

OCT 27 1985

When the Going Gets Tough:
Ten Exemplary Human Services
Planning Efforts

Final Report

September 1985

Prepared for:

Office of Program Development
U.S. Office of Human Development Services
Department of Health and Human Services
220 Independence Avenue, S.W.
Washington, DC 20201

Prepared by:

Urban Systems Research & Engineering, Inc.
1519 New Hampshire Avenue, N.W.
Washington, DC 20036
(202) 667-4880

Table of Contents

Foreword from the Hon. Dorcas Hardy, Assistant
Secretary for Human Development Services

<u>Chapter</u>	<u>Page</u>
EXECUTIVE SUMMARY.	i
PREFACE.	v
1 INTRODUCTION	1-1
Purpose of the Study	1-2
Background	1-3
Methodology.	1-4
Organization of this Document.	1-5
2 ANALYTIC FRAMEWORK	2-1
What is Planning?.	2-2
Components of the Planning Process	2-3
Different Types of Planning.	2-5
Selection Criteria	2-8
3 TEN EXEMPLARY PLANNING EFFORTS	3-1
The Comprehensive Planning Process of the Iowa Department of Human Services.	3-2
The Comprehensive Service Planning Process of the New York State Department of Social Services.	3-6
The Comprehensive Planning Process of the Denver Regional Council of Governments Area Agency on Aging	3-12
Comprehensive Planning by the Planning & Development District III, Yankton, South Dakota	3-16
Strategic Planning by the South Carolina Developmental Disabilities Council & Administering Agency	3-21
The Strategic Planning Process of the Minnesota Governor's Planning Council on Developmental Disabilities.	3-27
Allocative Planning by the Connecticut Negotiated Investment Strategy	3-32
Allocative Planning by the Pueblo (Colorado) Health and Human Services Committee.	3-39
Remedial Planning by the Wisconsin Community Options Program	3-44
The Plan-for-a-Planning Process of the Maryland Governor's Task Force on Teen Pregnancy.	3-51

Table of Contents
(continued)

<u>Chapter</u>	<u>Page</u>
4 CROSS-CUTTING THEMES	4-1
Overall Observations	4-2
Demonstrable Results	4-2
Utilization and Integration into Management.	4-3
Networking	4-5
Grounded in Sound Data and Analysis.	4-10
The Challenge to Management.	4-12
Summary.	4-13
5 TOWARDS MORE EFFECTIVE PLANNING.	5-1
Step 1: Determine the Need for Change	5-2
Step 2: Identify Alternative Planning Techniques.	5-2
Step 3: Select the Planning Process Most Clearly Suited to Your Needs.	5-3
Step 4: Create the Environment for Planning	5-3
Step 5: Transfer the Most Appropriate Planning Process.	5-4
A Final Word	5-6
Appendix A: Human Services Planning Projects Reviewed by USR&E (Listed by Type and by Agency)	

EXECUTIVE SUMMARY

A four page executive summary will be provided in the final version of this report

Preface

This report is made pursuant to Health and Human Services (HHS) Contract No. 105-84-8102, Task Order K.

The names of the persons employed by Urban Systems Research & Engineering, Inc. (USR&E) with professional responsibility for the content of this report are:

Bill Benton, Officer-in-Charge
Isabel Reiff, Project Manager
Bonnie Sether Hasler, Senior Analyst
Reginald Burd, Senior Analyst
Mark Tipton, Analyst
John Hansan, Senior Research Associate

USR&E staff wish to express their appreciation to the many persons who provided invaluable assistance to our work. In particular, we wish to acknowledge the continued support of our Government Task Order Officer, John Doyle of the Office for Program Development, U.S. Office of Human Development Services (HDS). In addition, we received timely encouragement, guidance, and assistance from Ms. Marlys Gustafson, Mike Fishman, and Ms. Deborah Bass also of HDS' Office for Program Development.

Obviously, our work would not have been possible without the cooperation of officials in each of the ten organizations identified as having exemplary planning processes. We are appreciative, too, of the suggestions of human service professionals within HDS Central and Regional Offices, national human service organizations, and academia who brought their work to our attention.

Despite all of the assistance we received, the statements and conclusions contained in this report are those of USR&E and do not necessarily reflect the views of the U.S. Department of Health and Human Services. USR&E alone assumes responsibility for the accuracy and completeness of the information contained in this report.

Chapter One

Introduction

This chapter describes the purpose and background of this study of exemplary state and local human service planning. The methodology employed in this assessment is also explained.

Purpose of the Study

The purpose of this study is to report the activities of ten human service organizations led by individuals who have dared to innovate in the face of substantial pressure to curtail spending. These organizations have tackled controversial issues head on at a time when risk avoidance might have been expected. In so doing, these organizations have aggressively harnessed the energies of those outside their agencies who have traditionally not been a party to either the management or delivery of social services. As a result, we believe these organizations have demonstrably improved the efficiency and effectiveness of the social services they provide. The states and communities these organizations serve are better off because of their efforts. Perhaps most important, we believe their activities provide models worthy of emulation.

The common thread running through each of these initiatives is planning. As we define it, planning is taking the initiative to change the future, instead of simply reacting to events that happen. Although a great many factors are beyond the control of any manager in the human development services, planning represents a thoughtful attempt to make things different than they might otherwise be.

By sharing ten planning initiatives which we consider to be exemplary, we are attempting to accomplish three things. First, we desire to recognize excellence, rewarding in a small but significant way, the outstanding leadership of organizations comprising the network of America's human development services. Second, by documenting and showcasing exemplary planning activities across a wide range of agencies, we hope to provide a set of practical (rather than theoretical) tools for human service managers at all levels to improve the performance of the programs for which they are responsible. Finally, we seek to rekindle an enthusiasm for planning in the human services, an enthusiasm free from the faddish pressure for orthodoxy which has burdened such efforts in the past.

Background

The late 1960's and early 1970's were the heyday of human services planning. Planning initiatives at the Federal level included Model Cities, Partnership and Services Integration Targets of Opportunity. Indeed, nearly every Federal grant-in-aid program contained a requirement for the recipient state or local government to submit a "plan" detailing the problems to be addressed by the program, the objectives of the program in relation to those problems, the activities to be undertaken to meet those objectives, and the measures by which the effectiveness of the activities could be evaluated.

While each program's planning requirements could perhaps be defended on their own merits, in aggregate such planning requirements were not defensible. The multiplicity of categorical grants-in-aid to a single recipient jurisdiction meant that state and local governments were asked to prepare not one, but several plans. Moreover, since managers of individual Federal programs developed their planning requirements in isolation, without reference to one another's efforts, there was little rhyme or reason to confusing and often contradictory planning requirements emanating from Washington, D.C. As a result, planning became a ritual part of the game of "grantsmanship," efforts by state and local governments to secure additional Federal funds for the sake of additional Federal funding. In the process, planning was reduced to little more than an inordinately expensive charade or rote effort to comply with Federal requirements. As such, Federal planning mandates were roundly criticized as "roadblocks" to effective governance at the state and local level.

An integral part of New Federalism has been the consolidation of categorical grants-in-aid into block grants and the elimination of most pre-existing Federal requirements for planning on the part of state and local governments receiving block grant funding.

Ironically, the planning efforts which are reported in this monograph have taken place in the vacuum created by New Federalism.

Initiatives which serve as the basis for this report have been undertaken to accomplish substantive results of value to the particular state or locality. As presented in this report, planning is not a technocratic activity. Rather, the planning we document in this report is seen as a vital, central function of the human service organizations studied.

Methodology

A considerable amount of work has been done concerning human services planning. We thus began this project by reviewing the literature, accessing available data bases such as Project SHARE and an inventory of projects funded by the U.S. Department of Health and Human Services (HHS), and referring to the project team's own experience.

Our initial tasks were to develop a working definition of "planning" and to identify projects that were potentially exemplary. To do this, we contacted each of the Administrations comprising the U.S. Office of Human Development Services (HDS), all ten HDS Regional Offices and representatives of national associations representing human service organizations across the country.

We were pleasantly surprised by the large number of planning activities underway at the state and local level. Our review process generated more than one hundred candidate planning activities from which over thirty potentially exemplary planning processes were identified.

From these potentially exemplary planning efforts, ten were selected for in-depth review. The ten selected reflect the diversity of America's human development services network. Included are programs serving the aging, developmentally disabled, children, adolescents, and the general population. The planning activities identified have been undertaken at both the state and local level. Some of the projects have received special Federal financial support, others have not. Finally, the planning activities selected are geographically diverse, scattered across the United States.

Organization of this Document

Chapter Two briefly presents our analytic framework. It discusses the types of planning that we are considering in this project. Chapter Three describes each of the ten exemplary planning projects. Cross-cutting themes are set forth in Chapter Four and suggestions for the transfer of this technology are contained in Chapter Five.

Chapter Two

Analytic Framework

This chapter presents both an overall definition of "planning" as well as a more detailed taxonomy of the different types of human service planning. The study's criteria for selecting "exemplary" projects are also explained.

What is Planning?

Planning, as we define it, is seldom performed by planners. Although public human service agencies frequently have professionals who are called "planners" who are assigned "planning" responsibilities, an examination of the work these professionals do reveals little of what we would define as planning.

As a result, we find it useful to distinguish between "plan-making" and "planning." Although many planners and planning units are involved in making plans, we only include in our definition of planning those activities which are directly, explicitly, and measurably related to action by management. Therefore, much of what we consider planning is at the core of the work done by managers and other policy-makers.

Operations without planning have no sense of direction. Similarly, absent planning, there is no benchmark against which the efficiency, effectiveness, and appropriateness of social services can be evaluated.

Though we clearly feel that planning is an important and integral part of management, we do not feel that planning is intrinsically good. In the past, expenditures in support of human services planning have been largely based upon arguments that planning is, per se, the "right" thing to do. In accepting the contributions of planning as an article of faith, the tangible benefits of sound planning have seldom been identified.

It should not be surprising, therefore, that planning expenditures are often viewed as luxuries or frills, extremely vulnerable during times of budgetary cutbacks. Although understandable, this vulnerability is also regrettable in that the decisions made during periods of retrenchment are every bit as important as (we would argue more important than) decisions made during periods of program expansion. Despite the importance of planning in making sound cut back decisions, we have observed human service organizations cutting back on their planning units during the past several years. We suspect that

such units were vulnerable because they were engaged in plan-making, not planning.

In summary, our definition of planning recognizes that planning is a vital management function that can, indeed, be related in a measurable way to the appropriateness, efficiency, and effectiveness of human development services. Public human service agencies can not afford the "window dressing" that constitutes plan-making.

Components of the Planning Process

Although planning is a part of management and decision-making it is not synonymous with them. In a general sense, planning usually refers to the analytic steps involved in making "rational" decisions. These include:

- o Defining the Problem -- The process of defining the problem involves being very specific about where the problem (e.g., the homeless, teen pregnancy, or child abuse and neglect) is more (and less) severe. Defining the problem involves documentation as to how many people are (are not) affected, what the characteristics are of the people affected (in contrast to those not affected), and whether the problem is growing or declining.

Good problem definition permits public agencies to either avoid the costs associated with serving everyone (including those who do not need the service) or to derive the greatest benefit from a given amount of resources.

- o Assessing the Current Situation -- This step involves a thoughtful description of the current service network. Assessing the current situation includes documenting the flow of activities (e.g., how do people come to the attention of the agency and where do they go after care?), the relationship among actors, and the extent of services are actually or potentially provided by each organization.

Defining the service network, therefore, can enable public agencies to identify where their unique contribution will be most appropriate in relation to the work of others.

- o Developing of Goals and Objectives -- Human service professionals today are more modest than they once were. They recognize that they can not be all things to all people. They recognize that there are some problems, no matter how compelling, which are better served by others. Similarly, it is increasingly recognized that the technology for preventing or dealing with some social problems simply does not exist.

Thus, we feel strongly that all public programs require a clear statement of goals and objectives, the results expected of the service. Such statements of direction, in and of themselves, are powerful organizers of effort involving large numbers of people. They are also helpful in securing the cooperation of organizations outside the public human service agency.

- o Developing Implementation Strategies -- Ultimately the planning process must make decisions about a course of action. Given a statement of a problem and in the context of particular goals and objectives, what should be done? By whom?

The most effective implementation strategies are specific: they identify the tasks to be done, the lead responsibility for each task, and schedule for their completion. Effective implementation plans are also specific about what they seek to accomplish and provide for at least a minimal capability to monitor progress and results.

- o Allocating Resources -- Planning, as we have defined it, is not simply an articulation of aspirations. In addition to setting forth where you want to go, planning involves the process of identifying the resources necessary to carry out the plan.

Depending upon the particular agenda of actions, necessary resources will include staff, funds, computer services, and other costs. Although it is legitimate to include a task for obtaining resources in an implementation plan, without a realistic expectation that the requisite resources will be available, planning becomes plan-making.

