

# Strategic Business Plan: Health & Human Services



## **1. Overview of Health & Human Services Strategic Focus Area**

The Health and Human Services Strategic Focus Area plan maps out the specific actions and outcomes for achieving the goals and strategies adopted by the Board of County Commissioners in their strategic plan. This plan focuses on the Board of County Commissioners funding and service responsibilities that are mandated by the state or adopted by Pinellas County, regarding health care, mental health and substance abuse issues, affordable housing and homelessness issues, emergency preparedness and recovery, and transportation. These issues were identified by Pinellas County residents as the most important issues for Pinellas County Government to focus on in the next decade.

The time horizon for the actions described herein is three to five years. Some projects may be completed within that time frame; other work may only be initiated. The goal of this plan is the mobilization of community leaders, citizens and providers, in partnership with government, to achieve increased access to user-friendly services, increased efficiency and effectiveness of the health and human service system, and increased enhancement and development of resources to help make Pinellas County a preferred community to live, work and play.

## 2. Health & Human Services Strategic Focus Area Summary of Situational Analysis

In developing the business plan, a number of issues were identified that have the potential to impact the execution of the Board of County Commissioners strategies:

Logistical: As the most densely populated county in Florida, it becomes more difficult to locate land in Pinellas County that is strategically located and large enough to house the proposed Health and Human Services Campus.

Funding: A number of strategies included in this plan, like the “virtual” one-stop center, the Health and Human Services Campus, and the service priorities identified by the Health and Human Services Coordinating Council will require considerable capital expenditure. When asked in the citizen survey what the most important issues are for Pinellas County government to focus on in the next decade, residents most frequently mentioned transportation, health and human services, and affordable housing. When asked if they would support a portion of the sales tax being used for healthcare and social services, 30.6% strongly supported it and 15.6% did not support it all. However, when asked if they would support an increase in property taxes to fund these programs, 3.2% strongly supported it, while 45.5% did not support it at all. If Pinellas county residents do not support funding these program expenses through either sales or property taxes other funding sources will need to be identified.

Regulatory: Sharing client information, whether via partnerships or in sharing technology, will face challenges from laws and regulation concerning the confidentiality of client information.

Human Capital: The Health and Human Services Coordinating Council will be managing outcomes rather than direct services through increased collaboration among health and human service agencies. Those involved in this process will need to have a different skill set than traditional service providers. The success or failure of these collaborations will most likely depend upon how well the team can master the challenges of: aligning goals, providing oversight, averting communication problems, coordinating multiple partners, managing the tension between competition and collaboration, and overcoming data deficits and capacity shortages. Due to the voluntary nature of membership in the Health and Human Services Coordinating Council, appropriate resources and support will need to be provided in order to overcome the member's time and resource constraints.

### **3. Health & Human Services Strategic Focus Area Strategic Plan Goals**

This business plan will provide the affected departments with the necessary information for implementing the Board of County Commissioners Strategic Plan. The goals for the Health and Human Services Strategic Focus Area are:

**HHS-1 - Increase access to user-friendly services through both improvements in ease of physical access as well as process and procedural access.**

**HHS-2 - Increase the effectiveness and efficiency of the service system.**

**HHS-3 - Enhance and optimize the resources available for the promotion of health and human services.**

The key intended outcomes for this strategic planning cycle are:

- Establishment and implementation of a Health and Human Services Coordinating Council that provides direction for a seamless, high quality health and human services delivery system with improved outcomes for the community.
- Increased community partnerships of health and human service providers to build more effective solutions and outcomes with enhanced stewardship of funding dollars for the community.
- Expanded “mobile” outreach services geographically to reach a broader base of the population.
- Actionable plans to increase access to transportation, affordable housing, and health care.
- Implementation of an actionable plan to significantly reduce homelessness.
- Identification of additional revenue sources, such as sponsorship of mobile services and Medicaid reimbursement, etc.

