

Plan for a

**Health and Human Services  
Coordinating Council**

to serve Pinellas County

Final draft 1.d

September 12, 2005

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## **Executive Summary: Key Recommendations**

The following are the key recommendations regarding the Health and Human Services Coordinating Council.

1. The Board of County Commissioners of Pinellas County (BCC) and the Juvenile Welfare Board of Pinellas County (JWB) enter into an inter-local agreement to establish, fund and manage a Health and Human Services Coordinating Council whose mission and scope is detailed in this report.
2. Pinellas County Government and the Juvenile Welfare Board of Pinellas County share equally in the direct costs of this Council as well as provide in-kind services via negotiation.
3. A policy board be established to provide policy guidance to the Council. The role, scope, tasks and schedule of this policy board are detailed in this report. This board would consist of four appointees by the BCC and four appointees by the JWB. The Recommended appointees are:
  - a. Three members of the BCC, excluding the member who serves on the JWB
  - b. The Sheriff of Pinellas County to be appointed by the BCC.
  - c. The County Commissioner who serves on the JWB.
  - d. Three other JWB board members, at least one of whom should be a gubernatorial appointment.
4. An administrative forum be established comprised of chief administrators of all health and human service planning and funding entities operating within the County. Membership on this forum is secured by agreement to a memorandum of understanding, a draft of which is included in this report. The administrative forum will be chaired in alternate years by the chief administrator of JWB or chief administrator appointed by Pinellas County Government. The purpose and scope of the administrative forum is defined in this report.
5. Minimal, but adequate, staffing resources be assigned to the Council to ensure the viability of its operations.
6. The operations of the Council be conducted in a manner to ensure that four perspectives are brought to any issue as shown in figure 1: policy, systems, services, and technical.
7. The interlocal agreement establishing the Council shall be time limited. The Council will be established for a period of five years. During the fifth year the effectiveness of the Council shall be determined by a method

acceptable to the signatories to the interlocal and future support for the Council will be determined at that time.

8. The initial priorities of the Council be established in a joint meeting of the Juvenile Welfare Board and the Pinellas County Board of County Commissioners.
9. The work and focus of the Council is summarized in table 1. As stated in that table, its primary purpose is to both improve and change the health and human services system to better and more efficiently meet the needs of the community.

Figure 1: Four Perspectives of HHSCC

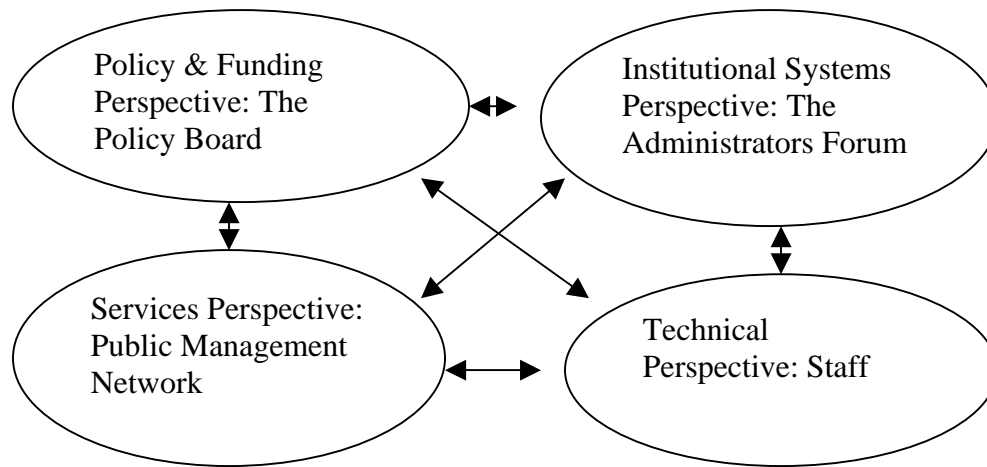


Table 1: Strategy Map Summary				
Mission	To develop new and more seamless health and human service delivery systems that are characterized by user-friendliness, quality and productive use of resources			
Vision	The health and human service systems of Pinellas County will work together to provide seamless, high quality services based on productive use of available resources			
Values	User friendliness; Quality; Productivity; Collaboration; Transparency			
Strategic Focus Areas	Technical Data	Comprehensive Planning; Systems Modeling & Analysis	System Improvement	System Change
Community Outcome(s)	<ul style="list-style-type: none"> <li>Demographic, asset and need data available to community</li> </ul>	<ul style="list-style-type: none"> <li>Clarity about how systems perform</li> <li>Plan interfaces</li> <li>Priorities set for system improvements</li> </ul>	<ul style="list-style-type: none"> <li>Improved processes within and across systems               <ul style="list-style-type: none"> <li>Efficiency</li> <li>User friendly</li> <li>Productive</li> </ul> </li> <li>Added or expanded services</li> <li>Barrier removal</li> </ul>	<ul style="list-style-type: none"> <li>Structural changes               <ul style="list-style-type: none"> <li>Efficiency</li> <li>Quality</li> <li>Effectiveness</li> </ul> </li> <li>New processes               <ul style="list-style-type: none"> <li>Efficiency</li> <li>Quality</li> <li>Productivity</li> </ul> </li> </ul>
Strategies	<ul style="list-style-type: none"> <li>Data Collaborative Interface</li> <li>Data system development</li> <li>Easy user access</li> <li>Web site</li> </ul>	<ul style="list-style-type: none"> <li>Plan coordination and integration of selected elements</li> <li>System analysis</li> <li>Community convening</li> <li>Priority setting</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative grants</li> <li>Technical assistance</li> <li>Policy development and advocacy</li> <li>Facilitating Collaborative efforts</li> <li>Pooled or coordinated funding</li> </ul>	<ul style="list-style-type: none"> <li>Community leadership engagement</li> <li>Case for change advocacy</li> <li>Consensus building</li> </ul>

## **Introduction**

This report represents the conclusions of the Human Services Structure and Planning Task Force as to how a Health and Human Services Coordinating Council (HHSCC) could be purposed and implemented in Pinellas County. This report presents the recommendations for the structure and functions of the HHSCC as initially developed by the Human Services Structure and Planning Task Force and as reviewed with members of the Board of County Commissioners and members of the board of the Juvenile Welfare Board. As such, it represents a consensus document reflecting the thinking of these three bodies regarding a Human Service Coordinating Council. These recommendations fall into six sections:

- A strategy map which summarizes the purpose of the HHSCC and outcomes that it would produce. This map also delineates the core competencies the HHSCC would need and the strategies it would deploy to fulfill its mission.
- A business plan for the first five years of the HHSCC, which details the activities of the HHSCC in a structured, business-like manner to ensure focus and productivity. This section includes a description of various oversight mechanisms, HHSCC staffing requirements, and a proposed budget along with the work plan itself.
- A proposed budget.
- An illustrative interlocal agreement for review by appropriate staff and attorneys.
- An illustrative memorandum of understanding for use where appropriate.
- A draft start-up schedule.

### **Section 1: Strategy Map**

Table 2 provides a detailed summary of the organizational elements of the proposed HHSCC.

Table 2: Strategy Map Detailed				
Mission	To develop new and more seamless health and human service delivery systems that are characterized by user-friendliness, quality and productive use of resources			
Vision	The health and human service systems of Pinellas County will work together to provide seamless, high quality services based on productive use of available resources			
Values	User friendliness; Quality; Productivity; Collaboration; Transparency			
Strategic Focus Areas	Technical Data	Comprehensive Planning; Systems Modeling & Analysis	System Improvement	System Change
Core Competency to be developed	<ul style="list-style-type: none"> <li>Accurate, timely and trustworthy data source</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive understanding of systems, performance, relationships</li> </ul>	<ul style="list-style-type: none"> <li>Commitment by stakeholders to common purposes</li> <li>Working trust</li> <li>Consensus builder</li> <li>Conflict resolver</li> </ul>	<ul style="list-style-type: none"> <li>Change agent</li> </ul>
Community Outcome(s)	<ul style="list-style-type: none"> <li>Demographic, asset and need data available to community</li> </ul>	<ul style="list-style-type: none"> <li>Clarity about how systems perform</li> <li>Plan interfaces</li> <li>Priorities set for system improvements</li> </ul>	<ul style="list-style-type: none"> <li>Improved processes within and across systems <ul style="list-style-type: none"> <li>Efficiency</li> <li>User friendly</li> <li>Productive</li> </ul> </li> <li>Added or expanded services</li> <li>Barrier removal</li> </ul>	<ul style="list-style-type: none"> <li>Structural changes <ul style="list-style-type: none"> <li>Efficiency</li> <li>Quality</li> <li>Effectiveness</li> </ul> </li> <li>New processes <ul style="list-style-type: none"> <li>Efficiency</li> <li>Quality</li> <li>Productivity</li> </ul> </li> </ul>

Strategies	<ul style="list-style-type: none"> <li>• Data Collaborative Interface</li> <li>• Data system development</li> <li>• Easy user access</li> <li>• Web site</li> </ul>	<ul style="list-style-type: none"> <li>• Plan coordination and integration of selected elements</li> <li>• System analysis</li> <li>• Community convening</li> <li>• Priority setting</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative grants</li> <li>• Technical assistance</li> <li>• Policy development and advocacy</li> <li>• Facilitating Collaborative efforts</li> <li>• Pooled or coordinated funding</li> </ul>	<ul style="list-style-type: none"> <li>• Community leadership engagement</li> <li>• Case for change advocacy</li> <li>• Consensus building</li> </ul>
Demonstrated abilities (internal)	<ul style="list-style-type: none"> <li>• Technical Competence</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge and understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Trust and interrelationships</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership</li> </ul>

## **Section 2: Business Plan for Implementing a Health and Human Services Coordinating Council**

### **Mission:**

To develop new and more seamless health and human service delivery systems that is characterized by user–friendliness, quality and productive use of resources.

### **Vision:**

The health and human service systems of Pinellas County will work together to provide seamless, high quality services based on productive use of available resources.

### **Guiding Principles (Values):**

User friendliness. The products and services provided by the Council will be accessible, practical and of short or long term value to the recipient. The Council will encourage and support a similarly high level of user–friendliness in the health and human services provided in the county.

Quality. The work products of the Council itself will be of high quality. In addition the Council will seek to enhance the level of quality of services, planning and administration in the health and human services field in the county.

Productivity. The Council will manage its own work and time to be highly productive. In addition, the Council will seek to enhance the level of productivity of services, planning and administration in the health and human services field in the county.

Collaboration. The Council itself will operate in a highly collaborative manner with consumers, providers, community stakeholders, and other funders. In addition, it will promote and facilitate collaborative efforts

throughout the county. It will support a range of collaborative efforts from informal networks to partnership agreements.

Transparency. The Council will operate in ways so that its work is transparent to the community.