- o Feedback -- The ultimate test of a planning process is whether something happened - and whether the outcome was desirable.

Monitoring and evaluation are vital links to the planning process. Human service programs almost never

get implemented the way they were designed. Similarly, human service programs almost always have unintended effects (some good and some bad). For these reasons it is important for the earlier stages of the planning process to be executed in such a way as to permit for this type of assessment.

As should be evident, sound data collection and analysis are an important part of each of these tasks. Of particular assistance to decision-makers in the human services is the timely advice of analysts. Although many decision-makers have no patience for research, they are extremely interested in what has been tried before and what has "worked" elsewhere.

Different Types of Planning

Since planning serves a variety of purposes and plans are developed for different reasons, a lot of different activities are legitimately included under the label of "planning."

For the purposes of this study we adopted a categorization consisting of five planning types: comprehensive, strategic, allocative, remedial, and plan-for-a-plan. Each of these types is discussed below.

- o Comprehensive Planning: Comprehensive planning is a formal process which typically incorporates all of the steps that are conventionally considered part of the planning process (e.g., defining problems, developing goals and objectives, formulating implementation strategies, allocating resources, and evaluating outcomes).

Comprehensive plans tend to be routine, relatively stable, long-term and encompass the full range of organizational resources towards a common goal. A comprehensive plan may address an agency or a unit within an agency. Whatever their scope, such plans are complete in the sense that they address the full range of resources, activities and goals of that operating unit.

In a sense one could say that comprehensive plans are "optimizing" plans - they consider all of the costs

and benefits of every alternative or option available to management.

A good example of a comprehensive plan is the Consolidated Service Plan of the New York State Department of Social Services. This is a three year plan that is updated annually, sets Statewide and local goals and priorities, and forms a base for local operations assessment of progress and State monitoring.

- o Strategic Planning: Until rather recently, it was commonly believed that the only "good" planning was comprehensive planning. It is increasingly recognized that there is a role for more selective, issue-focused planning.

At their core, strategic plans are opportunistic. They are situational in that they are sensitive to the political context which surrounds a particular issue or program. They are also ad hoc, and need not be undertaken according to a regular schedule or routine.

Change is an important component of strategic plans. Unlike comprehensive plans, strategic plans deal with "suboptimization" - consideration is limited to those alternatives which are directly relevant to the issue at hand.

In South Carolina, the Developmental Disabilities Council uses strategic planning to affect the environment in which services are delivered to persons with developmental disabilities, through legislative change and brokering with service provider agencies.

- o Allocative planning: Such plans involve the distribution of resources among alternative populations, problems or programs. Essentially, allocative plans "divide the pie."

Since there always seems to be a legitimate demand for more resources that are available to the human services, allocative planning is the process by which competing services are assessed and compared and priorities are established.

Deliberate, differential funding decisions - increases or decreases - are the result of allocative planning processes. We do not consider across-the-board, formula or other rote allocations of resources to be planning.

Connecticut uses a Negotiated Investment Strategy through which state, local, and private service providers, with the help of a professional mediator, jointly determine priorities and allocate Social Service Block Grant funds.

- o Remedial Planning: Remedial plans involve "problem fixing" and can be relatively independent of the external environment. They may deal only with symptoms and seldom question underlying assumptions or basic premises.

Remedial planning is extremely pragmatic (i.e., "If it's broke, fix it . . . If it isn't, don't.").

While much remedial planning is internal and extremely specific (far more narrow than other forms of planning), opportunistic planners can parlay the existence of a problem into creative strategies for program development (strategic planning) or longer term comprehensive planning.

Wisconsin sought to reduce the number of residents in nursing homes and institutions through a Community Options Program that encourages each county to develop alternative home based service programs.

- o Plan-for-a-Plan: This type of planning is perhaps the least understood and appreciated form of planning. Nevertheless, we believe that few plans (whatever their type) will be successful without first developing a plan-for-a-plan.

Planning-for-a-plan includes those activities which are involved in designing and developing a planning process appropriate to the needs of the organization or problem at hand. It is, in a sense, the "getting organized" prerequisite step to any planning effort.

Planning-for-a-plan involves carefully thinking through the process by which the plan will be developed. This would include considering who should

be involved, what the issue agenda or mandate to the planning process should be, and when the product is expected.

The Governor of Maryland appointed a Task Force on Teen Pregnancy which has undertaken to analyze factors which contribute to the high rate of teen pregnancy in Baltimore City and develop an agenda for the State in reducing the extent of the problem. In so doing, he had a clear sense of who was to be involved and communicated what he expected of the Task Force.

It should be pointed out that we have eliminated a sixth category, compliance planning, which many others have included in their analytic frameworks. Although much of what has been called planning at the state and local level has been, in fact, mere compliance with external requirements, at best such efforts might be more accurately called reporting than planning.

Given our definition of what constitutes planning, its component parts and many forms, the important issue then becomes, when is planning truly exemplary? Which state and local agencies are conducting their planning activities in such a way that they are producing better results, are getting more of their programs implemented, and are better able to achieve their objectives in controversial or budget tightening situations? Simply stated, which agencies have planning processes that others can learn from?

In the next section we present our answers to these questions.

Selection Criteria

Much of our sense of what constitutes "exemplary" planning is derived from our special definition of what constitutes "planning." Specifically, we feel that there are four distinctive features of exemplary planning:

1. Exemplary Planning is Demonstrably Effective -- Planning is a means to an end and not an end in itself. The ultimate test of exemplary planning is when the effort not only informs decision-making, but produces results which justify the investment in planning.

Stated differently, good planning is planning that works.

This does not mean that the sole purpose of exemplary planning is to save money. In addition to reduced costs, worthwhile results could include:

- o More or better services for the same expenditure
- o Increased efficiency (i.e., lower unit costs)
- o Specific program policy changes, or
- o Preferred client outcomes.

The link between planning activities, however exemplary, and outcomes is not always obvious. We suspect that the past inability to link analytic efforts with results has accounted for substantial disinvestment in planning. In times of scarce resources, exemplary planning is a necessity, not a luxury.

2. Exemplary Planning is Utilized and Integrated into Management Functions and Utilized -- We see planning as an integral part of management. Exemplary planning is central, not tangential, to the key decisions made by organizations. Exemplary planning is not "window dressing," (i.e., processes adopted to look good, but neither useful nor used in the decision making process).

In order to increase the likelihood of utilization, planning must be timely. Decision-makers must have the information they need when then need it in order to make their decisions. Since (all too often, unfortunately) decisions must be made within a defined time frame with or without planning input, it is incumbent upon the planner or planning function to produce their input within extremely short deadlines.

Obviously managers can assist the work of planners by articulating their needs as far in advance as possible. Similarly, planners can help themselves help managers by anticipating the data needs of the decision-making process and making those data available when needed, whether requested or not.

Improving the flow of timely, relevant, and credible data to decision-makers in human service agencies is generally a matter of demand, rather than supply. When planners know that their data are in demand by management and will be used in decision-making, we have invariably observed that the quality of those data improve.

Exemplary planning is relevant to priority problems. Planning efforts should address questions that decision-makers care about. Planning efforts which are continually irrelevant to the "gut" decisions being made are misplaced.

Given the unstable environment in which planning occurs in the human services, planning processes should be dynamic - that is, they should be capable of being changed and adapted to ever-arising crises and issues. Unduly elaborate, cumbersome, and rigid planning processes do not last long in the human services. Therefore, one way of determining whether planning processes are dynamic or not is to determine whether they have established a track record. Repetition is a related characteristic of good planning. Presumably something must be working if a process is performed repeatedly.

We also felt that exemplary planning should be somewhat institutionalized. Beyond simple repetition, we felt that exemplary processes should be able to survive changes in political administrations. Interestingly, however, our investigation underscored the importance of leadership in exemplary planning.

3. Exemplary Planning Establishes Reasonable, but Ambitious, Boundaries -- At a minimum, and it almost appears self-evident, planning must be cognizant of resources, authority and boundaries.

This does not mean that the planning must be unnecessarily (or unimaginatively) constrained by these resources, authority and boundaries. However, plans must be cognizant of the limits faced by the decision-makers and participating organizations for implementation.

Good planning can not be accused of being "pie-in-the-sky" daydreaming. Where it is thought desirable to exceed established resources, boundary, and authority limits; such boundary-stretching is done in a deliberate, explicit, and strategic manner.

We undertook this project with some preconceived notions as to what might make a planning process exemplary. We thought that the planning should involve energetic efforts to go beyond the boundaries of a particular organization by networking (e.g., establishing new linkages with other agencies, private sector bodies, and interest groups not normally associated with decision-making in public human service agencies).

Examples which demonstrated such networking efforts were of particular interest to us. In fact, as we discuss later, we found that even our understanding of networking was based upon traditional notions of boundaries which were far too static. The exemplary processes we observed tended to take the initiative and reformulate boundaries based on individual problem definitions.

4. Exemplary Planning is Grounded in Sound Data and Analysis --
The analytic techniques used to support good planning should be technically sound. They must be defensible and appropriate for the audience. Even if the strategies proposed are defensible, the analytic techniques and data should be beyond reproach so as not to lessen the credibility of the ultimate plans. The central issue here is appropriateness of the analytic technique to the problem and audience at hand. We do not, therefore, equate sophistication with technical soundness. Complicated econometric models might be useful in formulating a strategy but inappropriate in a legislative process.

Exemplary planning produces products that are user friendly in addition to being sound and credible. Increasingly, the way in which data are presented to management affects their acceptance. Recent developments in computer graphics are one example. Although we did tend to find extremely attractive publications in several sites, surprisingly there were not many examples of computer applications or other "flashy" techniques.

Innovative analytic techniques are likely to be a component of exemplary planning. Of particular interest were creative approaches to data collection and analysis - new ways of approaching needs assessment, of defining problems, of collecting data. Another characteristic of exemplary planning is that it is anticipatory rather than reactive, helping the decision-maker to stay on top of emerging situations.

Finally, planning involves a reasonable level of effort, an investment commensurate to the importance of the decisions being made. Token investments in planning are hardly worth the effort. Similarly, expensive planning processes are luxuries that few state and local human service agencies can afford.

The ten planning processes which we identified as best meeting these criteria are identified in Figure 1. As shown, they run the gamut from state to regional and local agencies, they represent a mix of planning types, and deal with the full range of human development programs.

Chapter Three describes each the ten state and local planning processes identified as exemplary as a part of this study.

Figure 1

Characteristics of Ten Exemplary Planning Processes

<u>Organization</u>	<u>Geographic Area</u>	<u>Type of Planning</u>	<u>Program Scope</u>
Iowa Department of Human Services	State	Comprehensive	All Human Services
New York State Department of Social Services	State	Comprehensive	Social Services, incl. Child Welfare
Denver Regional Council of Governments	Regional	Comprehensive	Aging
Planning & Development District, Yankton, South Dakota	Regional	Comprehensive	Community Development, Day Care, Head Start
South Carolina Developmental Disabilities Council and Administering Agency	State	Strategic	Developmental Disabilities
Minnesota, Governor's Planning Council on Developmental Disabilities	State	Strategic	Developmental Disabilities
Connecticut Negotiated Investment Strategy	State	Allocative	Social Services Block Grant
Pueblo Health and Human Services Committee, Colorado	Local	Allocative	Revenue Sharing and Local Funds
Wisconsin Community Options Program	State	Remedial	Aging, Developmental Disabilities
Governor's Task Force on Teen Pregnancy, Maryland	State	Plan-for-a-Plan	Adolescent Pregnancy

Chapter Three

Ten Exemplary Planning Efforts

This chapter briefly describes each of the ten exemplary state and local planning efforts selected by project staff. Contacts for each case are found in Appendix A at the end of this volume.

The Comprehensive Planning Process of the
Iowa Department of Human Services

Medical care for indigent populations has been a long standing problem in Iowa. A situation where all indigent care was provided by the University of Iowa was creating problems for rural residents and was also contributing to a two-tiered medical system based on income.

In response to this problem, the State Legislature sought a system that would better serve residents who did not live near the University. The Governor, recognizing serious financial implications opposed adoption of a potentially expensive statewide program for medically indigent individuals. Unable to resolve this impasse, the issue was referred to the Iowa Leadership Roundtable.

Background

The indigent care issue - and the problem of providing quality human services in an era of reduced Federal funding - is typical of the controversial issues which are referred to the State and local human services forums, the outgrowth of "networking" and participatory planning activities initiated by the Iowa Department of Human Services. Involvement of business and community leaders grew out of DHS management's concerns about reductions in Federal funds and the rising costs of particular services. This involvement has been institutionalized in the form of Local Human Service Planning Councils and Human Service Forums. These Councils typically include representatives from area agencies and organizations including the United Way, Junior League, Chambers of Commerce, colleges, religious organizations as well as government. The Forums have been held on the statewide level as well as for regional audiences and tend to reflect local issues.