Long-term goals (more than three years):

- Improved health and human services system infrastructure to increase access to services through inter-agency sharing of data electronically.
- Enhanced stewardship of County dollars through the creation of the Health and Human Services Campus in Clearwater or another mid-county location, consisting of Pinellas County Human Services, Pinellas County Health Department, and Community Health Centers of Pinellas, Inc.

Overall, the success of this strategic focus area plan will be gauged by the results of 30 key performance measures that will be reviewed on an annual basis and again after Year 5. For each measure, the Health and Human Services Strategic Focus Area Team will establish a data source, methodology for measurement, baseline measurement and performance goals. Those key performance measures are:

- % one-stop center plan completed by end of FY 09
- % health and human service providers working to streamline and consolidate the eligibility process
- Overall satisfaction with system coordination and information about existing services (provider mail survey-qualitative comments)
- Citizen rating of accessibility of human service domain (county survey-scale 1-4).
- MMU I&2 user rating of satisfaction with the availability and effectiveness of service delivery
- % FMHI implementation plans completed by end of 2009
- % prioritized and costed transportation plan completed by 2009
- Number of Pinellas County citizens receiving uncompensated care in Pinellas County hospitals
- Projected annual homeless estimate in Pinellas County
- Number of disabled and disadvantaged assisted with public transportation
- Citizen rating of need and effectiveness of human service domain (county survey-scale 1-4).
- Number of homeless citizens contacted and identified through street outreach activities
- Number of homeless placed in permanent housing
- \$ for marketing earned from mobile services
- % increase in Medicaid reimbursement
- Pooled or coordinated funds as percent of total HHSCC funding
- Operating costs of combined Human Services, Veterans Services, Community Health Center, and Health Department
- % increase in client medical encounters on MMU I and all client encounters on MMU 2
- Number of hours spent in travel time / in-service hours for mobile services

- HHSCC established and operational by end of 2007
- Average annual attendance rate for each HHSCC public management network meeting
- % documentation of community wide investments completed for each major service area by end of 2008
- % documentation of updated or newly completed business plans for each focus area completed by end of 2008
- % policy options papers on targeted funding based on business plans completed by end of 2008
- Number of cooperative projects and the number of different partners (non-profits, government entities and business community) focused on implementing the HHSCC business plans
- % new Electronic Medical Record system implemented for the Mobile Medical van by 2008
- % live data collection system developed by the HHSCC by the end of 2009
- Number of formal and informal human service partnerships each year
- Number of HHSCC members attending training offered in problem solving, process mapping and other identified skills needed for collaboration and implementation of strategic business plans
- % Human Service employees responding positively that they understand how their job fits in with the BCC's Health and Human Services strategic plan.

#### 4. Health & Human Services Strategic Focus Area Strategy Execution and Proposed Deliverables

The following strategies apply to Goals 1, 2, and 3:

⇒ **Strategy HHS-3.0 Establish a Health and Human Services Coordinating Council to better and more efficiently meet the needs of the community by improving coordination practices between health and human service providers.**

Strategies HHS-3, HHS-4, HHS-9, HHS-10, HHS-11, HHS-12, HHS-15, HHS-16, and HHS-17 were grouped into actions under the new HHS-3 strategy to establish the Health and Human Services Coordinating Council.

⇒ **Strategy HHS-3.1 Establish a policy board to provide policy and funding guidance to the Council.**

The policy board will be responsible for setting the direction and priorities of the council. It will consist of eight members: three members of the Board of County Commissioners, three members of the Juvenile Welfare Board, the Sheriff, and one member that serves on the Board of County Commissioners and the Juvenile Welfare Board. The inter-local agreement between the Board of County Commissioners and the Juvenile Welfare Board to establish, fund and manage the Health and Human Services Coordinating Council for five years was approved on June 6, 2006. The Board of County Commissioners and the Juvenile Welfare Board will complete formation of the policy board and hold their first meeting at which they will set their meeting schedule for the year, by the end of Fiscal Year 2006.