Authority:

The Council has no authority over the budgets of parties to the interlocal agreement or signatories of the memorandum of understanding.

The parties and signatories do agree to consider the analyses, priorities and recommendations of the Council in their own planning and funding priorities.

The parties to the interlocal agreement (the BCC and JWB) agree that any request for match funding for external resources made to either of them; submission of federal or state applications that require the endorsement (or serving as applicant) of either the BCC or JWB; and any planning projects which could require the support of either the BCC or JWB be submitted through the Council to ensure consistency of both approach and priority as established by the BCC, JWB and the Council. Both the BCC and JWB retain their rights to independent action regardless of Council recommendation or action. To ensure timely response, the Executive Director will have the authority to issue a letter of consistency with existing plan and the Executive Committee of the Administrative Forum will have the authority to issue letters of support or consistency with intended community direction.

The Council is authorized to convene interested parties on issues of community concern, conduct such analyses as directed by its board, develop technical data from participating parties, facilitate collaborative work and engage in other activities as directed by the board which would further its mission and vision. In particular the Council is authorized to engage in analyses that would foster modifications, changes and system redesigns that would be consistent with its mission, vision and values. As part of this analysis process the Council is both encouraged and expected to work in a collaborative manner with other community

stakeholders to derive consensual solutions. This encouragement and expectation does not however relieve the Council of its responsibility to the BCC and JWB to issue analyses and recommendations that would result in an improved service delivery approach consistent with the priorities and directions of the BCC and JWB.

The Council is authorized to facilitate independently but preferably in concert with the BCC, JWB and other community actors such service delivery networks and requisite infrastructure as are determined to meet the mission and vision of the Council.

The Council may engage in contracted work as approved by the Board or Executive Committee of the Administrative Forum in cases where time is critical.

#### Understandings

Funders may have regulatory or donor restrictions upon their funds. It is the intent or purpose of the Council to work within these parameters and to respect the priorities established via those parameters or where these parameters need to be changed for the benefit of Pinellas County to work to do so through proper channels. Ultimately, the Council seeks to find ways that these resources can be optimized for the benefit and distinctive concerns and needs of Pinellas County.

## Goals

1. Establish the Council
  - a. Objectives
    - i. Develop concurrence on business plan
    - ii. Develop and obtain interlocal agreements
    - iii. Develop budgets and secure funding
    - iv. Sign memorandums of understanding with all partners
    - v. Establish administrative structure
2. Develop organizational readiness and capacity
  - a. Objectives
    - i. Develop technical capacity and expertise
    - ii. Develop working relationships
    - iii. Develop understanding of structural, policy and intervention trends and patterns
3. Conduct a comprehensive health and human services plans review process for targets of opportunity
  - a. Objectives
    - i. Develop planning data system
    - ii. Conduct systems analysis
    - iii. Review and seek increased harmony of existing plans
    - iv. Identify gaps and overlaps in plans
    - v. Identify points of increased coordination and opportunities for more formal articulation
    - vi. Add additional elements as needed
4. Improve the service delivery system
  - a. Objectives
    - i. Identify priority areas of improvement
    - ii. Develop and implement improvement strategies
    - iii. Develop and implement system changes as needed

## Annual Performance Targets

Pre-establishment: Goal: Develop charter, interlocal agreement and funding mechanisms.

### Objectives and Work Activities:

- Develop agreement on business plan
- Develop and obtain signatures on interlocal agreement
- Develop memorandum of understanding and obtain signatures
- Budget funding for year one
- Develop agreement on administrative mechanisms

Year One: Goal: Organizational readiness: Preparing the organizational structure and analysis needed to pursue year two – five goals.

### Objectives and Work Activities

- Formation of Policy Board
- Formation and initiation of Administrative Council
- Strategic plan review and adoption by Policy Board
- Hiring of staff, securing of office operations
- Identification/Securing of data bases
- Review and critical analysis/synthesis of existing plans and studies
- Development of web sites
- Development of systems to eliminate duplication of requests or demands upon providers. Example, the Council could become a single repository for various non-profit forms required by funders or other document libraries.
- Development of communications plan
- Develop multi-modal continuous process for system and need assessments

Year Two: Goal: Comprehensive Health and Human Services Plan review for targeted opportunities

Objectives and Work Activities

- Development of strategies based on comprehensive health and human services plan for targets of opportunity based on current plans
- Funding bodies (Governments, Commissions, Councils, Foundations, etc) orientation and briefings
- Systems modeling and analysis
- Formation of advisory councils
- Initiate multi-modal continuous process for system and need assessments
- Identification of cross system opportunities
- Selection and prioritization of system improvement projects 1...N

Year Three: Goal: System improvement projects a, b, ...N (To be determined)

Objectives and Work Activities

- Manage multi-modal continuous process for system and need assessments

Year Four: Goal: System improvements projects x, y, ...N (To be determined)

Objectives and Work Activities

- Manage multi-modal continuous process for system and need assessments

Year Five: Goal: System change project 1

Objectives and Work Activities

- Manage multi-modal continuous process for system and need assessments
- Evaluation of HHSCC

## Structure and Information Flow

This section provides a minimum description of the structure of the HHSCC. Appendix A provides much more detailed illustrations of how the HHSCC could operate. However at this point in time adoption and agreement to detailed procedures such as those illustrated in appendix A is premature. As the HHSCC evolves, it will develop processes and procedures that fit the work it is doing. What are illustrated in appendix A are best practices in collaborative planning and facilitative leadership which are likely to increase the HHSCC's likelihood of success.

What is presented in this section is a brief overview of structure and information flow in order to clarify the roles that respective entities will play in the HHSCC work. These of course only represent starting points which will evolve over time. This overview is presented first as a series of three figures. Some of this material is replicated in appendix A. The second part of this overview is a delineation of the key principles of collaborative planning and facilitative leadership.

Figure 1 illustrates the major internal relationships within the HHSCC itself. For the HHSCC to be effective four major perspectives are required, each of which is a blend or combination of other perspectives. As the figure shows, the four perspectives are:

Policy and funding. This is the perspective of elected or appointed officials whose role it is to set policy and determine local discretionary funding in the context of overall community priorities, needs and direction. This is by definition the broadest view and the persons assuming this role have been chosen to represent the community in its entirety. The structural element of the HHSCC that is charged with this perspective is the Policy Board. Membership on the board is restricted to those persons authorized to direct policy on significant local discretionary resources.

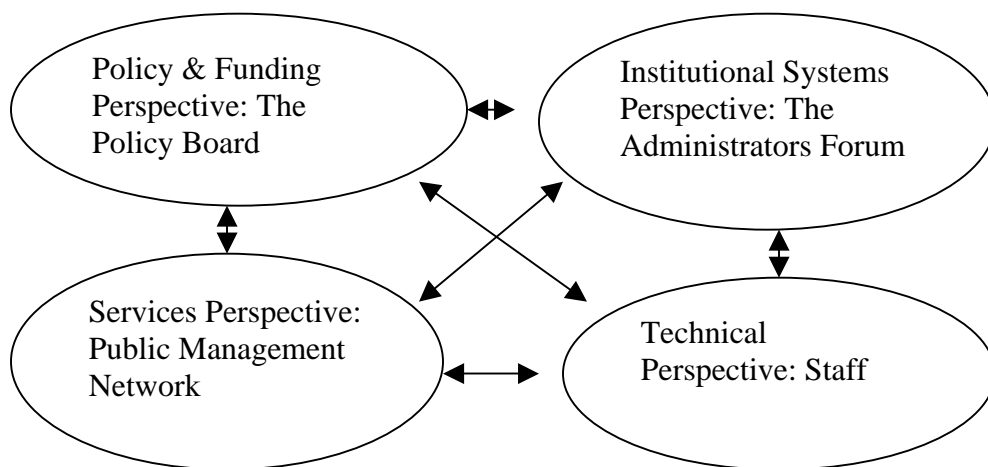
Systems. This is the perspective of administrators who are responsible for the administration of institutional systems which act as funders, public institutional systems which may both contract for or deliver themselves services and major public institutions that contain within themselves policy making, system

administrator and service functions. The structural element of the HHSCC that is charged with this perspective is the Administrative Forum.

Services. This is the perspective of those engaged in the delivery and receipt of services as well as those who are impacted by an issue regardless of whether they are engaged in service delivery or receipt. This perspective includes that of consumers, providers, civic and faith organizations, business groups, neighborhoods and general citizens. The structural element of the HHSCC that provides this perspective is the public management network. Discussed in appendix B, public management networks represent systemic approaches to collaborative, structured efforts focused on particular outcomes.

Technical. Policy and funding perspectives, systems perspectives and service perspectives all require data, information. During any of these discussions, the discussions will be enriched if information on consumer satisfaction, community expectation and concern, existing or emerging gaps or system faults, demand trends, funding trends, policy trends, proven and emerging practices is available and presented in user-friendly modes that provide both strategic and systemic perspectives. The structural element of the HHSCC that is responsible for this perspective is the staff.

Figure 1: Four Perspectives of HHSCC



Appendix A provides a number of examples of how these particular perspectives are operationalized in terms of membership, planning processes, consideration of new ideas, and general information flow between the perspectives.

Figure 2 seeks to illustrate how these perspectives are integrated at the policy level by diagramming the dialogic processes of a Policy Board meeting. The Council is intentionally designed to be a consensus building process. The logic behind this design is that the Council in reality has no power other than that bestowed upon it by the parties to the interlocal. By intentionally fostering consensual decision-making the recommendations of the Policy Board are more likely to carry weight when presented to the respective boards represented on the Council.

How can consensus seeking be fostered? First, through an emphasis on fact based, comprehensive analysis that has been subjected to multi-perspective review. The processes through which these analyses occur are illustrated in appendix A. Second, the systematic review of any idea from multiple perspectives (technical, services, systems and policy/funding) itself will weed out ideas which are conceptually, empirically or practically weak. Again, appendix A illustrates these processes. Third, the structure of the Policy Board is intentionally designed to eliminate the majoritarian framework that is immediately implied in an odd-numbered board.

As figure 2 illustrates, the proposed meeting format for a Policy Board meeting differs from that of a traditional board meeting. The intent of a Policy Board meeting is that it is a working session with intensive and extensive dialogue on one or two topics rather than a multi-item agenda where items are given minimal attention. It is important in this meeting format that the structure and process allow for the multiple perspectives of the HHSCC to be considered. For that reason the Policy Board should have available to them three advisors – someone to represent the systems perspective from the Administrative Forum, someone to represent the services perspective from the networks and the technical perspective represented from staff. Depending on the topic at hand, the board may wish to have a guest perspective.