The Department of Human Services unified planning system combines a top-down and bottom-up approach emphasizing discussion and participation in all affected management areas within the Department as well as those external to the Department. Formal feedback loops and negotiation are stressed in all planning processes as a means to aid in the transfer of information and reaching a consensus.

DHS' planning consists of four functions: long-range forecasting and strategic planning, compliance planning, two year program/budget planning, and special issue planning.

DHS employs needs assessment, research, evaluation and innovative analytic techniques in connection with its planning. Significantly, each of these components are linked in a comprehensive planning process which is the central human service policy process of the State.

DHS has involved the broader community, particularly business leadership, in developing meaningful public-private partnerships. Through Local Human Services Planning Councils and Statewide and Regional Human Services Forums, DHS has encouraged extensive community participation in the planning process.

The Local Human Service Planning Councils were initiated in 1981 and now operate in forty-four communities. These Councils act as a mechanism to draw together persons and groups concerned about social needs. These groups have worked to expand the available services in response to specific community needs.

Human Service Forums have been a means for prominent citizens to focus attention on issues in human service. Statewide forums have been held to discuss broad needs and specific issues. Importantly, both the Governor and legislature assign important, controversial issues to this process for analysis and recommendation - the indigent medical care issue being an example of one such issue.

At the substate level, nine Regional Human Services Forums have been held on specific topics. Community leaders and literally thousands of interested members of the general public have participated in these Forums.

Criteria

Demonstrably Effective

As a result of the Leadership Roundtable's work, beginning January 1, 1986, medically indigent Iowans will be served by a limited health care program partially funded by a tax on Blue Cross/Blue Shield premiums.

The Leadership Roundtable has also tackled such issues as organ transplants and children in jeopardy. The latter initiative resulted in the enactment of 15 pieces of legislation by the State Legislature. This legislation is designed to improve the coordination of efforts to protect Iowa's children from abuse, neglect, and abduction.

Although data on specific client outcomes are limited, there is no question that there are specific policy and program changes that can be directly attributed to the Human Services Forums and Councils. In Wapello County, local council members worked with officials at the John Deere Company to assist laid-off employees with community services. In the Waterloo District, council members designed a model surplus commodity distribution program which was subsequently adopted by DHS for use on a statewide basis. In Polk County (Des Moines) the Human Services Coordinating Board (HSCB) has been involved in housing assistance, food distribution, domestic violence, the paratransit system and job training. Just recently, the HSCB has put forward a plan to become the oversight organization for coordinating child care in the Des Moines area.

Integrated into Management Functions and Utilized

There is considerable evidence that the councils and forums are integrated into management. Two pieces of evidence are predominant. First of all, the Governor and the Legislature routinely refer (difficult) issues to the Forums for consideration. Second, state officials are participants in both council and forum processes. DHS district administrators serve as staff coordinators for the Regional Human Services Forums. In this way they participate in the decisions that are being made - and they benefit from the discussion that takes place with community representatives.

Participatory/Networking

Clearly Iowa has developed a process that is participatory and which builds upon the cooperation of both public and private sector players. The Councils include representatives from area agencies and organizations that provide and pay for human services. In addition representatives of the United Way, Junior League, Chambers of Commerce, religious organizations, colleges, local public agencies and elected officials participate. The initial statewide Human Services Forum had two prominent business executives as co-chairs. Elected officials and government agencies were well represented but 60% of the participants were from business and industry. At the Regional Human Services Forums a total of 700-800 leaders participated.

Grounded in Data and Sound Analysis

The Department's planning system is grounded in data generated by program operations and basic services reporting systems. These data are supplemented by periodic needs assessments and special studies. The assessment of the indigent care issue was supported by an outside contractor.

Contact

Michael Reagen, Ph.D., State of Iowa Department of Human Services
(515) 281-6028.

The Consolidated Services Plan of the
New York State Department of Social Services

The Consolidated Services Plan of the New York State Department of Social Services, a three year plan administered by the Department, is actually a compendium of plans prepared by the State's 58 districts (county departments of social services) according to guidelines and through a process specified by the Department. The plan replaced four separate child and adult social services plans which had been prepared annually until 1981. The Consolidated Services Planning process integrates the planning of a number of services for which planning had been done independently; expands the boundaries of traditional planning by requiring the cooperation of State and local agencies to make the plan work; is longer in range than an annual plan and is repetitive rather; and is integrated into management through cyclical plan preparation and regular monitoring.

This process has undergone some changes since its inception after districts and the State mutually recognized the inflexibility of the State-identified issues process in the first three year planning cycle. For the second planning cycle, the Department designed a "consultation process" by which districts could challenge the relevance or significance of any issue cited by the Department. Under this provision, a district's plan need not address a challenged issue if the district convinces the Department that the data which gave rise to the issue are misleading and that it is thus invalid or that the issue is less significant than the Department previously thought. In this case, the district may choose to substitute its own issues for those dropped by the State, but it is not required to do so as long as each major program area has at least one priority. On the other hand, if the Department does not agree with the district's objection to the issue, the district must address it for the plan to be approved by the Department. Districts were required to submit any exceptions to the

proposed State-identified issues by May 1, 1984.

Background

The Consolidated Services Plan of the New York State Department of Social Services is the result of State legislation enacted in 1981 which provided for the integration of four separate annual services plans (Family and Children Services Plan, Protective Services for Children Plan, Protective Services for Adults Plan, and the Comprehensive Annual Social Services Program Plan) into one three year consolidated plan. The plan is the first multi-year statewide plan which incorporates all services for children, families, and adults which are funded through federal Social Security Act Titles IV-B and, XX, as well as through State and local sources including mandated and non-mandated preventive services, Teenage Pregnancy and Domestic Violence programs, 50/50 State/local funds and 100% local funding. The purpose of the plan is to provide a three-year framework for the use of over \$600 million of Federal, State, and local funds at the local level to meet service needs.

Although the plan is prepared triennially, implementation reports are required from the districts for the second and third years of the plan cycle. The first Consolidated Services Plan was for April 1982 - September 1984. The planning cycle has since been changed to a calendar year basis and the current plan covers January 1985 - December 1987.

The planning process which culminated with the current Consolidated Services Plan that took effect in January 1985 actually began about two years before then. In the winter of 1982-83, staff of the Bureau of Policy Planning (BPP) began "first cut" discussions among themselves and with representatives of certain offices outside their Division such as the Office of Program Planning, Analysis and Development (OPPAD). At this point, discussions concerned the framework of the plan and how it could be improved, rather than the specific goals for each district and service. By the spring of 1983 BPP staff began discussions to

translate their understanding into a consensus on the content of the guidelines for plan preparation which the Department would be sending to the districts in draft form approximately nine months later, in January 1984. These discussions on the guidelines emphasized simplification of the plan preparation process for the districts. Discussants at this point were a group of about ten people including BPP central office staff, OPPAD staff, representatives of the Division of Adult Services, and the directors of the Division's four regional offices. In mid-summer 1983 the draft guidelines were circulated for comments to the three units involved in the discussions and the staff of each of the regional offices.

In the fourth quarter of 1983 the Department began the process by which it identifies district-specific issues to be addressed in each district's plan. This is perhaps the most significant role the State plays in the consolidated planning process because these issues become some of the goals (priorities) to improve service delivery in each district's plan. Based on statistical reports for each district generated by OPPAD and BPP and on the input of regional office staff, the same parties that were involved in the previous planning discussions began to apply the Department's overall service goals to what they knew of each district's conditions and apparent problems to arrive at the issues that the districts would be required to address in preparing the plan.

Criteria

Demonstrably Effective

During the last planning cycle, one county Department's goal (as stated in the first Consolidated Services Plan) was to increase the number of children over the age of six receiving Day Care Services. The reason for this goal was to permit continued employment for the parents. For 1983-1984, in real numbers, the objective was to increase the number of children served from 89 to 129 (representing 14% of the total caseload). As of June, 1984, 108 children over the age of 6 were

being served. Although somewhat short of the original target, this represented real success. By the end of June 1984, six additional Family Day Care Homes had been certified and an additional two were expected shortly.

In another county, independent living for adolescents in foster care was a priority identified in the plan. This occurred because it was found that about half of the children in foster care in the county were between 14 and 17 years old, and half of these had a goal of independent living. The goals identified in the plan were that a checklist should be developed for caseworkers to use to determine whether a foster child might be in need of the program. This was done. Another goal was to review the caseload in order to gauge the need for a program which would enhance the success of independent living arrangements. After this was done, the Department hired a contractor to develop a curriculum for foster children whose goal is independent living and for foster parents of such children. The resulting materials were used with five sets of foster parents and about twelve foster children and proved successful. The program now is used with 20 adolescents who will soon be leaving foster care and are being instructed on such topics as how to use a checking account, how to buy food and home appliances, and how to search for a job. These and other skills should ease the transition for these teens from their foster families to "the outside world."

Integrated into Management Functions and Utilized

Once submitted, the plans were reviewed by panels of the regional staff who checked for compliance with the guidelines by using a "Completeness Review" form. To complete this 25 page form, reviewers had to check blanks for "yes" or "no" regarding the presence of a required plan element and then rate how well each section of the plan complied with the guidelines by checking a blank such as "very well," "adequate," or "acceptable with reservations." While the Division's regional office staff reviewed all district plans, the central office staff review the plans of the "big six" districts and the staff of

OPPAD help review a sample of three year plans. Once the Department reviews the plans, it notifies the districts by letter as to how their plan was rated. If the district plans have serious problems with guideline compliance, regional staff meet with the district staff to discuss the changes needed before the plan the District resubmits the plan. Once approved, the plans (summarized and consolidated into one document by the Department) took effect January 1, 1985.

The district plans will be updated for 1986 and 1987 in the form of Annual Implementation Reports (AIR's) which are less detailed than the Consolidated Plan itself. The Department now issues guidelines for AIR preparation only once per three year cycle, instead of annually as was done in the 1982-84 cycle, and they are brief in comparison to the three year plan guidelines.

Participatory/Networking

In the fall of 1983 an Ad-hoc Planning Committee was formed as a collaborative effort of the State and district staff to respond to the last three year plan and propose how the next one should be changed. Districts throughout the state voted to select which of their members would represent them on the Committee. Membership consisted of about nine district administrators or planners (many from the "big six" districts), the four regional office directors, and six or so central office staff. The decisions of this Committee were reflected in the final guidelines that were issued to the districts. The fact the Committee was formed shows the flexibility of the process and its bilateral nature.

In June the Department sent the districts Title XX expenditure data and the districts submitted for their first and only time letters declaring their intent to solicit public participation in the plan preparation process. In July 1984 the Department notified the districts of the final disposition of disputed State-identified issues. Districts whose challenges of State-identified issues were sustained by the Department had the option of formulating and including

in the plan their own priorities. According to district staff interviewed, these district priorities were the product of a process less formal and distinct than the Department's, based on the local planner's observations of the district's day-to-day operations and on public input and discussions with other community agencies which provide related services. All districts are required by the guidelines to solicit public participation in their plan preparation process. Through public meetings and other methods, districts consult with three sectors of the "public," as identified by the State: service providers, service clients, and the general public. Districts were required to submit completed plan by September 30, 1984.

Grounded in Data and Sound Analysis

The data required to help inform the Department and the districts in their planning are a significant resource, although obtaining them is relatively inexpensive because none of the data used at either level are collected especially for the planning process. Rather, all the data on district characteristics collected by the State and any service data that districts collect themselves are originally generated either by other agencies (e.g. census data), or as part of normal management and monitoring functions of the districts or the Department. No automated data systems were added by the Department.

Contact

Christina Hay (518) 474-9574

The Comprehensive Planning Process of the Denver
Regional Council of Governments Area Agency on Aging

The Denver Council of Governments (DRCOG) Area Agency on Aging is faced with the annual problem of making difficult resource allocation decisions. These decisions concern which organizations they will use to provide services to the population of older persons in their region as well as which Senior Centers (existing and proposed) they will support. As with any public organization DRCOG is besieged with requests by special interest groups and many of DRCOG's decisions are controversial. The need to make difficult decisions in an era of limited resources - and moreover - the need to defend these decisions before the community at large, necessitated the development of a planning system which was sound, objective, and defensible. More than any other example, the practices of the DRCOG Area Agency on Aging are characterized by sound data and analysis and a commitment to data based management.

Background

The Denver Regional Council of Governments serves as the Area Agency on Aging and as such is responsible for developing a comprehensive plan of services to the aging and allocating funds in accordance with the plan. The DRCOG planning process relies heavily on the Aging Advisory Committee which acts as additional staff for the agency. The agency has put a great deal of effort into the development of this group as a staff resource. The process also relies heavily on a well documented system and an objective and carefully assembled data base. Relying on this data base, DRCOG been able to use its monitoring program to provide technical assistance to service providers. In this way it has developed good working relationships with local agencies and has improved their operations.