⇒ **Strategy HHS-3.2 Hire the Executive Director, Planner, and Administrative Assistant to provide technical guidance to the Health and Human Services Coordinating Council.** The Policy Board will hire the Health and Human Services Coordinating Council Executive Director by the end of calendar year 2006. The Executive Director will hire the Planner and administrative staff within a three month time frame. It is critical for the Policy Board to identify and recognize the analytical, collaborative, and leadership skills needed by the Director when interviewing for this position.

⇒ **Strategy HHS-3.3 Establish an Administrative Forum comprised of chief administrators of all health and human service planning and funding entities operating within the county, during Fiscal Year 2007, to provide institutional systems guidance to the Health and Human Services Coordinating Council.**

Strategy HHS-3 is grouped into actions under the new HHS-3 strategy to establish the Health and Human Services Coordinating Council.

⇒ **Strategy HHS-3.4 Establish outcome focused public management networks.**

These networks will be comprised of Leadership Networks and Operations Networks, in four major service areas: Housing, Homelessness, Emergency Preparedness and Recovery, and Health / Behavioral Health to provide services guidance to the Health and Human Services Coordinating Council and develop and implement systematic and efficient approaches to service delivery designed around consumer needs. The Leadership Networks will address issues from policy, systems, strategic plans and funding perspectives. The Operations Networks will address issues from services, operations, and procedural perspectives.

The Homelessness network is already operational. The Homeless Leadership Network serves as the Leadership Group and the Pinellas County Coalition for the Homeless serves as the

Operations Network. Since the Health and Human Services Coordinating Council will not be fully staffed until approximately early 2007, the remaining three public management networks will not be functional until approximately the end of Fiscal Year 2007. The Policy Board will issue invitations to those selected to join the remaining three networks. Once full membership is formed, each network should choose a chair and vice-chair, each of whom will serve a one to three year term. The policy board will need to ensure that the public management networks are provided with adequate meeting space, resources, equipment, and support to facilitate their completion of assigned workload. Key intended outcomes are to have at least 75% average annual attendance for each Health and Human Services Coordinating Council public management network meeting and a high number of Health and Human Services Coordinating Council members attending training offered in problem solving, process mapping and other identified skills needed for collaboration and implementation of strategic business plans. The Health and Human Services Coordinating Council should be 100% established and operational by the end of 2007 and the number of formal and informal human service partnerships increased each year.

⇒ **Strategy HHS-3.5 - The Health and Human Services Coordinating Council staff will develop a data system for continual needs assessment and a website for transparency.**

In particular, the Health and Human Services Coordinating Council Planner will be responsible for technical planning, data management, and plans review. The Health and Human Services Coordinating Council will need to establish an advisory committee with members who have demonstrated technical knowledge and abilities to assist in developing a data collection system and website in 2007. This system will be initiated in 2008. The data should be accurate, timely and trustworthy and include information on consumer satisfaction, community expectation and concern, existing or emerging gaps or system faults, demand trends, funding trends, policy trends and proven and emerging practices to be utilized by the Health and Human Services Coordinating Council as well as other planning and funding entities. The goal is continuous information gathering from “live” data sources, as well as an organizational framework that provides a structure or system for data review and response. Assessment activities that are not continual in nature will need to be regularly scheduled.

⇒ **Strategy HHS-3.6 - Document community wide investments in each major service area.**

This will be the first task performed by each Operations Network. Assuming the networks are functional by the end of Fiscal Year 2007, the documentation of community wide investments should be completed by end of Fiscal Year 2008. This documentation will include a mapping or modeling of the various health and human service funding and delivery systems conducted for the purpose of identifying systematic gaps, cross system issues and key improvement points. The HHSCC Director will define the specifics of the deliverable for each network. Each network will break into work groups to complete the task and assign a team member to complete the documentation. Key intended outcomes are to complete the documentation of the community wide investments for each major service area by the end of 2008 and to increase the amount of pooled or coordinated funds as a percent of total Health and Human Services Coordinating Council funding.