Figure 2: Policy Board dialogic model

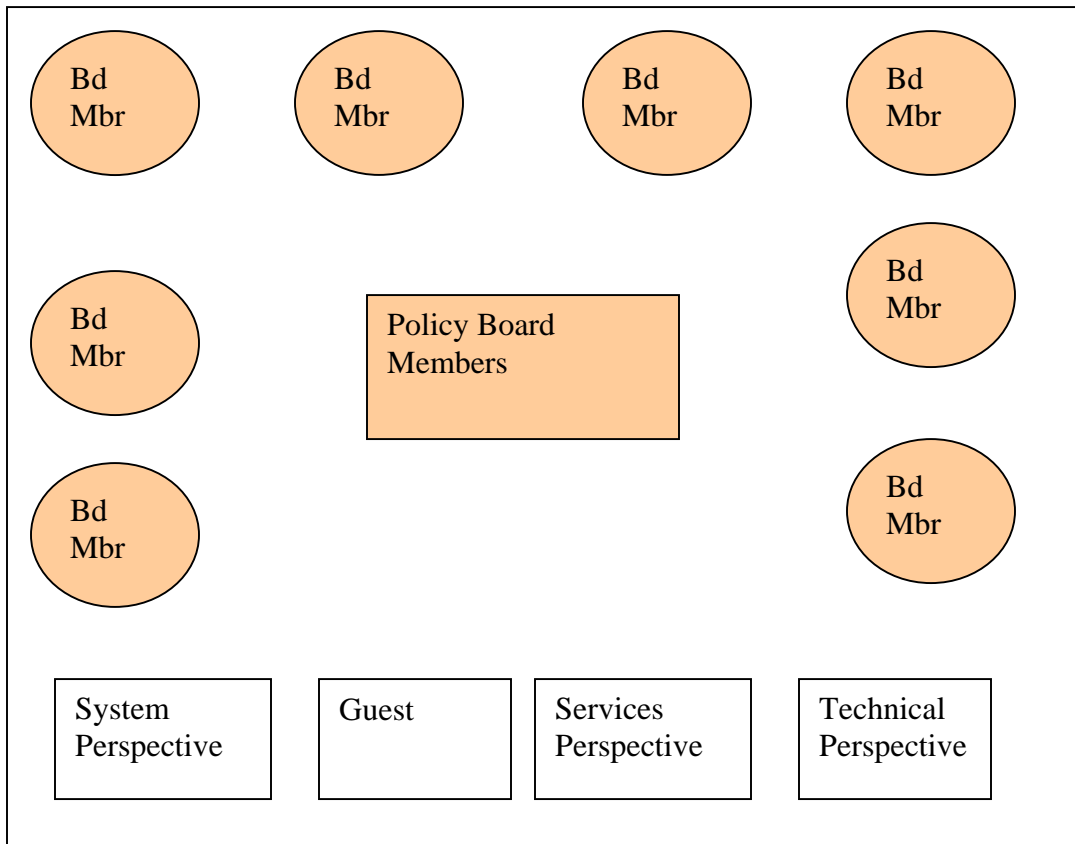
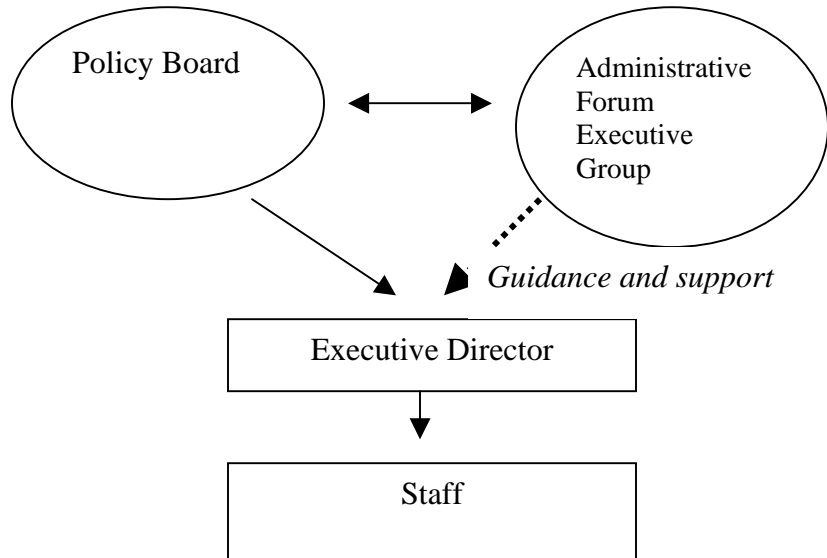


Figure 3 illustrates the reporting relationships of the HHSCC staff to the Policy Board and the Administrative Forum. The Executive Directors reports to and takes direction from the Policy Board. The Administrative Forum provides guidance and support in implementing Board directives.

Figure 3: Internal Structure of HHSCC



### Principles and Practices of Collaborative Planning, Consensual Problem-Solving and Facilitative Leadership.

This section provides a brief outline of the principles and practices of collaborative planning, consensual problem solving and facilitative leadership. A working paper is in development which will be available in the near future where these principles and practices are discussed in greater depth<sup>1</sup>.

The core premise of the approach is that a third form of governance and public administration is emerging which represents an alternative to centralized bureaucracy with its traditional top-down decision making approaches and privatization of public services. This third form goes by a variety of labels, with the label public management network currently gaining the most currency.

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<sup>1</sup> Marlowe, H.A. Principles and practices of collaborative planning, consensual problem solving and facilitative leadership. Working paper

Public management networks have a number of features, the most critical of which for this discussion is the engagement of multiple stakeholders using the practices of collaborative planning, consensual problem solving, and facilitative leadership. Appendix B provides an overview of the major types of public management networks so this concept will not be discussed in further depth here. Instead, the focus will be on selected principles and practices which underlie effective collaborative planning, consensual problem solving and facilitative leadership. These include:

- All voices. This principle has two dimensions. The first is the importance of all perspectives being present and being examined during the analyses, planning, problem solving and decision processes. In the HHSCC context this includes consumers, line staff, volunteers, agency managers or executives, affected citizens and neighborhoods, business and civic groups, public and private funders and policy makers. The second dimension is that policy and funding decisions must be made only by those who represent all voices. These are elected and appointed officials whose task it is to represent the entire community and have been selected for that role.
- Hierarchy as role differentiation, not hierarchism. For these processes to succeed it is critical that roles be clear. Any system fails when its various components fail to either understand their respective roles or perform them. As a simple biological analogy, imagine what would happen if our hearts and our livers somehow got their functions confused. While social systems are more complex and flexible, they still function best when each member understands the role they need to play and how their role fits with and contributes to the whole. Much of the continuous complaint about lack of communication is derived from role confusion, lack of role clarity and lack of understanding of how my role fits in the larger picture. A hierarchy is simply a way to organize structure and explain role. However, the term has developed negative connotations because it is confused with, and unfortunately all too often demonstrates, hierarchism. Hierarchism is the subtle, or not too subtle, implication that a person who has a broader, more authoritative and more responsible role is somehow superior to someone who has a narrower role with less authority and responsibility. The success of collaborative planning, consensual problem solving and facilitative

leadership lies in maintaining clear role distinctions while respecting the worth and contributions of everyone.

- Systems perspectives. Complex human systems, formal or informal, are simply relationships among various parts that result in a whole that is greater than the sum of the parts. For planning and decision making to be effective, it must be done in the context of understanding the system and how changing one part or introducing some new element will impact other parts and overall performance.
- Asset perspectives. This is simply the perspective that there are assets and that building upon those assets is the most effective strategy for improving the system as a whole.
- Differences of perspective and disagreement are critical. Poorly managed and facilitated consensus processes often result in poorer quality decisions than those that would be made by a single, informed individual. The quip, a camel is an elephant made by a committee is a succinct summary of that reality. On the other hand, social science research indicates that a wide variety of perspectives when wisely engaged leads to better decisions<sup>2</sup>. There is such a thing as group wisdom. A key part of that group wisdom process is ensuring that differences of perspective are voiced and that disagreements are fully explored. If consensual decision making is simply a lowest level compromise, good decisions will not result. Instead, well facilitated consensual decision making surfaces tensions and disagreements and then substantially works with that disagreement to find higher level solutions.
- Asking the right question is the key. The key to getting good answers is asking the right question. This is why multiple perspectives are so critical. No one person or group understands it all. By bringing multiple parties to the process, the likelihood of formulating the right questions is enhanced.
- Collaborative planning and consensual problem solving succeed when roles are understood and respected. Very often in public policy collaborative planning and consensual problem-solving processes the image or belief is communicated that the conclusion of the multi-stakeholder group is the decision that will be enacted. If it is not enacted, enormous frustration, resentment and a deterioration of public

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<sup>2</sup> Surowiecki, J. 2004. The wisdom of crowds. New York: Random House

trust can occur. Obviously everyone loses when this occurs. This problem particularly occurs when the solutions or recommendations must be considered in the larger public policy context. When everyone understands from the onset that the plans and programs of this effort must finally be considered by the people's representatives in a broader context, then the flawed expectation described at the start of this paragraph is avoided from the onset.

These principles and practices, along with others not enumerated above, are built into the processes described in appendix A. The larger context of the overall system the HHSCC represents is an attempt to design and institute leadership systems that enhance the position that George Weigel affirms that democracy is not simply about institutions and processes but about the ongoing experiment in the capacity of a citizenry to self-govern<sup>3</sup>. The approaches delineated in this HHSCC model are approaches which represent current experiments in building the capacity for self-governance.

## Relationship to other Planning and Funding Entities

There are a number of other planning and funding entities operating in the county. It is not the intent or purpose of the HHSCC to supplant or duplicate their functions. It is rather the purpose of the HHSCC to ensure that overlaps and gaps are addressed from the perspective of the entire system rather than from a segment or component. In that spirit, the HHSCC operates with respect to other planning and funding entities using the following guidelines:

- Non-directive. The HHSCC does not direct the work of other entities.
- Facilitation. The HHSCC will work to facilitate the work of other entities to the degree its resources allow.
- Coordination. The HHSCC will seek to coordinate its efforts with those of others and to take particular responsibility for encouraging and facilitating coordination. Where feasible and appropriate, the HHSCC will encourage coordination through overlapping board memberships in which members of its board

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<sup>3</sup> Weigel, G. 2005. *The cube and the cathedral*. New York: Basic Books

sit on more specific planning entities. For example, a member of the HHSCC Board would also serve on the Policy Group for Homeless Service Planning.

- Information. The HHSCC will seek to provide a county-wide data set that can be useful to other planning and funding entities.

## Role, Scope of Authority and Operating Mechanisms of the Policy Board and Administrative Forum.

The work of the Council shall be overseen by the Policy Board and routinely managed by an Administrative Forum. The respective roles, memberships and authorities of these two bodies are defined in this section.