The planning process used by DRCOG has four parts. They are a needs assessment using the Critical Incident Technique, analysis of population projections, an analysis of the demand for Senior Centers throughout the Region, and Advisory Committee hearings. Funds are allocated to service providers in a competitive process whereby potential providers submit proposals in response to an RFP.

Criteria

Demonstrably Effective

Through the use of good data and documentation of the planning process, DRCOG has been able to make and defend highly controversial decisions shifting funds from one provider to another. By devoting staff time to developing the Advisory Committee, DRCOG has significantly increased its resources for planning and program development. Although there is no concrete evidence of the effects of the planning process on specific client outcomes, there is no doubt that DRCOG has changed earlier funding decisions based on data it now collects. Further, DRCOG officials maintain that monitoring data collected in recent years uphold the wisdom of these funding changes.

Integrated into Management Functions and Utilized

The DRCOG philosophy that monitoring is a technical assistance activity has substantially improved relationships within the community. Monitoring is done on a regular basis, formally, and is well documented. As part of the monitoring process, DRCOG staff make suggestions and work with individual grantees. The monitoring data are used explicitly in decision making.

There is no question that the practices are integrated into management functions and utilized. The triannual study of Senior Centers most definitely forms the basis of decisions regarding which Centers will receive DRCOG support. These decisions are supported by population projections which document the need for services throughout the Region.

An objective, quantitative scoring system is used in the selection of service providers. The monitoring data is also referred to (where a service provider has been used in the past) in supporting difficult decisions.

Participatory/Networking

DRCOG relies heavily upon its Aging Advisory Committee. This Committee is composed of 24 retired senior citizens and is divided into functional (nutrition, transportation, for example) subcommittees of about 5 individuals each. A great deal of effort has gone into the development of this group as a staff resource.

Further, DRCOG has relied on outside consultants to conduct both its Needs Assessment (Critical Incident Technique) and its Senior Center Study. To finance these studies, funds were solicited from State agencies as well as from private organizations in the community at large.

Finally, DRCOG's attitude toward monitoring - that it is a form of technical assistance - has contributed to a positive feeling on the part of service providers and to the delivery of better services.

Public Hearings which are held during the planning process are considered a useful source of input into the process. These hearings are typically well attended, and the findings are summarized by the Staff.

Grounded in Data and Sound Analysis

The Needs Assessment is a survey of senior citizens conducted using a Critical Incident Technique. This survey involved interviews with 600 senior citizens who were asked to describe problems which they face, the sources of assistance they receive and reactions to specific DRCOG programs. Demographic data was collected about each respondent

as well. The target population from which the sample was drawn was the population 60 and over, not in nursing homes. The sample was drawn from the member counties in proportion to the target population of each county. Within each County the sample was further divided between the elderly living in cluster living arrangements and the remainder of the county elderly. Random starting locations were given to interviewers.

The analysis of population projections is done in-house. DRCOG is a repository for Census data and the staff manipulates the data making projections of county population trends through the year 2000. The data is projected by sex and age categories (in five year intervals) for each of DRCOG's member counties.

The Senior Center Study assesses the current composition and utilization of services provided in senior centers, assesses physical characteristics of each center, projects service and capital needs to the year 2000, and develops funding suggestions to meet high priority services and capital needs for the next two years. It was initiated in response to problems the Division faced in the previous planning cycle where the limited resources made it impossible for them to respond positively to all of the funding requests.

Contact

Susan Cocking-Aldridge (303) 455-1000.

Planning and Development District III
Yankton, South Dakota: Management by Objective Process

In 1982, Planning and Development District III was faced with its first change in leadership since its formation in the early 1970's. Challenged by the management of an organization made up of 12 counties, 51 cities, 92,000 individuals and covering 12,000 square miles in area the new director implemented a sound, well thought out management by objective process. This process served him well and provided for both the longer term planning activities as well as the service delivery and quick response needs of the organization.

Management by objectives is neither new nor unique. Nevertheless, a well run and well managed organization with a capacity of self criticism and improvement is not a trivial accomplishment. At the time of this examination, Planning and Development District III is undergoing another change in leadership. According to reports, the transition went well, and the process will continue - albeit slightly changed.

Background

Planning and development districts were established in South Dakota in the late 1970's and assumed broad functions which paralleled those of the U.S. Office of Economic Opportunity as well as some energy assistance activities. There were six regional districts. At that time human services were provided by planning districts that had the same geographic boundaries as Community Action Program (CAP) Agencies. These planning districts developed economic and technical assistance programs. The CAPs administered low income housing, weatherization and head start programs. Some CAPs collapsed in the 1980's for a variety of reasons. Development District III picked up the Head Start program in 1982. The weatherization, elderly transport and nutrition programs

went to a non-profit organization.

The District responds to a governing committee which includes representatives from each participating unit of local government, each area Resource Conservation and Development (RC+D) and water development district, the Yankton Sioux Tribe, the area-wide Business Council, Inc., the Head Start Policy Council and two Area legislators.

The MBO process is also performed by the Head Start program. Because of the nature of the Head Start program their MBO process is more specific and prescriptive. Head Start staff are required to report on a regular basis and do so according to clearly defined objectives. Further, there is a Head Start Parent Task Force which meets regularly and receives staff reports as well as a Head Start Policy Council made up of parents, teachers and other community members.

For non-Head Start reporting there are biweekly staff meetings. Because the office is so small it is possible for the Director to easily keep track of what is going on. District III's budget is approximately \$500,000 for human services delivery and \$200,000 for planning, development, and technical assistance.

Criteria

Demonstrably Effective

Planning and Development District III monitors its programs according to its objectives. Often these objectives are expressed in terms of processes - provide an aide, provide technical assistance, etc. However, there is considerable evidence that they do achieve these objectives and make an impact on programs and policies.

The District feels that its premier area of success is in community development, particularly infrastructure development. They have been the catalyst for putting together financial packages for rural water

programs. Their role has been to foster the cooperation among the local jurisdictions and to help them combine financing mechanisms to make better use of federal funding opportunities.

The major failure has been in the natural resource arena. Although the example does not come from the human resources area it is illustrative of the type of problem an organization may face when it tries to rely on other organizations for implementation and these organizations have no relationship or loyalty to it. Although there is a substantial regional need to develop water resources, implementation rests with the U.S. Army Corps of Engineers and Bureau of Reclamation as well as with the U.S. Congress.

In the human services area, the District had developed a goal to, "...Assist county governments in the administration of welfare programs." To this end the District provided an aide to a member county to assist in the administration of the county's welfare program, kept the Board informed of federal activities, and helped several counties to write ordinances. In addition, by providing volunteer staff support to local governments and helping them in their relationships with federal agencies, Planning and Development District III develops credibility that makes implementation of its other activities easier.

Integrated into Management Functions and Utilized

One significant issue that the District faces is trying to balance the development of a long term comprehensive planning statement with their mission of providing technical assistance and rapid response support to their member jurisdictions. They have dealt with this problem in two ways. First, each staff member's work budget for the year has an allowance for "unaccounted for time." In this way, the staff can respond to sudden situations without holding up all their other activities. In addition, the process allows for technical assistance which it defines as any activity that requires less than ten days of assistance. If a request is expected to take longer than ten days an amendment to the workplan is required and this implies going to

the full board. Planning and Development District III must, by the nature of its relationships, be able to respond quickly to requests by member jurisdictions. Therefore they have established a procedure for quickly assigning tasks that require less than 10 days of staff time to complete.

Participatory/Networking

The District responds to a governing committee which includes representatives from each participating unit of government as well as special purpose districts. A yearly survey (see the following section) also seeks to identify constituent problems and interests.

Grounded in Data and Sound Analysis

After the former director took over in late 1982, the District commissioned the University of South Dakota to undertake a survey of local government officials. The purpose of the survey was to outline the service needs of the constituent jurisdictions and to identify their attitudes towards the District. This survey has been repeated on an annual basis to identify interests and problems of constituent jurisdictions. The survey is performed by Planning and Development District staff. It is a mail survey of between 200 and 400 elected officials. The response rate is quite good and averages about 60%.

Head Start also conducts an annual mail survey of program parents which has had a similarly high response rate. The purpose of the Head Start survey is to determine program benefits, whether the program is doing a good job and whether parents understand its relationship to Planning and Development District III.

Following completion of the 1983 survey, the District contracted with a Professor of Political Science from the University of South Dakota for the purpose of developing a mission statement for the agency. The consultant worked separately with the staff and the Executive Board (seven locally elected officials) to develop a Goal and

Mission Statement. This Executive Board Management Subcommittee identified what the District should be doing in each program area: Economic Development, Community Development, Natural Resource Development, Human Resource Development, Planning and Research, Technical and Management Assistance, and Management. The input from these two separate sources was then integrated into a single statement. A series of three staff meetings were held during which the staff worked over the goals statement and developed specific objectives and activities. A work report was produced that listed each month and the associated activities and accomplishments. This process has become routine.

Originally, in 1983, the initial goal setting process took four to five months for the 1984 program year. This process included the two contractual survey efforts and cost \$2,600 (\$600 for the survey of local government officials and \$2,000 for the development of the District mission statement). Repeated for the 1985 and 1986 program years, the process now requires 60 days in elapsed time. The Director felt that monitoring throughout the year only required about one full week of his time over the course of the year.

Contact

Greg Henderson (605) 665-4408.

South Carolina Planning Council for Developmental
Disabilities/Administering Agency for Developmental Disabilities

In South Carolina the Developmental Disabilities (DD) Council and Administering Agency for DD are located in the Governor's Office and are functionally separate from the management of programs serving persons with developmental disabilities. This separation of the planning and fund allocation processes from the management function has enabled the DD Council and Administering Agency to take a broad based approach to developmental disabilities, establishing service linkages and extending the boundaries of its area of concern.

Prior to the current plan period, the DD Council developed a broad plan to provide small seed money grants to providers of services. According to a former director of the DD Council, the Council then had a hard time concentrating on measurable objectives as it tried to meet all the needs of persons with developmental disabilities. At that time the Administering Agency was a part of the Department of Mental Retardation (DMR), and the DD Council was physically housed at DMR, although organizationally it was part of the Governor's Office. The move from DMR provided more independence for both agencies, as well as giving them far more influence and visibility.

There are two interesting aspects to the South Carolina experience. First, the separation of the planning and fund allocation process from management of the service program has enabled the DD Council and Administering Agency to take a broad approach to developmental disabilities, establishing linkages with other service networks and extending the boundaries of its area of concern. Second strict adherence to a task oriented internal management system enabled the Council to concentrate its efforts on a narrow set of realistic objectives. However, the process itself used to develop the three year plan is not particularly innovative or noteworthy.

Background

The South Carolina Developmental Disabilities (DD) Council is responsible for planning, monitoring, and evaluating services to persons with developmental disabilities in the State of South Carolina. Under federal law, the Council and the State Administering Agency for Developmental Disabilities are jointly required to develop a three year plan and to update that plan annually. The Administering Agency is then responsible for implementing the DD State Plan. The Council is currently entering the third year of the current plan, and preparing to develop the next three year plan (1987 - 1989).

In developing the current plan, the DD Council followed a rigorous task orientation, setting out specific goals for advocacy, evaluation, public information and targeting of resources. The goals for the Administering Agency as developed in the plan were to increase access and availability to services. Each goal in the plan was broken down into concrete steps for each plan year. Regular monitoring of accomplishments has forced the Council and the Administering Agency to focus their efforts towards specific, realistic steps. The result has been significant accomplishments in expanding services to persons with development disabilities, particularly in the 1984 legislative session.

The Administering Agency for Developmental Disabilities is also housed in the Governor's Office, where its director is also a Deputy Director of the Division of Health and Human Services. The two units share an office suite and work closely together. The Administering Agency is responsible for operating the Case Coordination System which operates in four sites to coordinate services to persons with developmental disabilities on an individual basis. The agency also operates the South Carolina Handicapped Services Information System (SCHSIS). Together with a management information system for the case management program, SCHSIS is a prime source of data about the needs of persons with developmental disabilities.

Demonstrably Effective

Because the needs for services were so great and so varied, the Council determined it could be most effective in seeking to influence the service delivery system, rather than trying to meet all the identified needs through increased or redirected funds. For instance, since a great many needs for services to children were identified and the Council felt it unlikely that increased funds would become available, the Council directed its activities toward legislative change. It was instrumental in the passage of a bill establishing a Children's Trust Fund to be generated by voluntary contributions from state income tax refunds. Funds from the Trust could be used by non-profit agencies for programs which address the critical needs of children.

The concentration of Council and Staff efforts on a few areas has enabled the Council to take the lead or participate in the achievement of significant expansion of services for persons with developmental disabilities.

Integrated into Management Functions and Utilized

A key element in the development and implementation of the Plan is the internal management system developed by a new Council director in 1983. (This "new" Director left the Council in 1984, and is now the former director referred to above.) This plan lays out specific objectives to be accomplished and monitors accomplishment against the plan. These reports are updated at least quarterly, and have served to keep the Council and staff focussed on specific objectives, excluding other worthwhile activities which are not given high priority in the overall plan. This management system has been continued by the current director.