⇒ **Strategy HHS-3.7- Update or develop business plans for each focus area that delineate needed resources and methods to obtain those resources.**

This will be the second task completed by each network. The business plans should be completed by end of Fiscal Year 2008. (The homelessness business plan – “Ten Year Plan to End Homelessness” is already complete.) The Health and Human Services Coordinating Council Director will provide the networks with the formatting for the business plan. Each network will break into work groups to complete the task and assign one team member to complete the documentation. In order to leverage existing resources to maximize the cost-

benefit of services, the key intended outcomes for this task and strategy are to complete the documentation of the updated or newly completed business plans for each focus area by the end of 2008 and to increase the number of cooperative projects and the number of different partners (non-profits, government entities and business community) focused on implementing the Health and Human Services Coordinating Council business plans. Health and Human Service providers will be surveyed to measure their overall satisfaction with system coordination and information about existing services. Pinellas County residents will be surveyed to measure their rating of accessibility in the human service domain.

⇒ **Strategy HHS-3.8 - Develop policy options papers on targeted funding based on business plans.**

This will be the third task completed by the Leadership Group for each network. The policy options papers should be completed by end of Fiscal Year 2008. The Health and Human Services Coordinating Council Director will define the formatting and what is expected from this deliverable. The document will need to include strategies for making changes to any policy, with assigned responsibilities and a time frame for completion. Upon completion of the documentation of community wide investments, business plan, and policy options paper, the networks will submit each document to the Administrative Forum to review, combine, and prioritize. The Administrative Forum will present their prioritized recommendations to the Policy Board for consideration and approval. These recommendations will then be used by the Administrative Forum as a basis for funding. The key intended outcome is to complete the policy options papers on targeted funding based on the Health and Human Services Coordinating Council business plans by the end of 2008.

⇒ **Strategy HHS-14 - Leverage existing resources with those of other funding sources, in particular Medicaid reimbursement.**

Strategies HHS-5 and HHS-18 were combined with Strategy HHS-14.

⇒ **Strategy HHS-14.1 - Meet with Agency for Health Care Administration to pursue contract for retroactive reimbursement from Medicaid for Human Service clients who are receiving Pinellas County Human Services medical insurance and have been approved for SSI.**

The Human Services Director will begin working on this strategy in January 2007. Before scheduling a meeting with the Agency for Health Care Administration, identify all retroactive Medicaid clients and the amount of money lost on reimbursable claims.

⇒ **Strategy HHS-14.2 - Evaluate and prioritize secondary options if the first approach is unsuccessful.**

Assuming HHS-14.1 is unsuccessful, Human Services will pursue one or more of these alternative approaches during Fiscal Year 2007. One approach is to meet with the Agency for Health Care Administration to pursue retroactive reimbursement from the 60% Federal dollars only, which is a state budget neutral approach. Another approach is to formalize the process of seeking Medicaid reimbursement from the providers instead of the Agency for Health Care Administration. A third approach is to pursue legislative options in order to try to make Pinellas County Human Services the ultimate payor of last resort and allow Pinellas County Health Services to directly bill Medicaid for the medical services provided. In order to identify additional funding sources, the key intended outcome for this task is to have a percentage increase in Medicaid reimbursement.