### Policy Board.

Definition and responsibilities. The policy board is comprised of board members from the entities that fund the HHSCC and/or other selected, elected, or appointed officials whose presence and participation would provide policy direction, support and resources to guide and facilitate the work of the HHSCC. The Policy Board has the following responsibilities:

- Policy oversight of the Council;
- Developing and updating a strategic plan with priorities;
- Reviewing and approving a business plan with a corresponding budget;
- Conducting analyses of existing approaches and improved alternatives and generating recommendations for proposed improvements;
- Where appropriate and beneficial, facilitating the development of networks of stakeholders designed to address specific issues and produce specified outcomes;
- Providing guidance as to local strategies that would be most effective for the goals which it has set;
- Representing the discussion and priorities of the Council to their respective boards as appropriate;

- Appointing Committees, task forces, advisory councils or other bodies as needed;
- Engage or terminate the Executive Director.

Membership. The recommended appointees are:

- a. Three members of the BCC, excluding the member who serves on the JWB
- b. The Sheriff of Pinellas County to be appointed by the BCC.
- c. The County Commissioner who serves on the JWB.
- d. Three other JWB board members, at least one of whom should be a gubernatorial appointment.

Meeting Schedule. It is recommended that after the initial adoption of the strategic and business plan, along with establishment of the Administrative Forum that the Board meets on a quarterly basis. The agenda for the Board meeting will be developed by the Executive Director, reviewed and approved by the Administrative Council and then forwarded to the Board prior to the meeting.

Operating Procedures. The chair of the Policy Board shall alternate between a JWB representative and a BCC representative. The Vice-Chair shall be from the entity not serving as chair. The chair position shall rotate annually.

## Administrative Forum.

Definition and responsibilities. The Administrative Forum is comprised of the administrative head (Administrators, Directors or their representatives) of funding entities signing the inter-local or partnership agreements to establish and participate in the HHSCC. Eligibility for Forum membership is determined by discretionary funding authority and/or risk bearing responsibility for contracted work. Entities that are designed primarily as funding conduits (pass throughs in the use of the funds are pre-determined and the entity is serving primarily as a mechanism for fund distribution without the authority to re-direct funding) are not defined as funding entities. Neither are associations that function essentially as trade associations or collaboratives whose purpose is to secure funding which may in turn be distributed to a pre-determined membership. An early task of the Administrative Forum is to further define the field of health and human services so that appropriate membership is clear.

The purpose of the Forum is to provide administrative oversight, input, and support and facilitate the work of HHSCC staff and to ensure coordination of HHSCC efforts with those of the entity they represent. Specific responsibilities include:

- Administrative oversight of Council;
- Oversight of, and provision of guidance to, the Executive Director of the Council by the Executive Committee of the Forum to support the Executive Director's efforts to implement board policy;
- Review and approval of proposed agenda for Board meetings;
- Advice and counsel to the Executive Director;
- Review of proposed Council activities as to scope, direction and approach to increase the likelihood of success;
- Development of strategies and approaches which would implement the direction of the Council as long as such direction is consistent with the policies and plans of the body they represent
- Contribute in-kind or targeted funds for specific projects undertaken by the Council.

Membership. The membership of the Administrative Forum should be determined by the Forum itself based on its work and who needs to be present to address the topics of concern and focus. Entities that have committed to participation so far are the Juvenile Welfare Board, the County and the United Way. Table 1 provides an illustrative list of potential members but should not be read either as exhaustive or as commitments on the part of those entities.

Table 1: Illustrative list of potential members of the Administrative Forum

- Juvenile Welfare Board
- County Commission
- United Way
- Department of Children and Families, Regional Administrator
- Department of Juvenile Justice
- Pinellas County Health Department
- Sheriff's Office
- Representative of Police Chiefs
- Unified Family Court

- Area Agency on Aging
- Foundation Representative
- Public defender's office
- State attorney's office
- Representatives of the three cities making the most significant financial investments in human service provision as traditionally defined, excluding recreation programs
- Health Coordinating Council
- Worknet
- Community Based Care Lead Agency
- Early Learning Coalition
- Agency for Persons with Disabilities
- Agency for Health Care Administration
- Metropolitan Planning Organization
- Representative of Housing Authorities
- Representative from each Networks
- Pinellas County Coalition for the Homeless
- Additional bodies may be added as needed

Meeting Schedule. The Forum will meet quarterly in the month prior to the Board meeting. The executive committee shall act on behalf of the Forum between meetings.

Operating Procedures.

Structure. The Forum shall operate with a chair, vice-chair and executive committee of not less than five and not more than six members. The chair and vice chair positions shall alternative annually between the JWB appointment and the BCC appointment. Other executive committee members shall be selected by the group.

Membership. Membership is open to any planning or funding entity whose board authorizes and signs the memorandum of understanding. Membership is limited to the agency head or in the case of the County a County Administrator or Assistant County Administrator. Designees may be assigned with the proviso that they have the same level or degree of decision making as the agency or organization head.

Meeting attendance. It is the intent that the Forum be comprised of agency heads or their delegates as defined above. Other substitutes may

be sent on an occasional basis and have the privilege of the floor but do not have a vote. Attendance standards for Forum participation shall be an element of the partnership agreement.

Forum agenda. The chair is responsible for working with the Executive Director of the Council to develop an agenda for the Forum meeting.

Quorum. A quorum shall exist when 50% of the voting members are present.

Executive Committee. The executive committee shall consist of the BCC representative, the JWB representative and three to four annual rotating members selected by the members.

Powers of the Executive Committee. The Executive Committee is authorized to direct the daily and routine activities of the Executive Director within and consistent with the policy directives established by the Board. This can include commitments to support various collaborative or community activities as long as they are consistent with the intent of the strategic and business plans and board intent.

#### Definitions of other entities or functions

Advisory bodies. The Council can establish advisory committees, task forces or other bodies as appropriate to the plans and projects it undertakes. These will be established on an ad-hoc basis with clear charges and time frames in order to ensure productive use of volunteer time and to heighten the probability of engagement by various stakeholders. It is the intent of the Council to use the processes of collaborative planning which are based on input from multiple stakeholders. To the extent feasible and appropriate, the Council will use existing networks for advisory purposes or ensure representation of appropriate networks on any groups it chooses to establish.

Funding conduit. A funding conduit is an entity that transfers funds without any authority to re-direct or modify funding plans.

System modeling and analysis. A mapping or modeling of the various health and human service funding and delivery systems conducted for the purpose of identifying systemic gaps, cross system issues and key improvement points.

System improvement projects. Work projects conducted independently or collaboratively by the HHSCC for the purpose of improving the current system process.

System change projects. These projects, conducted independently or collaboratively, focus on structural and system change and seek to replace current processes with new ones.

Other Planning Boards, Coalitions or Councils: Existing Coordinating Councils and coalitions, such as the Pinellas County Coalition for the Homeless, Suncoast Health Council, etc.

Interlocal agreement. A formal agreement adopted by policy boards of governmental bodies.

Partnership agreements. Partnership agreements are memorandums of understanding between various entities which have been officially approved by the board of the entity.

Multi-modal, continuous system and need assessment. A non-traditional alternative to need assessment which uses citizen surveys, data tracking, key informants, analyses of I/R needs and tracking of public and policy changes to guide resource allocation decisions. Assessment activities are ongoing with discrete activities conducted on a regular schedule.

Networks. Networks are intentionally developed collaborations and partnerships which are purposed to address a single outcome and which are comprised of the stakeholders needed to achieve that outcome. They can be structured and governed in a variety of ways and can serve as a mechanism through which funding can be blended if appropriate. Networks are based on a system's model and seek to ensure a systematic and comprehensive approach to the outcome. Other terms in use include public management networks and outcome networks.

### Section 3: Funding and staff resources

The following tables summarize the staffing and fiscal resources of the HHSCC. This model assumes that there will be maximum use of existing resources and that part of the interlocal and partnership agreements will be an agreement to make resources available to the HHSCC. It is not the expectation that HHSCC full time permanent staff will be able to conduct all the work of the HHSCC. Instead it is the vision that all collaborators will assign resources to projects as appropriate.

Table 3: Staffing Resources

Position Title	Function	Comment
Executive Director	Project oversight and leadership; plan development and implementation; interface with Policy Board and Administrative Council; stakeholder engagement; communication	
Planner	Technical planning; data management, plans review	
Administrative Assistant	Provide administrative support – meeting management, documents management, etc	
Temporarily Assigned staff	Staff who are assigned to complete a specific project.	

Funding Plan (Budget and Revenue Model)

Table 3: Budget – Salaries & Benefits (first year partial)

Pro forma budget					
FY	Staff 1	Staff 2	Staff 3	Expense	Total
	Executive Director	Planner	Admin Asst		
2005/06	\$91,125	\$40,870	\$23,450	\$50,000	\$205,445*
2006/07	\$125,145	\$62,830	\$35,000	\$35,000	\$257,975
2007/08	\$128,899	\$64,715	\$36,050	\$36,050	\$265,714

\* Partial year funding for first year (10 months for Executive Director, 8 months for other staff)

Table 5: Funding Sources

This model assumes that the County and JWB provide the core funding. The United Way has committed \$10,000 toward first year operations which will provide the Council with a limited amount of funding for special projects. Other partners would provide in-kind support or assign project staff on a TDY status.

Funding Sources				
FY	PCG	JWB	United Way	Other
2005/06	\$103,000	\$103,000	\$10,000	
2006/07	\$130,000	\$130,000		
2007/08	\$133,000	\$133,000		

## **Section 4: Illustrative Interlocal Agreement**

Whereas the Pinellas County Board of County Commissioners and the Juvenile Welfare Board of Pinellas County desire to improve the user-friendliness, quality, productivity and effectiveness of human services in the County; and,

Whereas the Pinellas County Board of County Commissioners has sponsored an examination of various strategies through which those improvements could occur, in which the Juvenile Welfare Board and other community partners have participated; and,

Whereas this study process has proposed the establishment of a Health and Human Services Coordinating Council to be guided by board members representing both the Pinellas County Board of County Commissioners and the Juvenile Welfare Board of Pinellas County; and

Whereas a working group of staff representing a broad range of community funders have examined a range of alternatives, including other national models and perspectives of various community stakeholders; and

Whereas an approach particular to Pinellas County has been developed which represents a broad consensus among community stakeholders, be it resolved:

That the Pinellas County Board of County Commissioners and the Juvenile Welfare Board enter into an inter-local agreement to establish and jointly fund a Health and Human Service Coordinating Council that will have the authorities, structure, funding support and term of existence as detailed in this final report which is adopted by inclusion in this interlocal agreement;

Specifically, the Pinellas County Board of County Commissioners and the Juvenile Welfare Board of Pinellas County agree to:

- Jointly and equally fund for a period of five years, revenue allowing, the Health and Human Service Coordination Council;
- Appoint board members to serve as the board according to the procedures laid out in the final report;

- Appoint a senior staff member to the Administrative Forum as detailed in the final report;
- Instruct their staff to act in accordance with the procedures established in the final report to ensure and promote consistency and coordination of planning and funding of health and human services within the county;
- Authorize the Executive Director of the JWB and the County Manager or his designee to initiate formation of the Administrative Forum;
- Authorize the Executive Director of the JWB and the County Manager or his designee to develop plans for office space and other support for the HHSCC that is mutually acceptable to them;
- Authorize the Executive Director of the JWB and the County Manager or his designee to initiate establishment of HHSCC staff positions and administrative assignment of staffing positions in a manner that is mutually acceptable to them;
- Authorize the Executive Director of the JWB and the County Manager or his designee to initiate selection of persons to fill the staff positions on a schedule that is mutually acceptable to them.
- Authorize their appointees to the Council to carry out the work of the Council as described in the final report and to exercise their best judgment as to achieving the mission, vision and values of the Council and business plan as described in the final report.