In July 1985, the Council reviewed the process used for the current plan and decided it will use essentially the same process to develop the next three year plan. In addition to the data sources described

above, the Council will hold public hearings.

In fact, there are problems resulting from just how well integrated into management the system is. The DD Council and Administering Agency face problems as part of the Governor's staff in terms of their responsibilities as advisors to the Governor. Staff are asked to comment on all legislation and other proposals which affect persons with developmental disabilities, including budget requests of the DMR (Department of Mental Retardation) and other state departments. This function - and the resulting recommendations - are independent of the staff responsibilities to the Council, and are extremely time consuming.

Participatory/Networking

The DD Council currently consists of 36 members of whom half represent agencies serving persons with developmental disabilities and half represent consumers. The consumers in turn are divided into primary consumers, that is, persons with developmental disabilities, and secondary consumers, that is, parents or guardians of persons with mental impairments who cannot represent themselves. The director of the DD Council also functions as Deputy Director of the Division of Health and Human Services within the Governor's Office. The Council has a staff of four: a director, an administrative assistant, a public information/advocacy specialist, and a secretary. The Council meets four times a year, but has subcommittees which meet more often.

The Council has high visibility in the Legislature, and has become a broker between service agencies. For instance, when the Department of Mental Retardation and the Department of Vocational Rehabilitation could not agree on which agency had responsibility for employment programs for persons with mental impairments, it was the DD Council which stepped in. The DD Council was asked to organize a study of the needs of this population, and its director consulted with both agencies to work out an agreement. All major service providing agencies sit on the Council, and use the Council as a forum for working out jurisdictional and other disputes.

Grounded in Data and Sound Analysis

In developing the current plan, the DD Council and the Administering Agency had available to them information that earlier planners had not had. These were used extensively in developing the Plan. The prime sources of data were:

Case Coordination System Management Information System. The Case Coordination System serves approximately 700 persons with developmental disabilities throughout the state. In 1983 a computerized information system describing its clients and their needs became operational and was used to develop the Plan. While the planning staff could not determine if these clients are representative of all persons with developmental disabilities in South Carolina, they did determine that a sample of 700 persons would be considered statistically valid, given the estimated national prevalence rate of 1.6%. The Management Information System captures demographic, economic, handicapping characteristics of clients, as well as records services received and needed.

South Carolina Handicapped Services Information System (SCHSIS). This automated system assists South Carolinians to locate appropriate services in their own or in a neighboring county. The system records the nature of the service request and the availability of services to meet the need.

In addition to these new data sources, the Council collected data through two means which they have used in the past:

Needs Assessment. Using key informants, the planning staff surveyed agencies in direct contact with persons with developmental disabilities to determine their assessment of the service needs and priorities.

Review of State Plans. Members of the Council were assigned plans of state agencies serving persons with developmental disabilities to review and summarize to determine the extent and scope of available services.

The data collection effort was designed to be practical and affordable. The former director emphasized that they were limited by the available resources in conducting the Needs Assessment survey, and therefore chose the key informant method rather than a general population survey. The goal was to identify any subpopulations of persons with developmental disabilities who were underserved and to

determine what the needs for services are. A strength of the data sources used is that although the Case Coordination System Management Information System covered only a small fraction of the estimated 50,000 persons with developmental disabilities in South Carolina, the system did identify real needs. The data from that system and the SCHSIS reflect services that people have actually requested, not theoretical needs of the entire population.

Because of the Council's independence from the service providing agency, and its influence in the Governor's Office, the Council has been able to take a broad approach to developmental disabilities, to act as a broker between other state agencies, and to seek allies with other agencies concerned with children or the handicapped. This arrangement does have drawbacks as the DD Council and Administering Agency are not well integrated with major providers of services to people with developmental disabilities. It also may make it difficult for DD Councils in other states to follow South Carolina's example.

Contact

Sherry Driggers, Ed.D. (803) 758-8016.

"
The Strategic Planning Process
of the
Minnesota Governor's Planning Council
on Developmental Disabilities

Few issues in Minnesota are as sensitive as the question of deinstitutionalizing the developmentally disabled. Widespread deinstitutionalization would require the closing of State institutions which care for this population, adversely affecting the communities where those institutions are a major industry. The move from institutional care to community care is also seen as a transfer of jobs from the public to private sector, raising concern among organizations representing State employees.

Further, the shift from institutional to community-based care is seen by local governments as an attempt to shift the costs of caring for the developmentally disabled from the State to county governments. Finally, there are major unresolved issues about the appropriateness of alternative forms of care for the developmentally disabled themselves.

It is against this backdrop of controversy that the Governor's Planning Council on Developmental Disabilities initiated its strategic agenda.

Background

The Governor's Planning Council on Developmental Disabilities is a part of the State Planning Agency. As such, it is independent from the major State agencies responsible for administering direct services to Minnesota's developmentally disabled, enabling the Council to take a cross-cutting perspective that would be impossible from within a single service delivery agency.

By all accounts, the Council was a moribund agency as recently as four years ago. The Council was not influential in either State government or with the 200+ agencies which comprised the Minnesota advocacy community. The Executive Director appointed by the Council in 1981 set about to change that image.

The most topical issue at the time of her appointment was State compliance (or lack thereof) with a Court Order for deinstitutionalization. Seizing on the currency and visibility of this issue, the Council's Executive Director formed an alliance with the person appointed by the Court to monitor compliance.

Though not mandated in any way by the Court Order, the staff of the Developmental Disabilities Planning Council began to produce a series of policy papers addressing the key issues involved in the deinstitutionalization debate in Minnesota. These papers, averaging 15 pages in length, were timely and relevant to the issues under discussion.

Among the issues addressed by this series were the size of community residential facilities, the costs of community vs. institutional care, admissions/readmissions to State hospitals, the cost-effectiveness of day activity centers, training needs vs. training available for the administrators and staff of both residential and day programs, an inventory of sheltered employment programs in the State, and the financial and demographic characteristics of the developmentally disabled in Minnesota.

In all, 22 policy papers were produced by the Council staff and widely circulated. The papers were available both separately and bound in attractive binders for more permanent reference.

The policy papers received a both a great deal of use and a great deal of praise for being both scholarly and readable. They bridged the chasm that had previously existed between research and the policy process.

The relationship between the Court Monitor and the Council's Executive Director was a mutually beneficial one. The Director and her staff were able to provide the Court Monitor with a series of closely reasoned policy analyses dealing with key aspects of alternatives to institutional care. Conversely, the visibility associated with the dissemination of sound, relevant, and timely policy analyses moved the Council from the periphery to the center of Minnesota's policy process almost overnight.

Having established its credibility in the policy process, the Council staff paused to consider appropriate next steps. What emerged from this reflection was a three-phase strategy to demonstrably improve the care provided to Minnesota's developmentally disabled.

Phase I was designed to be educational, to establish a common understanding of Minnesota's problems and programs. The Council's work involved interviews with virtually everyone with any involvement or interest in policy affecting the developmentally disabled in Minnesota, regardless of their point of view. A synthesis of these perspectives was set forth in Developmental Disabilities and Public Policy: A Review for Policymakers, an attractive and highly readable document.

Like the policy papers, this document was widely disseminated, but in a particularly noteworthy manner. Instead of simply distributing the document by mail, the brochure was personally delivered to key policy makers (e.g., State legislators) by a constituent involved in the developmental disability network. There was no concern that, in many instances, legislators received more than one copy.

Phase II was designed to identify what courses of actions were possible to improve services to Minnesota's developmentally disabled.

The orientation of the Council in this process was three-fold:

- o Think big.
- o Don't ever say it can't be done.
- o Don't ever say it can only be done with more money.

In stark contrast with the functions typically associated with advocacy groups, the Council completed an evaluation of the State's day activity centers which severely criticized the inefficiency of those programs. In addition to demonstrably improving those services, in the process the Council earned a reputation for objective analysis not commonly associated with advocacy groups.

The culmination of Phase II was another attractive publication, Toward a Developmental Disabilities Policy Agenda: Assuring Futures of Quality. Again the work of the Council received widespread, personal dissemination and served to move discussion within the State to the next phase.

Phase III of the Council's strategic planning agenda has involved leadership in building for the future. Perhaps the clearest example of this leadership role was the Council's designation, by the legislature and Governor, to serve as the staff an interagency board established to deal with the highly controversial issue of closing and consolidating State hospitals. This work involved an extensive set of public hearings across the State and, again, resulted in a series of issue papers which formed the basis for both public discussion and the interagency board's deliberations.

Criteria

Demonstrably Effective

Perhaps the most notable effect of the Council's work has been to elevate and shape the course of public policy in Minnesota. In the long-run their work should benefit the developmentally disabled in the State. Ultimately, however, the responsibility for policy implementation rests with others.

In the near-term, the Council can point to some immediate effects of its work: more complete compliance with the Court Order for deinstitutionalization, a more cost-effective network of day activity centers, and State legislation setting policy regarding the closing of State institutions and transfer of programs to the community.

Integrated into Management Functions and Utilized

As a result of the work of the Executive Director and her staff, the Developmental Disabilities Council moved from the periphery to the center of the policy process. Though integrated at the higher levels of the policy process in the State (e.g., in interacting with the Governor, State Planning Agency, and legislature), the work of the Council is not linked with the agencies responsible for program operations.

Participatory/Networking

The work of the Developmental Disabilities Council is a classic example of networking. Its early work established linkages with the many and diverse interests in the policy process. These working relationships extended to groups who would not normally be associated with advocates for deinstitutionalization (e.g., State employee organizations).

The Council's leadership in staffing the Interagency group examining the closing of State institutions was a good case study in how to conduct public hearings that are productive and helpful to the policy process.

Grounded in Sound Data and Analysis

The special contribution of the Council, particularly in the person of the Executive Director and her staff, has been sound policy analysis. The policy papers and special studies completed by Council staff are rigorous, relevant, and readable. Council staff have also earned a reputation for being objective, free of the bias which might be anticipated of an advocacy group.

Contact

Dr. Colleen Wieck (612) 296-4018.

The Connecticut Negotiated Investment Strategy

The Omnibus Budget Reconciliation Act of 1981 merged a number of social service programs into block grants and significantly reduced the funding available to support these programs. In addition to reducing its financial involvement, the Federal government also lessened its control over the administration and operation of these programs, thus leaving state and local government with increased responsibility for providing these services at reduced funding levels.

Faced with this situation, the Governor of Connecticut (William O'Neill) responded by appointing an inter-agency Task Force to recommend an approach for administering the shift from Title XX to block grants and dealing with the reduction of program funding. The Task Force recommendation was the Negotiated Investment Strategy (NIS).

Background

NIS was developed by the Charles F. Kettering Foundation as a policy tool for local governments to deal with urban policy problems. The Office of Policy and Management (OPM) initiated a series of discussions with the Kettering Foundation regarding the use of NIS for the SSBG allocation process. The Foundation felt that NIS could be transferred to Connecticut, with modifications. The NIS provided a basis for making difficult resource allocation decisions and for involving all participants of the human services delivery system in the process.

The Negotiated Investment Strategy is a "process" for arriving at decisions regarding categories of services to be funded, the priorities assigned to the services categories, and finally, the amount of funding for each service (given the SSBG funding constraint). The actual NIS process involves interaction between teams representing each set of

actors and is organized and administered by mediators. Meetings are held during which the priorities for each SSBG service category (there are 18 service categories) are established (high, medium, low) and dollar amounts are set. The agreed-upon SSBG allocation budget is then presented to the legislature for approval. Once approved, each state Agency of Cognizance is responsible for ensuring the delivery of services either through direct service delivery or through contracts with municipalities and/or private, non-profit agencies.

A wide variety of issues surfaced in relation to modifying the initial NIS design for the Connecticut SSBG allocation process. Some of these issues are discussed below.

Selecting the negotiating teams -- In the case of the state team, there were only 18 potential participants. At best, this number was fluid because many of the old Title XX agencies did not consider themselves social services agencies, some moved in and out of the program over time, while others wanted out of Title XX service delivery altogether. Once the universe of state agencies was decided upon, a team of five agencies had to be selected. OPM and DHR were immediate selections because of their positions in the system. The three others were selected to reflect agency size (large and small).

Formulating the municipal team was done in conjunction with two Connecticut municipal organizations: Connecticut Conference of Municipalities (CCM) and the Conference of Small Towns (COST). Ultimately, three members from CCM and two from COST were selected. This team provided a full range of representation (small, medium, and large) of Connecticut towns.

Selection of the private team was accomplished within a time frame that surprised the NIS organizers. A preliminary list of state-wide providers was drawn up and

invitations sent out for the initial briefing on NIS. The private, non-profit organizations in attendance were briefed on NIS and their potential role in the process explained. The agencies immediately organized, selected a steering committee, expanded the list of private, non-profit organizations, and selected a negotiating team for review by the entire set of private, non-profit organizations.

