separation of DCFS and Probation into separate clusters may present challenges in oversight over the Title IVE Waiver.

I would recommend that the County implement the following:

1) CREATE A HEALTH AND HUMAN SERVICES CLUSTER: To assure a continued improvement in child safety outcomes, align all staff and services necessary for child safety under one Health and Human Services cluster. This would result in the realignment of Child Protection, Mental Health, Public Social Services, Community and Senior Services and Public

David Sanders
1300 Dexter Avenue, Seattle, WA 98109
phone 206-282-7300 www.casey.org

Health Services into one cluster, with the authority, responsibility and accountability for child safety resting with the Deputy CEO of the cluster. In so doing, Departmental funding could be blended and maximized and the services and supports necessary to assure child safety would be aligned with the staff resources.

If the realignment of resources under one Health and Human Services Deputy CEO proves unfeasible, this second recommendation should be considered. While I expect some improvement in child safety would result, it is likely to be less effective than the first recommendation.

2) ASSIGN AUTHORITY OVER ALL CHILD SAFETY RESOURCES TO DCFS DIRECTOR: To allow for the resolution of issues without the need for continual creation of new service integration structures, assign authority for resources and services necessary for child safety, which typically reside in other departments, to the DCFS Director under certain circumstances defined by the Board of Supervisors. For example, if the Board determines that child safety is compromised for children on Skid Row, the DCFS Director would retain authority over services including Public Health, Mental Health, and Substance Abuse, as well as those in the Children and Families Well-being cluster.

Finally, regardless of whether either of the first two recommendations is implemented, I would recommend that the following be implemented to assure adequate program and fiscal oversite over the Title IV-E Waiver.

3) ASSIGN TITLE IV-E RESOURCES TO ONE DEPUTY CEO: Assign responsibility for Title IV-E resources to one Deputy CEO to assure the necessary oversight and accountability for outcomes achievement required by the waiver. Title IV-E is one of the largest federal funding streams supporting children in the child and family cluster. The funding stream supports youth in both DCFS and the Probation Department. The State's IV-E Waiver will require strong program and fiscal oversight in Los Angeles County and the split of DCFS and Probation into two clusters will present challenges.

Thank you once again for the opportunity to comment on the CEO Administrative Reorganization. I hope the above comments provide insights on changes necessary to assure continued improvement in outcomes for children, youth and families served by Los Angeles County.

David Sanders
1300 Dexter Avenue, Seattle, WA 98109
phone 206-282-7300 www.casey.org

ATTACHMENT B

SUMMARY OF FEEDBACK TO DR. SANDERS' RECOMMENDATIONS FOR DEVELOPING AN EFFECTIVE HEALTH AND HUMAN SERVICES MODEL FOR LOS ANGELES COUNTY

Generally, Dr. Sanders' recommendations can be categorized into the following three over arching areas:

1. **Creation of a Health and Human Services (HHS) Cluster**

   a. *Rationale:* Centralizing authority, responsibility, and accountability for child safety with a single Deputy Chief Executive Officer (DCEO) ensures that interdepartmental staff and services needed for child safety are aligned; and current child safety outcomes continue. It is recommended that the HHS Cluster be comprised of the following departments: Children and Family Services (DCFS), Community and Senior Services (DCSS), Mental Health (DMH), Public Health (DPH), and Public Social Services (DPSS).

   b. *Cluster/department head feedback:* While the notion of a HHS Cluster under the auspices of a single DCEO was generally well received, feedback received expressed cautioned and recommended further study to determine the impact/feasibility of implementation. A single cluster focusing on health and human services may be beneficial to child safety, but may also be help align authority, responsibility, and services/resources needed to ensure the well-being of other targeted County populations, such as seniors, or the homeless as well.

2. **Assigning formal authority for all child safety-related resources from other departments to the DCFS Director**

   a. *Rationale:* If the realignment under a single DCEO and HHS Cluster is deemed unfeasible, this option would allow, under certain circumstances, for child safety-related issues to be resolved by the DCFS Director without the need to establish new County service integration structures.

   b. *Cluster/department head feedback:* Feedback received for this recommendation came mostly from DCFS Director, Ms. Ploehn: *Prior to the development of the new CEO Administrative Structure and clusters, this recommendation may have made sense from a child welfare point of view. However, given the existing CEO structure, formation of the HHS Cluster would be a preferred option as it will be more inclusive and encourage team work among departments to address the challenging issue of how to best serve abused and neglected children and their families*

3. **Assigning Title IV-E Waiver (Waiver) resources to one DCEO**

   a. *Rationale:* Ensure that the necessary oversight and accountability for achieving the required outcomes of the Waiver are met. The Waiver is one of the largest funding streams supporting DCFS and Probation youth, and requires strong program and fiscal oversight given that both departments are in different clusters.

   b. *Cluster/department head feedback:* Feedback received recommended that the County proceed with caution and consider conducting a study to determine the impact/feasibility of implementation. Most of the input received regarding centralized oversight and accountability over the Waiver came from DCFS Director, Ms. Ploehn: *The Waiver is currently shared between Probation and DCFS. Having one DCEO responsible for participating in programmatic and fiscal decision making of both departments would help to streamline coordination among two large departments that are sharing a large and complex funding package.*

CEO's overall response: Much of what Dr. Sanders recommends in his letter is already underway, and given the existing CEO administrative structure, stands a greater chance of being implemented and sustained. Integration of data and services, the funding and processes that support them will occur within the existing cluster structure as these efforts will be spearheaded by the CEO. Services and resources shall be coordinated and integrated within and across clusters, and shall align with shared outcomes and measures, that build on lessons learned/gained realized through the implementation of a number of County efforts. Some of these efforts are outlined in the CEO's memo to your Board regarding Dr. Sanders' recommendations.