Adopted this day ...

## **Section 5: Illustrative Memorandum of Understanding**

This memorandum of understanding (MOU) is for use with other funding entities who will be invited to participate on the Administrative Forum and who choose to do so. Any entity choosing to participate will be asked to formally do so by entering into a memorandum of understanding enacted between the HHSCC and the entity. The following illustrative MOU is provided as the basis for a MOU to be developed and approved by the board of the HHSCC.

### Memorandum of Understanding

This memorandum of understanding (MOU) is enacted by the HHSCC, acting on behalf of the Pinellas County Board of County Commissioners and the Juvenile Welfare Board, and XXX.....

By signing of this memorandum of understanding, the HHSCC and XXX ..... agree to the following:

XXX ..... will appoint its senior executive officer to the Administrative Forum with the understanding that participation by the senior executive officer is critical to the success of the Administrative Forum and that by this appointment XXX.... agrees to abide by the operating principles of the Administrative Forum.

XXX.... Agrees to utilize the analyses, priorities and plans developed by the HHSCC in its own planning and funding decisions and to the extent possible utilize its powers and resources to promote the systems, networks and services advocated by the HHSCC. As the purpose of the HHSCC is to promote both higher quality and greater effectiveness in the health and human service field, XXX ... agrees that it will support this vision and purpose to every extent possible within the parameters within which it must operate.

XXX.... agrees to the extent feasible to support the work of the HHSCC through assignment of staff to HHSCC projects, collection and sharing of data, and encouragement of its own stakeholders to participate in the various projects that the HHSCC may undertake.

The HHSCC specifically acknowledges that the powers and responsibilities of XXX to act in accordance with its mandates and purposes are in no way abrogated or diminished by entering into this MOU. This is a voluntary effort designed to promote greater coordination, efficiency and effectiveness and the HHSCC has no legal or regulatory power over XXX ... as a result of this MOU.

Entered into this ....

## Section 6: Implementation Schedule

Table 6 details the proposed implementation schedule for the HHSCC.

Table 6: HHSCC implementation schedule

Activity	Projected Date	Comment
Pinellas County BCC conceptual approval	August	Received in strategic planning workshop of 8/9/05
Juvenile Welfare Board conceptual approval	September 8 <sup>th</sup> , 2005	Agenda item to be placed on the September agenda.
Budget set asides pending approvals	August	
Development and signing of final interlocal agreements	October–November	
Appointments to the Policy Board by BCC and JWB	December–January	
Invitations to the Administrative Forum issued by the BCC and JWB executives (as authorized in the interlocal)	December	
Agreement by the Executive Director of JWB and the County Manager designee as to office space and administrative functions	October–November	

Agreement by the Executive Director of JWB and the County Manager designee as to hiring and organizational placement of HHSCC staff	October–November	
Hiring of staff	On a schedule to be developed by chief executives of the BCC and JWB.	
Joint workshop of the BCC and JWB to establish overall priorities and direction for the HHSCC	January–February	
Strategic and business planning session, HHSCC board and administrative forum	February–March	

## Appendix A: Structure of the HHSCC: How it could work in practice

The purpose of this appendix is to present an illustrative set of principles and processes which describe how the HHSCC could operate in practice. This appendix is not intended to be prescriptive and should not be read as requirements which have been agreed upon as part of the interlocal agreement. It does however reflect both best practice in collaborative planning and facilitative leadership as well as reflects the values and hopes of the Structure Task Force. The likelihood of success will be enhanced if principles and practices such as those described in this appendix are indeed adopted and put into practice.

The creation of any new entity raises a host of issues and perspectives about how it will work, what it will do, and how it will relate to existing entities. The following series of figures are designed to graphically illustrate how the HHSCC is intended to operate. Clearly, concepts such as those illustrated in these figures, are over time enriched, modified and recast. The purpose of these figures is to illustrate ways the HHSCC can be effective and operate within the framework of its vision, mission and values.

Figure 1 illustrates the major internal relationships within the HHSCC itself. For the HHSCC to be effective four major perspectives are required, each of which is a blend or combination of other perspectives. As the figure shows, the four perspectives are:

Policy and funding. This is the perspective of elected or appointed officials whose role it is to set policy and determine funding in the context of overall community priorities, needs and direction. This is by definition the broadest view and the persons assuming this role have been chosen to represent the community in its entirety. The structural element of the HHSCC that is charged with this perspective is the Policy Board.

Systems. This is the perspective of administrators who are responsible for the administration of institutional systems which act as funders, public institutional systems which may both contract for or deliver themselves services and major public institutions that contain within themselves policy making, system

administrator and service functions. The structural element of the HHSCC that is charged with this perspective is the Administrative Forum.

Services. This is the perspective of those engaged in the delivery and receipt of services as well as those who are impacted by an issue regardless of whether they are engaged in service delivery or receipt. This perspective includes that of consumers, providers, civic and faith organizations, business groups, neighborhoods and general citizens. The structural element of the HHSCC that provides this perspective is the public management network. Discussed in appendix A, public management networks represent systemic approaches to collaborative, structured efforts focused on particular outcomes.

Technical. Policy and funding perspectives, systems perspectives and service perspectives all require data, information. During any of these discussions, the discussions will be enriched if information on consumer satisfaction, community expectation and concern, existing or emerging gaps or system faults, demand trends, funding trends, policy trends, proven and emerging practices is available and presented in user-friendly modes that provide both strategic and systemic perspectives. The structural element of the HHSCC that is responsible for this perspective is the staff.

Figure 1: Four Perspectives of HHSCC

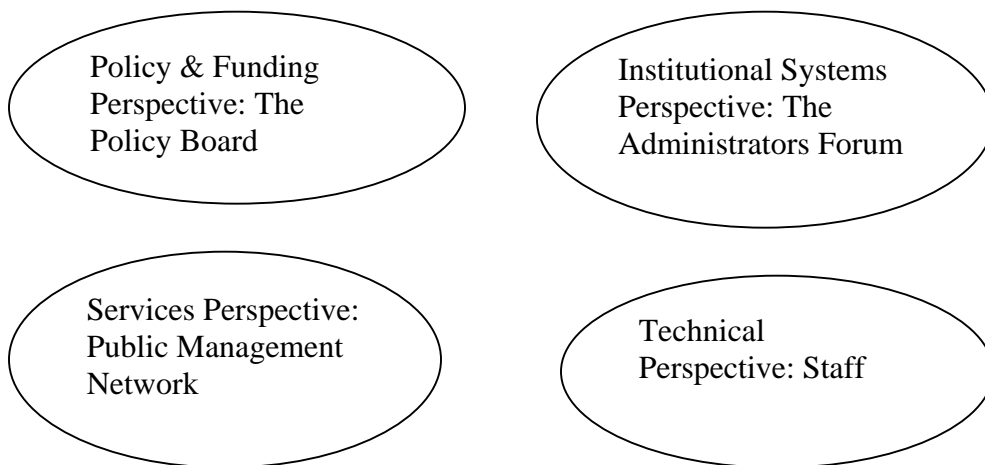


Figure 4 illustrates how an “idea” would be considered and examined in the HHSCC process. An idea can be many things. It could be a concept by a non-profit for a new service that is believed to be needed in the community. It could be a concept by one funder that it would like to interest other funders in. It could be a problem that a community group wants to raise for which it doesn’t have a solution but it believes needs to be addressed. It could be a proposal for an expansion of an existing service developed by a consortium of providers, consumers and civic groups. It could be some new technology that would enable the community to address issues more effectively. Or it simply could be a question that needs to be examined.

Whatever the idea, and assuming it will need the support of entities beyond the ones generating the idea, it will surface somewhere. Currently that can be anyplace in the community where someone will listen. And currently what happens to that idea depends upon who surfaces it to whom. Some very good ideas “die” because they couldn’t get a hearing before the “right” group. Some good ideas become realities because they did get a hearing. Some bad ideas get hearings and live.

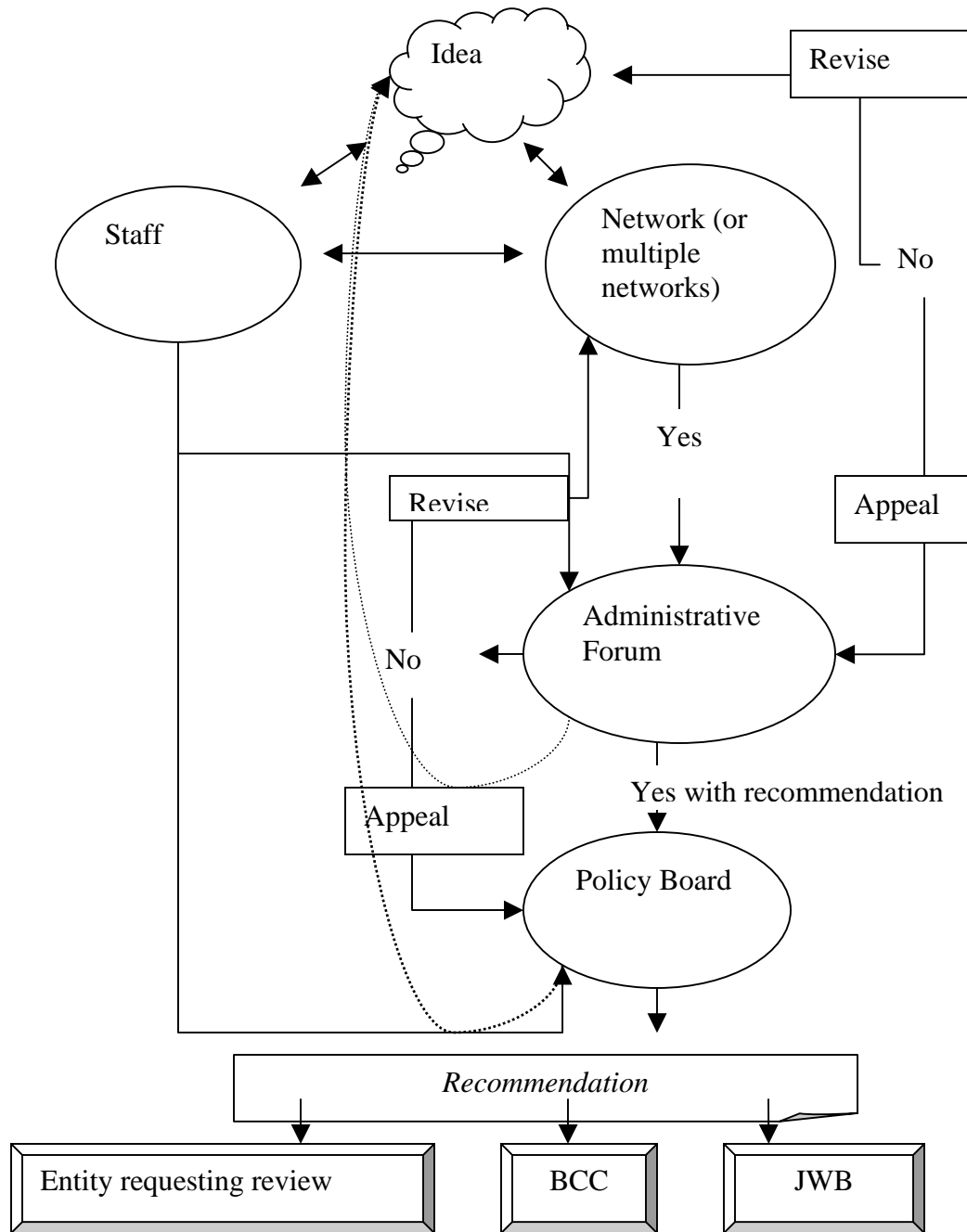
While in theory an idea could be surfaced without any request for financial, administrative or policy support, in reality ideas will need at least one of these forms of support to become reality. A policy change may be needed to make the idea viable. Administrative support may be required so that the idea can be organized into a set of procedures and processes. And most often, financial support is needed to some degree.