⇒ **Strategy HHS-14.3 - Build a Health and Human Services Campus in Clearwater or other mid-county location, consisting of Pinellas County Human Services and Veterans Services, the Health Department, and the Community Health Center.**

Quantify the cost savings for converting two leased properties into county owned properties and making the Pinellas County Health Department property in Clearwater available. Quantify the cost savings to be gained from the three agencies sharing resources and staff, as well as funding for the new property. The initial cost of capital for this project is \$29,500,000 but further analysis will need to be done to calculate the true cost of this capital project in order to maximize benefit / cost. The Health and Human Services Campus proposal was presented to the BCC for consideration for the Penny for Pinellas on July 25, 2006. If funding is approved, locate property to build the campus in Clearwater in 2010. This may require a dialogue with the City of Clearwater regarding possible locations that are centrally located yet fall within the guidelines of the Downtown Redevelopment Plan. In order to leverage existing resources to maximize the cost-benefit of services, a key intended outcome for this task is to have a percentage decrease in operating costs of the combined Human Services and Veterans Services, Community Health Center, and Health Department.

**The following strategies apply to Goal 1:**

⇒ **Strategy HHS-1.0 - Establish one-stop centers at key locations throughout the county.**

⇒ **Strategy HHS-1.1 - The Health and Human Services Coordinating Council (HHSCC) will evaluate the effectiveness of using outsourced staff in one-stop centers for direct services at key locations throughout the county to increase accessibility to health and human services.** Consider a one-stop center of out posted staff from various direct service providers, modeled after the St. Petersburg Salvation Army One Stop Resource and Outreach Center. This assessment would be initiated in 2008. Set goals and targets for the solution and identify means to measure outcomes. Pursue funding for the solution, implement and monitor outcomes. The key intended outcome measure is to have the plan for the one-stop center completed by the end of Fiscal Year 2009.

⇒ **Strategy HHS-1.2 - The Health and Human Services Coordinating Council (HHSCC) will evaluate the effectiveness of streamlining and consolidating the eligibility process for indirect services in order to expedite the delivery of Health and Human Services.** Consider a virtual one-stop center with a user-friendly, centralized intake, assessment, and referral computer system that allows various human service providers to become electronically integrated and reduce duplication of services. In addition to improving accessibility, the data collection offered by the virtual one-stop center would provide an effective tool for identifying and responding to changing customer needs. This assessment would be initiated in 2008. Set goals and targets for the solution and identify means to measure outcomes. Pursue funding for the solution, implement and monitor outcomes. To provide health and human services that are accessible and expedient, the key intended outcomes are to have at least 50% of the live data collection system developed by the HHSCC by end of Fiscal Year 2009 and to increase the percentage of health and human service providers working to streamline the eligibility process.

⇒ **Strategy HHS-2.0 - Continue and expand mobile services.**

⇒ **Strategy HHS-2.1 - Continue to leverage resources for the Mobile Medical Unit (MMU) and explore opportunities to leverage resources for the Human Services Connection Bus (HSC).**

Continue to pursue federal and state grants, annually. Explore partnership with other mobile teams, i.e. Project Hope and local hospitals with mobile services, beginning Fiscal Year 2007, and on an as-needed basis, if any other mobile services become available. Work with Front Row Marketing Services to offer vendors the opportunity to “wrap” the Mobile Medical Unit van

and HSC bus. Human Services will complete follow-up to Front Row's plan of action, due Nov. 23, 2006, by the end of Fiscal Year 2007. In order to identify additional funding sources, the key intended outcome for this task is to increase marketing dollars earned from mobile services.

⇒ **Strategy HHS-2.2 - Expand community access to mobile services.** During Fiscal Year 2007, Human Services will complete the following actions:

- A) Assess Mobile Medical Unit I and II delivery sites, at least semi-annually, to re-evaluate the service need at each site. A key intended outcome is to reduce the number of hours spent in travel time for mobile services.
- B) Develop and maintain a waiting list of sites requesting Mobile Medical Unit I and II services as space opens up.
- C) Survey users of Mobile Medical Unit II to determine most appropriate venue for services in order to improve accessibility.
- D) Work with community centers and faith-based organizations to investigate interest in establishing "mini-clinics" at selected locations countywide as an alternative to current Mobile Medical Unit II operations as a method to improve accessibility to the uninsured population.