Selecting the mediator team -- The team of mediators was selected by the state NIS team, the private, non-profit team and representatives from CCM and COST since the municipal team selection was not complete at this time). This was basically the first test of the NIS process since a rule of "unanimity" was established that required that no mediator would be selected without full agreement of all teams.

Organizing and preparing for NIS -- The head mediator played a major role in organizing NIS by conducting preliminary meetings with the NIS teams to establish his role, and to iron out the ground rules and procedures that would be used in conducting the actual negotiating sessions. In addition, he spent a significant amount of time working with the teams to firmly establish what was to be negotiated and how the negotiations would be conducted.

Establishing the initial team positions -- Since there were no established policy positions, each team had to establish an initial position as a starting point for NIS.

The initial state position seems to have revolved heavily around DHR since it administered the Title XX program and knew more about the service programs than most of the other agencies that could generate Title XX billings. As it turned out, DHR was not enthusiastic about the

implementation of NIS because State intra-team negotiations as well as shared team membership reduced its role and influence. However, the Governor's commitment to NIS forced DHR to participate in the process. Another factor in establishing the initial state position was the "swapping out" of SSBG by non-traditional agencies that did not want to participate. They were allowed to swap their funding for state general fund monies at a 13% loss. This reduced the number of agencies involved and consolidated the position of the more traditional state social service agencies.

The initial municipal position centered around finding ways to reduce the old administrative burdens of Title XX while, at the same time, making more effective and efficient use of SSBG funds. The municipal team's approach recommended the development of a new service called "client-centered coordination of services."

The private, non-profit team focused (as did the municipal team) on issues related to the administration of SSBG funds. Their concerns related to excessive paperwork and duplication of reporting, timely payment of approved grants, the ability to invest grants funds and earn interest, and more objective and uniform evaluation of competing grant proposals.

The rules of procedure -- With the selection of the participating teams and the development of positions, agreement had to be reached on the ground rules for conducting the negotiating sessions. Working with the teams, the head mediator elicited team concerns regarding procedures. Team responses were used as the basis of the first formal negotiating session where the ground rules were roughed out and completed by the mediator following the session.

Criteria

Demonstrably Effective

There is no question that the NIS has been effective in terms of implementing funding decisions which reflect priorities that have been set in open negotiation. Figure 2 illustrates the relationship between priorities and funding. The reason that there appears to have been more funds allocated to low priority items than to medium priority is that there were many more low priority programs. The average grant size would reflect the medium and low priority designation.

Integrated into Management Functions and Utilized

NIS is clearly integrated into management functions and is utilized - it is the process by which resource allocation decisions are made for social services in Connecticut. It is a process which provides the opportunity for social service organizations to participate in decisions relating to establishing priorities and funding of SSBG service programs. For the first time, organizations that have been dependent upon state agency priorities now share in the role of setting priorities. Both from intra- and inter-sector perspectives, NIS has promoted the exchange of information and ideas related to SSBG service delivery within the state. As the process continues it offers tremendous potential for reducing the duplication of services and the possible integration of SSBG and related services.

Participatory/Networking

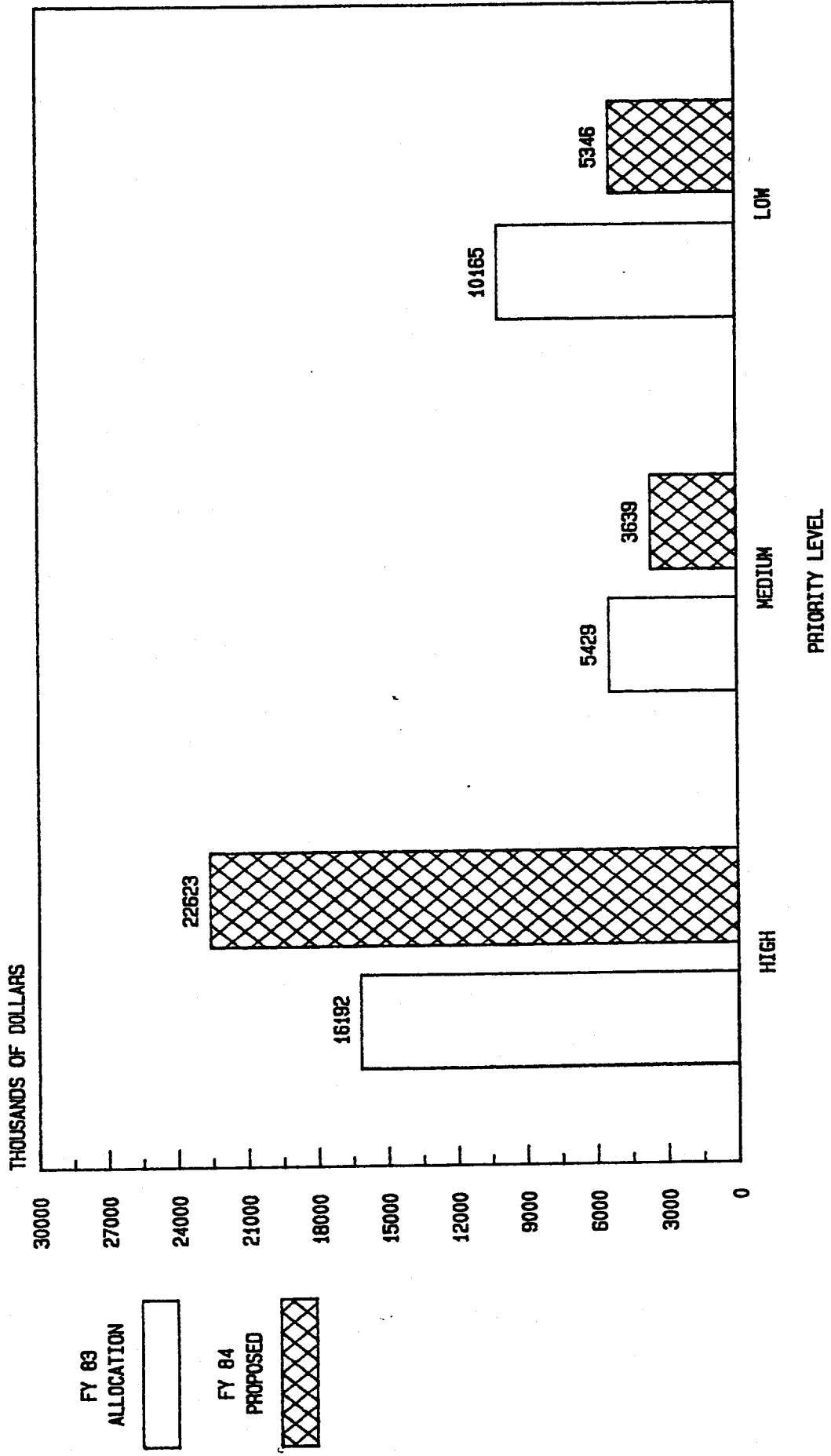
The process is carried out by four sets of actors:.

State Agencies of Cognizance (AOCs) -- These agencies are responsible for the delivery of services that fall within the service categories that compose the SSBG. AOCs are responsible for determining how SSBG services will be delivered (directly or through contracts with cities and the private sector).

Figure 2

NIS - SSBG GRANT ALLOCATIONS

83 ALLOCATION VS 84 PROPOSED ALLOCATION



Municipalities -- In Connecticut, cities and towns have developed service delivery capability as a result of prior contracts with the state and the receipt of general revenue sharing monies under past administrations.

Private, Non-Profit Agencies -- As in other states, a complex of private, non-profit agencies exist that provide a wide variety of human services across the state.

Mediators -- A set of mediators are available to assist the NIS process during the actual negotiation process.

The NIS process is inherently participatory in that it involves all the players in making resource allocation decisions.

Grounded in Data and Sound Analysis

The NIS process faced a typical problem that was a holdover from the old Title XX days -- the lack of an integrated social services data base that could support the new allocation process. While the state was always successful in obtaining its full Federal Title XX reimbursement, there was little information that could be used to track services or funding. Realizing this, each team set out to establish its own data base that would be used to support the team positions.

Contact

Michele Carlson (203) 522-7762.

Pueblo Colorado Health and Human Services Committee

Faced with a decline in Federal fundings, local officials in Pueblo Colorado were confronting difficult public services decisions. The need for a citizen's Health and Human Services Committee grew from the desire of local elected officials to have community participation in the formulation of human services' policies and funding decisions. The Committee also provides Pueblo's elected officials with a source of community expertise and a means of communicating with local public and voluntary health and welfare agencies. The credibility of the Committee with elected officials can be judged by the fact that their recommendations on funding are accepted without change. Another indicator of their standing with elected officials is the fact that the City Council has pledged to find other funding for the Committee if the Federal Revenue Sharing funds now supporting it are withdrawn.

Background

The Pueblo Health and Human Services Committee is a formal part of city government and is composed of fifteen citizens appointed by the Mayor and City Council. The Committee serves as an advisory body to the City Manager and City Council in matters of human service policy. The Committee allows for community expertise in policy formulation and funding decisions. It also provides community expertise and a channel of communication with local public and voluntary health and welfare agencies.

The Committee is successor to a Health and Human Services Commission sponsored by the Pueblo Area Council of Governments which was discontinued in 1984. The value of the planning and program coordination of the Commission was evident to Pueblo City officials who therefore continued these activities by forming the present Committee.

The Committee addresses itself to determining the best use of the small amount of public funds available for human services. The Committee investigates the needs of the community, the priorities for service, available resources, opportunities for consolidation and mutual contracting for the delivery of services. The Pueblo experience demonstrates that a citizen planning group can perform a valuable function as a channel of information between elected officials and the community, as interpreters and supporters of human service policies adopted by the government, as a buffer on sensitive or controversial issues, and as a means for citizen participation in the process of allocating human services funding.

The City of Pueblo now appropriates approximately \$430,000 annually for distribution to local public and voluntary human services. The Health and Human Services Committee has become the "eyes and ears" of elected city officials in connection with setting policies and making decisions about how these funds are distributed. As citizen volunteers, members of the Health and Human Services Committee are able to review the requests, validate the claims, and monitor the work of community agencies with a commitment and impartiality not usually possible for elected officials.

Criteria

Demonstrably Effective

Clearly, the Committee has resulted in specific program and policy changes. As an official arm of city government, the Committee makes real decisions that are implemented. It is particularly effective at bringing community concerns to the attention of public officials and in providing a "buffer" between elected officials and the consequences of difficult decisions.

During the past year the Committee along with the Chamber of Commerce and the University of Southern Colorado, organized and conducted an Institute for Non-Profit Organizations, to help train

different levels of staff to seek alternative sources of funding for human services programs. With the assistance of a grant from a Colorado foundation, the Committee is working with the University of Southern Colorado to take on the Institute as an on-going university-based activity.

Another example of the Committee's work is in relation to "Project Self-Sufficiency" a national initiative for housing single parents sponsored by the U.S. Department of Housing and Urban Development (HUD). When word of the availability of HUD funds arrived, the Health and Human Services Committee was given the assignment of helping to locate the necessary in-kind contributions to finance support services HUD required on behalf of single parents who participate in "Project Self-Sufficiency."

Integrated into Management Functions and Utilized

There is no question that the workings of the Committee are integrated into management functions and utilized. There are numerous examples of specific occasions where management called upon the Committee to assist with specific problems. These include the Police Chief recently asking the Committee for assistance with investigating and recommending alternatives in connection with three different areas: detoxification services for indigents, protective custody for the mentally ill, and the need for some type of shelter for transients.

In another instance, the Committee has been trying to lobby the County/City Health Department to do something in the areas of alcohol and drug abuse, which the Health Department presently does not see as a community problem.

The State of Colorado recently took action to discontinue AFDC for the unemployed. Pueblo has the highest welfare rate of any city in Colorado and this action meant that immediately a number of families would be without sufficient funds to meet their basic needs. The Committee took the lead in searching for alternatives and ways of

helping meet the financial needs of families dropped from the AFDC program.

A final example is in connection with the Community Health Center which lost its federal support several years ago. A "grass roots" effort on behalf of establishing a new Community Health Center led officials to consider reapplying for Federal funds from the Bureau of Community Health Services in the Health Services Administration. The Pueblo Health and Human Services Committee was instrumental in preparing the application for a new type of health center - one that has the active support of private practitioners in the area.

Participatory/Networking

The Committee is integrated with the City's top management and by the interests and experience of its members, is competent to handle human services decision making. Members represent all elements in the community, including businessmen, educators, service providers, community advocates, health providers, and others.

The Committee succeeded in obtaining agreements from more than 20 community agencies assuring that necessary support services for single parents selected to participate in the project would be available. The YWCA, the University of Southern Colorado, Community Health Center, the Child Care Association, a local Junior College, the manpower agency, and the Pueblo Department of Social Services all pledged assistance which more than equalled the amount of in-kind support required by HUD. On the basis of the support raised, Pueblo was awarded a grant of 50 housing certificates as part of "Project Self-Sufficiency."