What the HHSCC process does is systemize that support seeking process for any institution or funder who chooses to avail themselves of it. While the County and JWB are committing to utilize the process, it is available to anyone else who chooses to use it as part of their decision making process. How will this work?

There are two options. The first option is for the entity from which support is being sought to ask of HHSCC staff how the idea would fit within the various community plans already in existence. HHSCC staff can proffer an opinion on its consistency, potential duplication or overlap, relative priority and possibly its adherence to best practice standards. The entity from which support is being sought can then use this opinion to assist their decision making.

The second option is shown in figure 4. In this the idea can be referred by entity from which support was initially sought, or be brought directly to by the proposer. There are two entry points. The entry points are either the appropriate network or the staff. Staff would in particular be used in those cases where the appropriate network is unclear. And a network, upon receiving an idea, may choose to refer it to staff for some initial analysis before they consider it. So as the figure shows there is an interaction between the network and staff at the start of the process.

Figure 4: Idea process



Once the idea has entered the process, it can get before the HHSCC Policy Board via two paths. The primary path that every idea will have to go through is a

review by the appropriate network or networks, with loops for modifications and appeals. If the network endorses the idea, the next step would be review by the Administrative Forum, again with loops for modifications or appeals. Ideas that survive this process would then be brought before the Policy Board with a recommendation from the Administrative Forum as to action. The Policy Board could accept, modify, return for further review or reject that recommendation. If the Policy Board accepts, modifies, or rejects they would then notify the BCC, JWB and other interested funding entities, including the original requesting party, if there was one, of their action. The BCC, JWB and other funders then take whatever action they wish to take.

It is important to note that “ideas” can be generated not only by external entities but also by the HHSCC itself. At the first stage, networks and staff, both of these entities may put ideas on the table. The Administrative Forum itself may choose to put forth certain ideas for examination as could the Policy Board. Whatever the source however, the idea is examined from the four perspectives illustrated in figure 1. Staff of the HHSCC will normally and routinely work through and with the Administrative Forum. In exceptional circumstances, direct work with the Policy Board may be needed.

The prior two figures have illustrated a general framework for the HHSCC. One way to think of the work of the HHSCC is that it has two major dimensions. One dimension is to foster the integration and coordination of services and systems through planning processes that intentionally examine and foster greater integration and coordination. The other dimension is that of a system developer which is deliberately structured to leverage the resources of the County and JWB to foster system change and development. The planning process is illustrated in figures 5–7. The processes through which the HHSCC can support system development and change are illustrated in figures.

### Planning process illustrations

Figure 5 illustrates how the planning processes and various jurisdictional plans could be integrated in the HHSCC process. This is a voluntary process and no independent entity has to use this process. The BCC and JWB are committing to this process as part of their interlocal agreement. All entities joining the Administrative Forum as part of the memorandum of understanding are committed to examining the various plans emanating from HHSCC or reviewed

by HHSCC in the development of their own plans and are committing to considering recommendations from the Policy Board. What actions they take after this consideration is their decision.

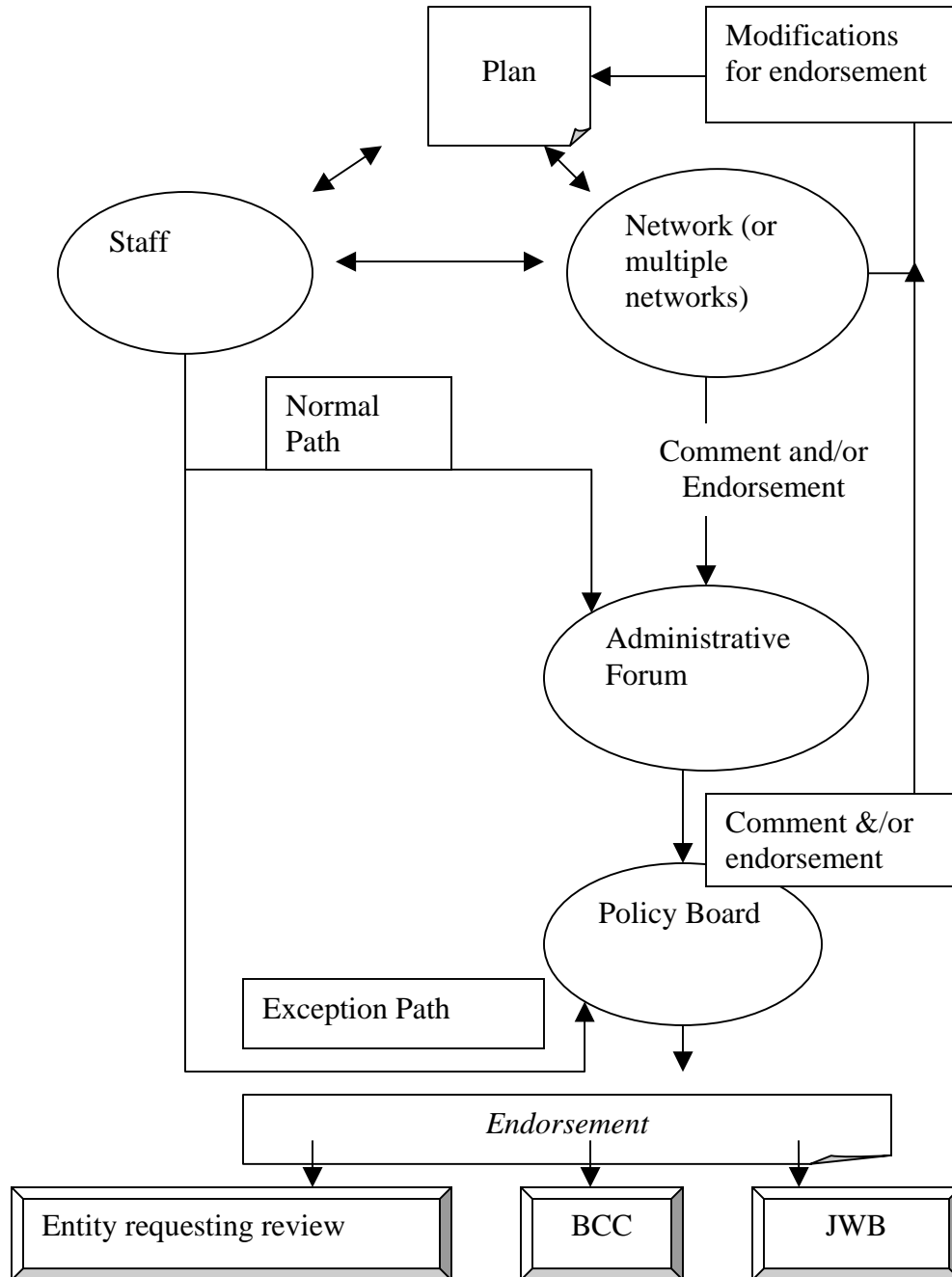
As with the “idea consideration” process there are two options. This first is that HHSCC staff can compare a particular plan with all relevant plans and conduct an independent analyses of overlap, gaps and points of complement that the requesting entity, or anyone else, could use if they so choose. The second option is to request a full review of the draft plan through the HHSCC process. It is this process shown in figure 5.

As figure 5 illustrates, the entity submitting a plan for review can request one of two actions on the part of the HHSCC. It can simply request comment, which is simply feedback on how the plan is viewed by the relevant network, staff, or the Administrative Forum. If the entity would like endorsement by the Policy Board, then the plan would have to be endorsed by the network, the staff, and the Administrative Forum before being presented to the Policy Board for their consideration.

Figures 6 and 7 illustrate the network planning process. This is the process which would be used for the various networks being supported in part or whole by JWB and the County. This process is intended to be highly collaborative and consensual in nature, drawing on the best thinking of all stakeholders. Some of the key principles in this planning process are:

All voices. It is important that all perspectives be examined during the network planning process. This includes consumers, line staff, volunteers, agency managers or executives, affected citizens and neighborhoods, business and civic groups, public and private funders and policy makers.

Figure 5: Full Plan Review process



- Collaborative processes. Consistent with an all voices principle, a complementary key principle is that of collaborative planning. In collaborative planning various stakeholders work jointly together to develop a plan and then present drafts to the full group for review.
- Proven and emerging practices review. These planning processes emphasize an examination of proven and emerging practices as the basis for the services proposed in the plan.
- Systems modeling and analysis. The analytical framework for these planning processes is systems modeling and analysis which involves not only identifying various components but also the relationships of these components.
- Feedback indicators. A key component of systems modeling, but worthy of separate mention because it becomes the basis for performance management system as the key feedback indicators which can be used to assess impact and trends.

Figure 6 illustrates the multiple partner aspect of the network planning process. Presented at the highest level of abstraction, the figure shows the types of partners who should participate in planning at the network level.