⇒ **Strategy HHS-2.3 - Enhance awareness of the mobile programs.**

Human Services is collaborating with Communications to create a brand and publicize Mobile Medical Unit services with posters/brochures/media/ speaking engagements to the community. This marketing campaign will begin October 2006 as brochures and posters are completed and posted and will continue on an on-going basis. The branding will be completed and the vans will be wrapped with the new logo by the end of Fiscal Year 2007.

⇒ **Strategy HHS-2.4 Improve efficiency of service delivery.**

MMU I and II began streamlining the triage and prioritization process in December 2005. A key intended outcome is to have a 19% increase in client medical encounters on Mobile Medical Unit I and a 21% increase in all client encounters on Mobile Medical Unit II by the end of Fiscal Year 2006. Use customer satisfaction surveys to measure the effectiveness of the new service delivery process.

Work with Information Systems to develop a business case, in Fiscal Year 2007, for an electronic medical record system that is fiscally feasible and within the scope of the Health and Human Services strategic plan. Collaborate with Tampa Bay Regional Health Information Organization to determine if public health data from Electronic Medical Record on Mobile Medical Unit could be used to evaluate critical health outcomes. Pursue funding for the system in Fiscal Year 2007, implement and monitor service delivery outcomes. In order to have information management used to identify customer needs and assess productivity, a key intended outcome is to have 100% of the new Electronic Medical Record system implemented in the Mobile Medical van by 2008.

⇒ **Strategy HHS-6.0 - Increase case management capacity.**

⇒ **Strategy HHS-6.1 - Establish a system navigation / discharge planning program to remove barriers to services for the homeless or at-risk of becoming homeless population.**

The Board of County Commissioners has approved funding of three community case managers in Fiscal Year 2007. Community case managers will maintain a list of affordable housing and assist with system navigation, discharge planning, and housing placement for homeless citizens. The Board of County Commissioners has also approved funding to implement a homeless

prevention program to provide rent/mortgage assistance for persons at eminent risk of becoming homeless, or have recently become homeless and need to be quickly re-housed. Collaborate with the Homeless Leadership Network to develop a model, work plan, and expected outcomes for these programs. Issue an RFP to engage the services of a community agency to perform the screening, eligibility determination, and payment of rent for these clients in Fiscal Year 2007 for \$360,000. The program should become effective in January 2007 and the number of homeless placed in permanent housing will be monitored monthly. The projected annual number of homeless in Pinellas County will be reviewed at the end of each January.

⇒ **Strategy HHS-6.2 - Increase access to health care for uninsured and under-insured adults.** Temporarily divert funding from appropriations for uncompensated care to fund Health Access Network Demonstration pilot project which will provide information to the uninsured and under-insured about community-based health care programs or self-help services, referral to specialty services, and/or assistance navigating a health care and social support system characterized by complex and overlapping eligibility criteria. Implement the program in Fiscal Year 2006 in three community based sites. Each site will be staffed by one full-time Health Navigator and one full-time MEDNET<sup>®</sup> Navigator. Each site will be allocated medication and health services stipends to purchase medications to treat acute conditions and to provide a limited number of screening and diagnostic health care services. The number of clients served by the MEDNET<sup>®</sup> Navigators is secondary to the amount of retail pharmacy savings earned on secured medications. Current MEDNET<sup>®</sup> utilization rates indicate that each MedNet<sup>®</sup> Navigator has the potential to save approximately \$240,000 in annualized prescription drug costs, for a total savings of \$720,00 across all three project sites over the course of the 1-year demonstration period. The Human Services Director will conduct periodic reviews at twelve, eighteen, and twenty-four months in order to recommend program expansion, revision, or discontinuation.