In order to obtain the cooperation of local physicians, dentists and other private providers, the Committee approached the University of Colorado which has a Family Practice physician training program and enlisted their cooperation. What was finally agreed to and submitted for federal funding assistance is a Community Health Center where eligible individuals obtain initial screening, assessment and treatment

from staff provided by Colorado University Medical School. When a person requires the services of a specialist they are referred to local private providers, all of whom have agreed to work with referred patients "at costs."

Grounded in Data and Sound Analysis

The Commission was instrumental in requiring that health and human services data was collected from agencies and organizations in the area. Now there is a resource file about who is doing what, the nature and types of services, the populations served and the relative costs of serving these groups with different service modules. On the basis of the information collected, the Committee is preparing a Human Services Plan and looking carefully at the resources that will be required to support needed health and human services.

Contact

Chuck McGee (303) 545-7842.

Wisconsin Community Options Program

The State of Wisconsin faced the highest rate of Medicaid expenditures of any state for nursing care. Further, in Wisconsin, a political culture has evolved which places value on the living arrangement and quality of life of the elderly and disabled and on their needs to be a part of their community. In Wisconsin, an important distinction is made between "being in community" and "being in the community." While the latter refers to physical location, the former implies interaction and involvement with others.

In response to these two concerns Wisconsin undertook a comprehensive analysis of the issues surrounding long term care and determined that long term care was, overly dependent on institutional service delivery; excessive and, often, inappropriate; reliant on medical service modalities; costly and often inefficient; favors formal and professional service delivery over private, informal and natural support systems; and is inconsistent with dignity, self-sufficiency, and client preferences.

Based on this analysis Wisconsin was awarded a Long-Term Care Systems Development Grant by the Office of Human Development Services, Department of Health and Human Services. This grant provided the basis for the development of the Community Options Program. The State's expectation is to divert approximately 10% of the people who would normally enter nursing homes and DD institutions.

Background

In developing the Community Options Program (COP), the State did not develop a state-level plan incorporating all the planning steps that are normally associated with the planning process. Instead, the State developed a strategy to promote gradual implementation of

flexible, individual county COP plans with the goal of increasing the availability of non-institutional options to assist persons with chronic disabilities to live in the community. As a result, the COP plan is the totality of all the individual county plans.

As part of its planning process, the State undertook the following activities:

- o the appointment of a Long-Term Care Steering Committee;
- o the appointment of a Long-Term Care Advisory Committee (this followed the original Steering Committee and is composed of many of the original Steering Committee members);
- o the development of program goals and objectives;
- o the development of general program provisions;
- o the development of a fiscal plan; and
- o the development of a set of COP guidelines and procedures for use by counties in developing their individual COP plan.

The State goals for the COP focus on the development of viable county COP programs that will:

- o stress client empowerment to choose services predicated on their needs and preferences;
- o divert approximately 10% of the people who would normally enter nursing homes;
- o serve specific portions of identified target groups; and
- o strengthen the philosophies that provide the foundation for the Community Options Program.

There are three general provisions for COP. First, that COP is generally available for all people with chronic disabilities who are facing the prospects of nursing home care or who are already in nursing homes or other institutions, and who desire to return to the community. Second, that potentially everyone about to enter a nursing

home will receiving an assessment to identify needs, resources, and preferences for living in the community. Third, that COP will assist individuals and counties in providing or expanding community services, e.g., filling service gaps.

The Community Options Program is State funded. COP dollars represent an additional allocation to counties equal to the State share of Medicaid (42% of total cost) that would be paid if each diverted person had been served in a nursing home. In some cases, counties have a cap on the limit (\$700) of COP dollars that can be expended on any individual client. In other counties, such as Milwaukee County, there is no cap. In the development of service plans and subsequent analysis of the related costs, COP dollars are combined with SSI dollars in determining financial feasibility of the proposed service program.

Finally, the State developed a set of guidelines and procedures for counties to use in developing their individual COP plans. These guidelines and procedures mandate:

- o that the county board of supervisors appoint a long-term care support planning committee;
- o the composition of the committee; the content and format for a county plan;
- o target groups and referrals;
- o activities related to developing an individual diversion plan (assessment, case planning, and case management);
- o diversion services and allowable costs; and
- o program and fiscal reporting.

Each county participating in the Community Options Program must prepare a COP plan based on the guidelines and procedures established by the State. The plan calls for the selection and appointment of a county long-term care (LTC) committee by the county board of supervisors. Each target group (frail elderly, physically disabled, developmentally disabled, chronically mentally ill, and chemically

dependent) must be represented on the LTC committee in addition to two elected officials, and representatives from one county health department, one county social services department, one local mental health board, and the county commission on aging.

The responsibilities of the LTC committee in each county are to assess the need to develop resources; recommend financial and administrative procedures for COP implementation to the county board of supervisors, to coordinate long-term care support services among the providers; and to develop a community options plan as an addendum to the coordinated LTC plan and budget. Each county community options program must have a lead agency responsible for implementation of the COP plan and long-term care support activities in the county.

While each county COP plan will be different depending upon the resources available in the county and the composition of the county population, the activities that must be addressed in the COP plan are identical. In addition, each county must identify the interagency agreement and contracts they have, or will conclude, in order to carry out the activities identified in the COP plan.

Criteria

Demonstrably Effective

The Wisconsin Community Options Program has succeeded in diverting people who would normally have entered nursing homes without increasing costs to the State. Not only have financial objectives been met but so have community priorities regarding long term care.

Integrated into Management Functions and Utilized

There is no question that the community options program has been utilized. To date, 59 of 72 counties have developed COP plans and are in the process of implementing long-term care services. At the same time as COP was developed the State passed a moratorium on nursing home

development.

Each county participating in the COP program is given a specific budget allocation from the State based on their population. This budget is to be used for client assessment, developing case plans, diversion services, and case management. In several cases, i.e., Milwaukee and Dane Counties, the diversion monies are completely allocated. As a result, the COP program in those counties -- and probably in several others -- has basically stabilized in that new client diversion programs cannot be initiated unless a current client drops from the program. There is available funding for client assessments, however, and for developing case plans.

Participatory/Networking

The first relates to the current legislature. When COP was initially conceptualized, there was a core group of mid-level managers representing different programs related to long-term care in the Wisconsin Department of Health and Social Services who fought for the program and are still in the Department (all at higher levels of administration). In addition, there was a core group of legislators who were knowledgeable about the problems related to long-term care and supportive of the COP program. As a result of the communication, coordination, and trust among these groups, the Department was able to design and implement a flexible COP program without basing the program's survival on cost effectiveness.

With the passage of time, the composition of the Legislature has changed and many new legislators are asking questions about the cost effectiveness of COP and how the program is functioning. As a result, the Department is placed in the position of defending the program, which has caused it to redefine certain guidelines and procedures. When the program started, for example, there were no service percentages to be achieved within the specific target groups identified for COP. After the first year of operation, specific service percentages were identified with the result that counties feel the

State is removing the flexibility that was, initially, a key feature of the COP.

Another undocumented problem is the referral to the COP program of nursing home clients. Nursing homes may be referring their problematic clients to COP. These clients will be more difficult and costly to serve. On one hand, nursing homes are resisting the COP program citing "quality of care" issues, while, on the other hand, referring the more difficult clients because they can't treat them. When COP is fully implemented state-wide, the results of nursing home referrals may be better understood in terms of the types of clients in nursing homes vs. those in the COP program.

Unequal participation on the county long-term care committees presents a problem. Initially, COP was perceived to be mostly a nursing home diversion program. As a result, many of the mental health boards (combined mental health, developmentally disabled, and chemically dependent boards) have only token participation. With the development of the service percentages for COP, many of the mental health boards are taking a more active role. In a few cases, mental health boards are the lead COP agency for a county.

Finally, the long-standing problem of changing attitudes about long-term care persist. The biggest obstacle appears to be the medical community. For years, doctors have developed long-term care service programs for clients (using medical modalities), with little knowledge of the availability of alternative service delivery mechanisms. In Milwaukee, this is changing slowly. While the medical community is not actively involved as a participant in COP, there is an awareness of the program and interest on the part of certain doctors and groups about it. If COP is to be effective in the long run, it must assess clients prior to the development of a medical service plan which will favor nursing homes and institutions.

Grounded in Sound Data and Analysis

Although there is every reason to believe that sound data and analysis would support the philosophical underpinnings of COP it can not be said that it was the impetus behind it. Rather a concern with funding and with the quality of care contributed to the program.

Contacts

Angela Novak (608) 266-2036

John Lorimer (608) 267-9091

Maryland Governor's
Task Force on Teen Pregnancy

The appointment of the Governor's Task Force resulted from serious concern on the part of the Secretary of the Department of Human Services, who has made problems related to teen pregnancy a priority of her administration. Baltimore City has the highest percentage of births to women under age 20 of all U.S. cities with a population of over 500,000 and the problem is also endemic on Maryland's Eastern Shore. The Task Force has had to deal with intensely controversial issues, including abortion and family planning advice to teens. In response to the immediacy of the problem and to the controversial nature of the issue, the Task Force was organized to represent individuals who were deeply involved and knowledgeable in the field - regardless of political orientation. A highly professional organization was formed with access to and comfort with the research and data on teen pregnancy.

Background

The Governor's Task Force on Teen Pregnancy was appointed in February 1984, to examine the entire issue of teen pregnancy and to recommend a comprehensive approach in the State to reduce the incidence of teen pregnancy and to help teen parents become self-sustaining. At the time of this writing the Task Force had not yet completed its work. As such, the Task Force represents a "plan for a plan" since the impact of the plan itself is not yet known.

The Task Force grew out of serious concerns on the part of the State Secretary of Human Resources about the high incidence of teen pregnancy in Maryland, and the recognition that solutions to the problem were beyond the scope of that Department. In addition to the Department of Human Resources, the Task Force appointed by the Governor

included representatives of the Department of Health and Mental Hygiene, the Department of Employment and Training and the State Department of Education. Other members were selected for their interest and experience in the problems of teen pregnancy.

The Task Force is not the first attempt to deal with the problem of teenage pregnancy in Maryland. Grassroots organizations, such as the Maryland State Council on Adolescent Pregnancy, Parenting and Pregnancy Prevention (MSCAPPP) and an interagency staff committee have attempted to generate concern for the problem and coordinate services, however they lacked the mandate and clout to generate significant change. Although the jury is still out on the success of the Task Force - the fact that it could deliberate and make proposals without much of the politics and heat of other related efforts, is in itself a triumph.

Criteria

Demonstrably Effective

Although it is too early to determine whether the Task Force will be demonstrably effective (their report due out in late June had not been distributed as of this writing) in terms of client outcomes or government processes it has certainly had some limited achievements. For one, difficult, controversial, and sensitive topics have been discussed in a public forum. There appears to have been reasoned debate and a willingness to hear different points of view. Until the report is distributed it will not be possible to see the full range of recommendations which have been set forth.

Integrated into Management Functions and Utilized

It is too early to tell whether the work of the Task Force will be integrated into management and utilized. However, the Task Force's operations were quite substantive. There was considerable data used and a number of reports generated. The participation of State officials in the process means that these officials (legislative

representatives as well as bureaucrats) will be exposed to the data, to the debate and to the differing points of view. Presumably this exposure will affect their future activities in this area.

In late 1983 when the Secretary of DHR approached the Governor with the idea of a Task Force, she hoped that its recommendations would be ready for presentation to the Legislature by January 1985, as part of a planned "Youth Initiative" which would bring together a number of proposals related to services for children and youth. However, the Task Force was slow in getting organized and was not ready with recommendations for the 1985 session.

Participatory/Networking

Task Force members were selected for their interest and experience in the problems of teen pregnancy and consequently took an active role in researching problems, solutions, and developing their recommendations. The explicit selection criteria for members of the Task Force were to represent a broad range of groups: legislative, prominent citizens, representatives of concerned departments, 'experts' different racial groups, representatives from different parts of the State and diverse ideologies. However, the Task Force was not designed to endorse pre-determined policies nor to lend credibility to a controversial study. In fact, little attempt was made to select representatives in terms of geography or ideology. Further, no effort was made to get representatives of local agencies on the Task Force. This was a conscious policy because the Task Force is viewed as the Governor's with the explicit purpose of determining what the State should do. (This may have an effect on the ability of the Task Force to influence local practices - however, it is too early to tell.)

Two full time staff members, a director and a researcher were hired with funds from the Social Services Block Grant. In recruiting a coordinator/director for the Task Force, no effort was made to find an "expert" on teenage pregnancy. What was desired was someone experienced in group process, community outreach, networking, consensus

building, and with an understanding of human service research and programs. The director has a background in policy analysis and organizational development. Although she had known little about the teenage pregnancy problem before being hired, she has been effective in working with diverse groups and in defusing some of the explosive feelings.