Figure 6: Network Planning Partners

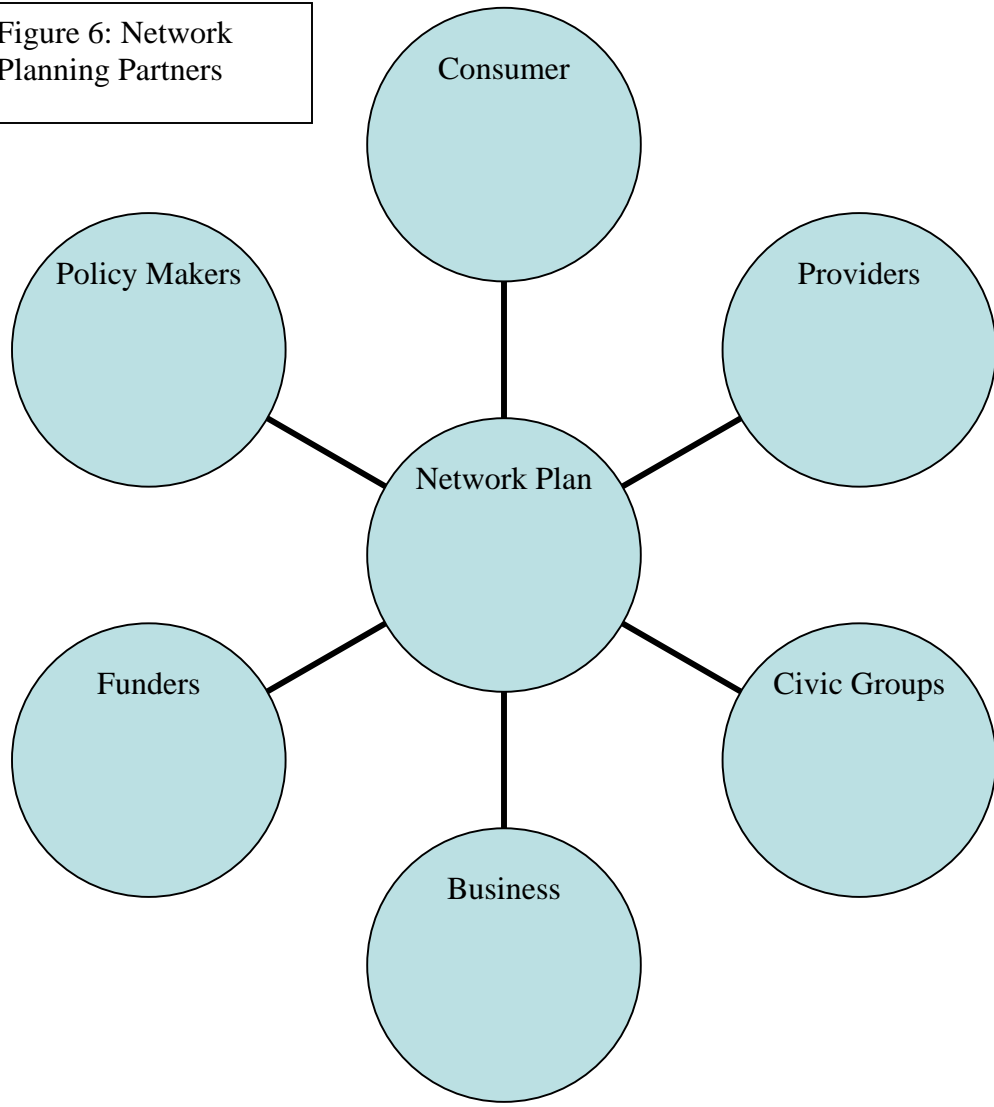
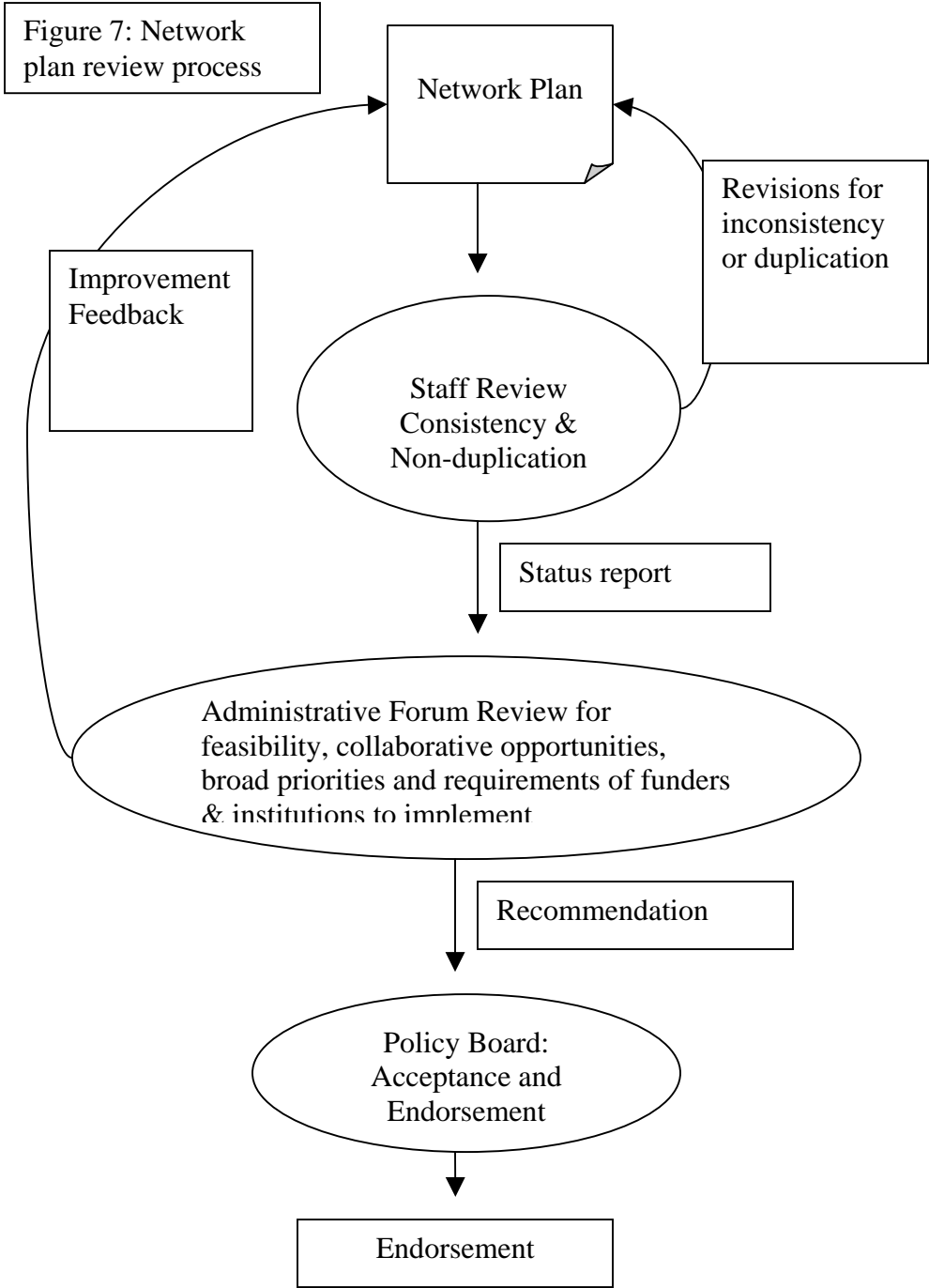


Figure 7 illustrates the process for having a network plan reviewed and endorsed by the other entities in the HHSCC process. If a network is not seeking the endorsement of the HHSCC Policy Board, nor seeking JWB or County funds or support, then it could choose not to participate in this process. Assuming that the Administrative Forum is comprised of the majority of funders, one would assume any network would seek the support and endorsement of the Administrative Forum at a minimum. However, those are the decisions of the Network.



Other comments on the ideas review and planning processes.

Who can bring forth an idea? The short answer, anyone. Should the HHSCC find itself overwhelmed with ideas, it may choose to establish some filtering process that those ideas are sorted and sequenced for consideration.

- What is the purpose of a Network review of an idea or plan? The purpose of a Network review of an idea or plan is to determine its comparative impact on services. Would the idea make service delivery more customer-friendly, more consumer-directed, more efficient, and/or more comprehensive? How does it compare to other ideas, that is, what is its relative worth compared to other options? What would be the impact of this idea on existing services? Will it strengthen, weaken, or have no measurable impact? In essence, the purpose of a network review is to determine the relative impact of a proposed change on the service network compared to the cost of that change.
- What is the purpose of an Administrative Forum review? The Administrative Forum will review two types of ideas or plans. The first category is comprised of those ideas which the Network have found to be worthy of support and those plans which have been commented on or endorsed by the Network. In the case of new ideas the purpose of the Administrative Forum is to determine the feasibility of, and mechanisms for, supporting a new idea that has been recommended by the Network and/or commenting on flaws that need to be addressed. Therefore it is both a supportive review and a critique. In the case of plans being reviewed the purpose is to comment on consistency with the efforts of others, comments on how the plan could be improved to have greater impact and endorsement or not if so requested. The second category is those ideas which the Network has not endorsed but which have been appealed to the Forum or a review of those plans which the network did not endorse. In the case of ideas the role of the Forum is to serve as a check on the logic and analysis of the Network and to request or propose changes that would serve to improve the idea or plan. In the case of plans that requested endorsement but failed to receive the Network's endorsement it is to review the logic of the Network and reach its own conclusion based on its own analysis.

- What is the purpose of the Policy Board review? This review has several purposes. One is to assure the board that the plan under review is consistent with other plans, is non-duplicative, is built upon best practices and represents an efficient and effective use of resources. A second is to identify the policy issues that will need to be addressed if the plan is to be successfully implemented. A third is to identify structural changes in systems which may need to occur for the plan to be optimized. A fourth is to compare the priorities of the plan with the priorities of other plans to determine recommendations about overall priorities that it will make to the respective boards it represents.

### Illustration of Collaborative Planning Process: Homeless Policy Group Ten Year Plan

Textbox 1 provides a brief description of the Homeless Policy Group planning process for the purposes of illustrating how a network could collaboratively develop a plan.

#### Textbox 1: Homeless Policy Group planning process

Policy Group Members: BCC, Cities, School Board, JWB, Private Funders, Housing entities, law enforcement representative, business group representatives, provider representatives, consumer representatives.

Staff: BCC, Clearwater and St. Petersburg staff supports the Policy Group

PCCH Strategic Planning Committee: Provide data and concepts

#### Process:

1. Education about issues – presentations and tours
2. Discussions of gaps and needs
3. Review of best practices
4. Development of goals
5. Development of goal plans
6. Review and discussion of goals
7. Plan adoption

## System development processes.

In addition to ensuring that the various service plans meet a desired standard of coordination, integration and best practice, the HHSCC has a second major role; that of overall system development. Its task here is to address cross system issues which impact the performance of all or many networks and to identify and propose system changes that may be needed to create a more effective service system.