⇒ **Strategy HHS-6.3 - Maintain and expand county wide Homeless Street Outreach Program's to increase access to services for hard-to-reach homeless citizens living on the streets.** Implement the Homeless Street Outreach Program, approved by the Board of County Commissioners for Fiscal Year 2007. This program will support one full-time outreach worker and related expenses for the operation of this program. The key intended outcome is a decrease in homeless citizens sleeping on the streets and instead attaining permanent housing. Use the St. Petersburg Homeless Street Outreach Program as a model to expand homeless outreach services to other areas of the county that have a large street homeless population, such as Clearwater and Lealman/Pinellas Park. The program should become effective in January 2007 and the number of unduplicated homeless individuals who achieve permanent housing based upon contact with these outreach services will be monitored monthly. A second intended outcome is to have the annual homeless survey reflect a decrease in the number of homeless citizens living on the streets.

**The following strategies apply to Goal 2:**

⇒ **Strategy HHS-7.0 - Develop implementation plan to address the priorities identified in the Florida Mental Health Institute Needs Assessment study.**  
HHS-7.1 The implementation plans for the three Florida Mental Health Institute funding priorities, Transportation, Affordable Health Care, and Affordable Housing, will be completed by the Health and Human Services Coordinating Council by the end of the 2009 strategic planning cycle. See strategy HHS-13 for completion of the Transportation implementation plan. The Affordable Housing implementation plan will be completed by the Housing network. The Affordable Health Care implementation plan will be completed by the Health / Behavioral Health network. Identify

and collaborate with the partners needed to accomplish this task. The Health and Human Services Coordinating Council Director will provide the format for these plans. The plan must identify implementation tasks, assign responsibilities, and provide a timeline. The Leadership Group should address and select funding strategies. Upon completion, submit to the Administrative Forum and Policy Group for consideration, prioritization and approval. Identify expected program outcomes. The implementation plan will be ready to execute and the program outcomes will be monitored in the next strategic planning cycle. In order to provide services based upon the needs of residents that improve their quality of life, the key intended outcomes for this strategy are the completion of the Florida Mental Health Institute implementation plans by end of 2009 and an improvement in the citizen rating of the need and effectiveness of the human service domain. A key intended outcome for the Health / Behavioral Health network is to reduce the number of Pinellas County citizens receiving uncompensated care in the emergency room.

⇒ **Strategy HHS-8.0 - Develop implementation plan to address the priorities identified in the Homeless Initiative study and the 10 Year Plan to End Homelessness.**

⇒ **Strategy HHS-8.1 - The Homelessness network will work from the priorities identified in the Ten Year Plan to End Homelessness to create an implementation plan in Fiscal Year 2007, identifying which strategies will be completed by whom and when.**

The Health and Human Services Coordinating Council Director will provide the format for the plan. The Homelessness network's Leadership Group should address and select funding strategies. Upon completion, submit to the Health and Human Services Coordinating Council Administrative Forum for consideration, prioritization, and approval. Identify expected program outcomes. The implementation plan will be executed, and the outcomes monitored, in various stages, based upon the assigned priority level, through 2015. In order to provide services based upon the needs of residents that improve their quality of life, the key intended outcome for this strategy is the completion of the Homelessness implementation plans by end of Fiscal Year 2007.

⇒ **Strategy HHS-13.0 - Conduct an analysis of transportation needs in coordination with Pinellas Suncoast Transit Authority and the Health and Human Services Coordinating Council that would consider (1) additional services or changes in policy to facilitate use; (2) support and expand special transportation systems for disabled and disadvantaged and / or (3) relocation of services to major transportation routes.**

⇒ **Strategy HHS-13.1 - Conduct an analysis of transportation needs.**

The Health and Human Services Coordinating Council will coordinate with the Planning Department's Program Planner to identify human service and transportation providers they need to collaborate with to complete the Municipal Planning Organization's Human Service Transportation Plan (in coordination with Pasco and Hillsborough counties) by July 2007. This plan is still in its early stages and Municipal Planning Organization / Planning has not yet made contact with any human service agencies for input. The deliverable will be a Human Service Transportation Plan containing accurate data to support transportation decisions and commitments. (The Human Services Transportation Plan is for all Federal Transit Administration programs for under-served populations: the Elderly Individuals and Individuals with Disabilities program; the Job Access and Reverse Commute program; and the New Freedom program.)