Figures 8 and 9 illustrate the process through which the process of system and cross system analysis and recommendations can be developed. As shown in figure 8, the initial ideas for consideration by the Policy Board may come from several sources: the staff's analysis of various plans and issues; recommendations from the networks or the Administrator's Forum, the Board's own knowledge of the community and proposals from community members.

Whatever the source of ideas, the Policy Board must prioritize and select those issues it wishes to proactively address. As figure 9 illustrates, an annual goal setting process is proposed whereby the board selects the topics it wishes to address during that year. The priorities established in this session will guide the work of both the staff and the Administrative Forum during the course of the year.

Figure 8: System Development Process

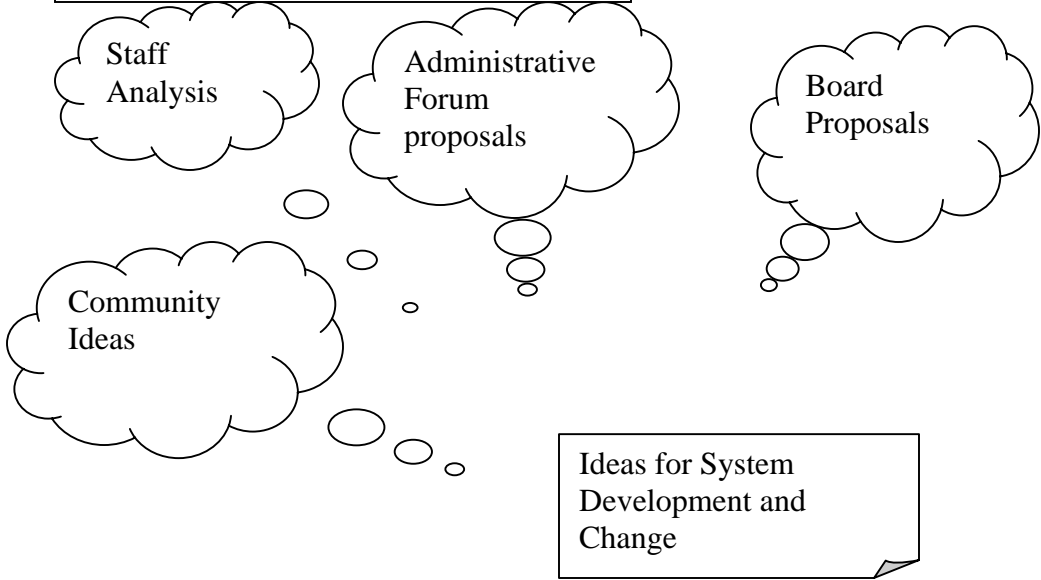
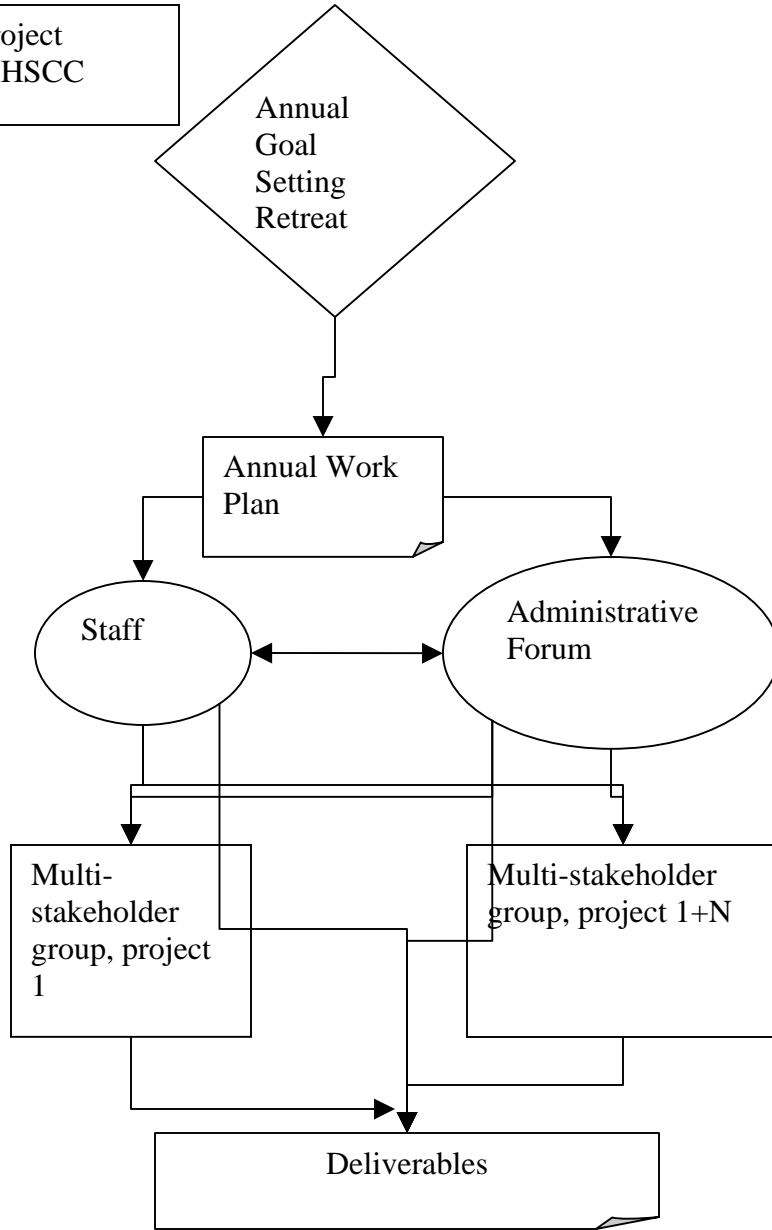


Figure 9: Project process of HHSCC



## The working processes of the HHSCC.

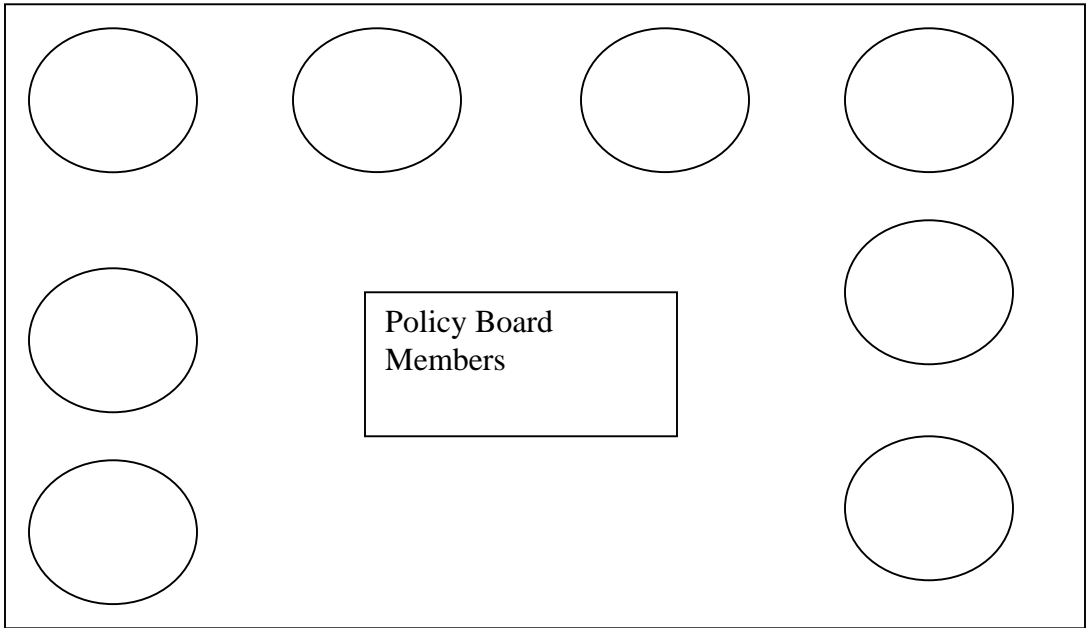
This section will illustrate how the HHSCC will work in practice to carry out its functions of planning and system development. The intent of the HHSCC is to both foster consensus on the direction health and human services should take in the county and to provide a leadership system to enact that direction. The role and processes which underlie the realization of this intent are described in this section

Figure 2 seeks to illustrate the dialogic processes of a Policy Board meeting. The Council is intentionally designed to be a consensus building process. The logic behind this design is that the Council in reality has no power other than that bestowed upon it by the parties to the interlocal. By intentionally fostering consensual decision making the recommendations of the Policy Board are more likely to carry weight when presented to the respective boards represented on the Council.

How can consensus seeking be fostered? First, through an emphasis on fact based, comprehensive analysis that has been subjected to multi-perspective review. Second, the systematic review of any idea from multiple perspectives (technical, services, systems and policy/funding) itself will weed out ideas which are conceptually, empirically or practically weak. Third, the structure of the Policy Board is intentionally designed to eliminate the majoritarian framework that is immediately implied in an odd-numbered board.

As figure 2 illustrates, the proposed meeting format for a Policy Board meeting differs from that of a traditional board meeting. The intent of a Policy Board meeting is that it is a working session with intensive and extensive dialogue on one or two topics rather than a multi-item agenda where items are given minimal attention. It is important in this meeting format that the structure and process allow for the multiple perspectives of the HHSCC be considered. For that reason the Policy Board should have available to them three advisors – someone to represent the systems perspective from the Administrative Forum, someone to represent the services perspective from the networks and the technical perspective represented from staff. Depending on the topic at hand, the board may wish to have a guest perspective.

Figure 2: Policy Board dialogic model



System  
Perspective

Guest

Services  
Perspective

Technical  
Perspective

## Appendix B: Public Management Networks

This purpose of this appendix is to briefly describe public management networks. Detailed working papers are in development which describes the concept more fully.<sup>4</sup>

A public management network is simply a diverse group of stakeholders focused on a particular public policy issue. In the context of Pinellas County, the Homeless Policy Group is an example of a public management network.

Public management networks may take several forms. A single network itself may consist of one or more of these forms.

- The policy network. This network so focused solely on policy issues. Its purpose is to develop a policy direction that members can support.
- The planning network. These can be of several types. One type is a network focused solely on developing plans which can then be adopted or used by the various stakeholders. Another planning network is focused on developing a plan which it will then oversee and make or recommend funding for the plan.

These two types of networks are also referred to as public leadership networks in that their task is to provide direction, not management oversight.

- The intermediary organization. This is a network established for the distinctive purpose of providing a mechanism for blended or coordinated funding. Various funders contract with it to manage and coordinate their funding with that of other funders for optimum impact.
- The management network. This network is established for the express purpose of managing a service delivery network. It focuses on coordination, integration and system operations.

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<sup>4</sup> Marlowe, H.A. Public Management Networks. Working Paper.