⇒ **Strategy HHS-13.2 - Once the Municipal Planning Organization's Human Service Transportation Plan is completed and the Health and Human Services Coordinating**

**Council is operational, the Health and Human Services Coordinating Council will create a transportation task team to coordinate with the Pinellas Suncoast Transit Authority to cost unmet transportation needs and identify any additional services or changes in policy that can facilitate the use of public transportation.**

By the end of the 2009 strategic planning cycle, the Health and Human Services Coordinating Council will have created a transportation task team to work with the Pinellas Suncoast Transit Authority, the Planning Department, and the Municipal Planning Organization to cost and prioritize unmet transportation needs identified by the Municipal Planning Organization Human Service Transportation Plan. Explore the Florida Statutes regarding needed changes that impact accessibility to transportation and involvement by Pinellas Suncoast Transit Authority in community planning. Contact the Pinellas Suncoast Transit Authority to determine the necessary steps to have bus stops added to high traffic human service agencies and residential areas with a high concentration of people living below the federal poverty level.

⇒ **HHS-13.3 - HHSCC will develop and implement a plan to address the priorities identified by the transportation task team.**

Transportation is one of the funding priorities identified in the Florida Mental Health Institute Needs Assessment study. This transportation plan is a part of the Florida Mental Health Institute implementation plan defined in strategy HHS-7. Reduce duplication of services by increasing coordination and consolidation efforts where appropriate. (Identify what is already available and include educating the public about what is available.) Identify federal, state, and local funding for remaining unmet needs. Issue Requests for Proposal for community agencies to provide transportation services within the scope of the developed transportation plan. Set goals and targets for programs and identify means to measure program outcomes. In order to provide services based upon the needs of residents that improve their quality of life, the key intended outcomes for this strategy are the completion of a prioritized and costed transportation plan by 2009 and an increase in the number of disabled and disadvantaged assisted with public transportation.

**No strategies apply solely to Goal 3. All strategies for Goal 3 will also be used to achieve Goals 1 and 2.**

## **5. Health & Human Services Strategic Focus Area Organizational Capacity Requirements**

### **5.1 Organizational Structure Changes**

- Some organizational procedural changes are anticipated in order to facilitate communication between agencies, if the Health and Human Services Campus is developed, in Clearwater or other mid-county location such as:
  - combining support functions
  - sharing purchasing responsibilities
  - establishing inter-agency lines of communication, etc.
- In order to maximize the number of clients served and the medical services provided on the Mobile Medical van, the number of hours spent in travel time will need to be minimized. Mobile Medical Unit delivery sites will need to be periodically evaluated based upon need and location in order to reduce travel time.
- Creation of a one-stop center of out-posted human service providers would require a capital investment for creation of the facility and organizational changes to facilitate communication between the agencies.
- Any changes in performance measures and targets will require that staff be provided with the necessary tools and resources to achieve the goals and avoid a decline in employee morale.

### **5.2 Technological Changes**

- Creation of a virtual one-stop center would require a secure computing environment, built to scale, and a significant investment in hardware, software, connectivity, training resources, support, and maintenance resources for all participating providers.
- Utilization of an Electronic Medical Record system will require an investment in software, training, support, and maintenance resources.

### **5.3 Human Capital**

- In order to successfully develop public management networks for the Health and Human Services Coordinating Council, participants will need to have the ability to master the challenges of: aligning goals, providing oversight, averting communication problems, coordinating multiple partners, managing the tension between competition and collaboration, and overcoming data deficits and capacity shortages. The Health and Human Services Coordinating Council will also need to identify what resources (laptops, projectors, BlackBerrys, etc.), office equipment (copiers, faxes, etc.) and meeting space will be used for the public management networks when they meet.