The mix of people on the Task Force contributed to the broad approach and strengthened its understanding of the issue. The businessman took a philosophic approach, often asking what was the greatest social good of competing proposals. The pediatrician was clearly most concerned about giving care to teen parents. The State Senator provided valuable advice on which proposals were apt to be accepted by the State Legislature and what justification would be needed to support them. As the sole "Right-to-Life representative on the Task Force, he also engaged in a reasoned and meaningful dialogue with Task Force members whose positions differed from his. Another member took a pragmatic approach to resolving issues, while the welfare advocate offered strategic alternatives to developing compromise language on issues such as abortion.

Grounded in Data and Sound Analysis

The selection criteria applied to Task Force members is the best evidence of the commitment of the State to data and sound analysis. Further, because of the intense societal conflict regarding the emphasis to be given to "traditional" moral and religious values in approaching issues of teen sexuality and pregnancy prevention, the Task Force undertook a reasoned, unbiased analysis of the causes of teenage pregnancy. Several subcommittees were created. One, dealing with the Nature of the Problem, conducted extensive research into the factors which cause teenage girls to become pregnant. The subcommittee report discusses such issues as changing standards of society, the developmental phases of adolescence, family constructs and roles, discrimination and sex role socialization, economic conditions and policy issues related to programs. This framework has contributed to

the Task Force's understanding of the complexity of the problem and has defused much of the controversy.

Contact

Beverly Yannich (301) 576-5216.

Chapter 4

Cross-cutting Themes

This chapter discusses a series of common themes which emerge from a comparison of the the ten planning processes described in Chapter Three.

Overall Observations

The clear picture which emerges from preceding description of ten exemplary, but diverse, planning processes is that there is no one best way to plan. Each process described in Chapter Three was developed to meet the needs of its users and the decision-making environment. We strongly suspect that a process which is exemplary in Iowa, for example, might not be appropriate for New York. Similarly, although an MBO system works well for Yankton, it might not be relevant to the needs of the City of Pueblo.

The range of potentially exemplary planning techniques, practices, tools, and styles are virtually without limit. Recognition of this diversity must be as sobering to those who would have the Federal government mandate a uniform planning process as it is to state and local officials looking for pat, simplistic solutions to their problems.

Despite their surface diversity, the ten exemplary planning processes do have a great deal in common. We believe that these common characteristics may be more important than the planning techniques themselves for persons interested in improving the management and delivery of human development services at the state and local levels.

Demonstrable Results

The most compelling observation emerging from each of these planning efforts is that they produced results. In each instance, something happened that probably would not have happened, had no planning effort been undertaken. Although some results are more tangible than others, they are all important.

In Connecticut, for example, social service block grant resource allocations were changed to reflect new, negotiated priorities. In Denver, less-effective service providers were de-funded and new contracts negotiated with more effective providers.

In Iowa access to health care by indigent persons was improved. In Wisconsin, older Americans were enabled to live in the community instead of State institutions.

Some planning processes served real, political objectives in addition to client goals. In Pueblo, for example, \$1 million worth of requests were reduced to \$431,000 of funded projects . . . without acrimony. In Minnesota, intensely political decisions about the closing of State institutions were informed by sound policy analysis and citizen participation.

Consistently, the "bottom line" of exemplary planning is results worth the investment in the planning effort.

Utilization and Integration into Management

In each instance of exemplary planning decision-makers, themselves, place a high value on the planning function. Each exemplary planning effort was undertaken because it was important to the user, not in response to an external mandate.

Interestingly, in both Minnesota and South Carolina, the portion of their Developmental Disabilities planning effort that was exemplary was their strategic planning, not the Federally mandated three-year plan.

In the absence of a strong Federal presence and a multiplicity of Federal requirements, the leadership of each organization decided, based on their own needs, to support a planning function. In this regard, the support of elected officials was often an important part of exemplary planning.

Where elected officials felt that they had "ownership" of the process, they valued the function and provided appointed staff with the

backing and resources necessary to achieve results.

The Wisconsin Community Options Program (COP) was developed in response to a locally-articulated need to reduce nursing home placements. Legislators and State administrators were in agreement on the needs and techniques to be used, and because of the confidence the State legislators had in the leadership of the State agency, the State and local administrators were given flexibility and a broad mandate to develop the COP program.

Exemplary human services planning tackles the controversial issues which are at the core of policy-making in the human development services.

Almost by definition, we have excluded from our set of exemplary planning processes those which do not deal with issues of central importance to human service organizations. No matter how technically sound, planning processes at the periphery of the decision-making process are not exemplary.

A common theme running through many of the processes we observed is a thirst for controversy. Not only have these organizations not shied away from sensitive issues, in many instances they have sought them out.

Perhaps the best example of the zest of exemplary planning for controversy is the Maryland Governor's Task Force on Teen Pregnancy.

The Task Force on Teen Pregnancy in Maryland has tackled a subject fraught with controversy: teen sexuality. At a public hearing, the Task Force was addressed both by Right-to-Life and fundamentalist groups to whom the provision of birth control information to teenagers was anathema; and educators and social workers who spoke strongly for the need and the right of teenagers to know about their bodies. One member of the Task Force is a strongly Pro-Life member of the State Senate.

Because of the emotional content of their charge, the Task Force deliberately took a scholarly, non-judgemental approach. A key subcommittee report on "The Nature of the Problem" reviewed all that was known on the causes and implications of teen pregnancy in terms of society, the young parents (both male and female) and their children.

On one issue where consensus was not possible -- the appropriateness of abortion -- the Task Force agreed to disagree. As a result, the Task Force was able to reach a consensus on all other key issues.

Networking

Exemplary planning is seldom undertaken by a single organization, it involves active networking with other individuals and organizations in the policy process.

As discussed in Chapter Two, we initially felt that the willingness and enthusiasm with which planning processes exceeded the boundaries of a particular agency would be a good indicator of their exemplary nature. In fact we found that, while this assumption was correct, our notion of boundaries was too limited to adequately describe the best examples of planning.

In the best examples of networking, the networks themselves varied from issue to issue, the participants in each network depended upon the particular issues at hand. In other words, the entire concept of "boundaries" may be too static to describe exemplary planning.

Nearly all of the agencies were actively involved in coalition building. The agencies we studied were constantly forming alliances and consistently trying to maintain and expand the intensity of their liaison with other institutions involved in the policy-making arena.

The South Carolina Developmental Disabilities Council sees itself principally as an advocate and broker on behalf of persons with developmental disabilities. The Council

actively sought out allies among other agencies to promote the interests of its target population.

When the education network in South Carolina convinced the Governor to propose an increase in the State sales tax to fund improvements in the education system, the DD Council initially sought to have a portion of these funds earmarked for special education teachers. On meeting with educational leaders, the DD Council learned that the biggest problem for the schools was meeting the needs of the profoundly mentally impaired and severely physically disabled children. The Council switched gears and lent support to the education leadership in assuring that funds would be earmarked for this group, rather than its earlier, more general goal. Through the work of a coalition of advocacy groups, the legislation was passed.

An important part of networking is seriously looking at the potential for other organizations to complement the work of public human service agencies . . . and vice versa.

Even where primary interest of an exemplary planning process is on a particular funding source, such as the focus of the Connecticut's Negotiated Investment Strategy on allocating Social Services Block Grant funds, there is an interest in looking at that fund source in the context of other public and private investments in human services.

State sponsored exemplary planning processes actively, explicitly, and directly provide for meaningful local involvement.

An important dimension of networking was that each of the exemplary planning processes initiated under State auspices recognized that substantial local involvement was critical to the relevance and successful implementation of plans.

In Iowa, the Department of Human Services (DHS) has promoted the development of Local Human Service Planning Councils as a mechanism to draw together people and groups concerned with social needs in a community. Councils include representatives from area agencies and organizations that provide and fund human services.

In addition, DHS has sponsored a series of statewide and regional conferences known as Forums, where prominent citizens from the public and private sectors meet to develop strategies for meeting human service needs. The first Forum developed a "call to action" to strengthen human services and led to the appointment of a seven member Leadership Roundtable to develop strategic action plans.

The New York State Comprehensive Service Plan allows local offices to set goals and objectives within State priorities. The State Department of Social Services identifies specific issues each local office must address in its plan. The local office then develops strategies for meeting State expectations and improving its performance in that area. If the local office disagrees with the validity of the State identified issue, it may negotiate with the State to substitute an alternative issue.

The Wisconsin COP requires local jurisdictions to develop ways of serving chronically disabled persons in the community. Each county must designate a lead agency and create a long term care planning committee which would develop alternative services in order to divert individuals from placement in nursing homes or other institutions. The system allows for local flexibility and gradual implementation.

Exemplary planning processes reach out to organizations not traditionally involved the public human services, most notable of these "non-traditional" institutions is the private sector.

To many, the notion of a "public-private partnership" is seen as a cliché. Perhaps this is due to a lack of examples of a true partnership (i.e., where the public and private sectors cooperate as equals). Perhaps the clearest example in human services planning has been the work of the Iowa Department of Human Services in supporting the work of the Leadership Roundtable.

The Leadership Roundtable in Iowa consists of seven prominent leaders from business, education and government who meet regularly to consider human service issues of importance to Iowans.

In effect, the Roundtable serves as a standing "blue ribbon committee". The advice of the Roundtable is eagerly sought and and respected by the Governor and legislature. The Roundtable, for example, has sponsored a series of regional Forums and statewide conferences focussing the attention of the public and private sectors on particular problems such as the medically needy and children in jeopardy.

Less dramatic, perhaps, but no less important, the private sector can be an valuable provider of resources for planning not available through public appropriations. Indeed, public sector resources are often viewed as less desirable than resources made available from the private sector.

The Denver Council of Governments approached private companies in their service area to secure funding for an expanded needs assessment - the critical incident technique. They felt that outside funding enhanced the credibility of their research in the community by showing support and allowing them to use contract support. Also, these efforts heightened community awareness of their program.

Exemplary planning overcomes the labor intensiveness of those processes by creative strategies to expand available staff resources. None of the organizations surveyed were immune from the financial constraints which are endemic to modern human development services. What sets them apart, however, is that they have refused to let staffing restraints become a barrier to exemplary planning. Several of the jurisdictions were creative about expanding their resources through the use of commissions, volunteer groups, advisory groups, and graduate student interns.

The Pueblo City Health and Human Services Committee represents the community to City leadership, and the City leadership to the community. Its fifteen volunteer members represent varied segments of the community and areas of expertise in human services and health in addition to those possessed by City staff.

Since these organizations realize that they do not have the financial capability and staff resources to engage in exemplary planning process, they reach out (e.g., to members of their advisory committees) to serve as an extension to their staff.

The Connecticut Negotiated Investment Strategy (NIS) is an extremely labor intensive planning process. Not only do State, municipal and private non-profit providers meet regularly as separate sector teams, they come together for an extensive, often protracted, negotiation/mediation process. In addition, sector representatives serve on subcommittees examining common issues as evaluation and data needs. Despite the broad scope of NIS activity, the core staff supporting the NIS process is extremely small.

Of particular interest is the recruitment process used by agencies for volunteers. Volunteers were viewed as staff and were recruited as such. In a sense, rather than selecting people simply to represent diverse interests (demographically, geographically or politically) their substantive contribution to the agency mission was actively considered as well. Although agency staff put considerable effort into recruitment of volunteers and the development of advisory groups into contributing parts of the planning process, they strongly felt that such effort paid off in the long run.

Members of the Governor's Task Force on Teen Pregnancy in Maryland were selected because of their prior involvement, interest, and expertise in the problems of teenagers who become pregnant or are at risk of becoming pregnant. Task Force members are pointedly not seen as representatives of

a particular organization, sector, or point of view, freeing them of "baggage" which might inhibit their ability to make substantive contributions (as individuals) to the planning process.

Although citizen participation has been a recurrent theme in the literature and practice of human services (as well as virtually all public sector) planning, it has been largely viewed as the fulfillment of a regulatory requirement or to satisfy the demands of various political interest groups to "be involved" in the planning process. In several of the exemplary planning processes, efforts to secure citizen input were not a pro-forma exercise. Citizen participation is valued by exemplary planning processes.

The Minnesota Governor's Developmental Disabilities Council, serving as staff to an interagency board deliberating on the feasibility and desirability of deinstitutionalization policies, systematically went out of its way to solicit the opinions of individuals and organizations which would be most affected by decisions to close State-operated institutions.

The Council's efforts included development of a close working relationship with the labor unions representing employees of State institutions and holding public hearings in each of the communities served by State hospitals.

Grounded in Sound Data and Analysis

Exemplary planning makes a special contribution of data and analysis to the policy process. The individuals engaged in exemplary planning were more than just significant participants in the policy process. Indeed, they provided something special, data and analysis which would not have been available without their contribution.

The Minnesota Governor's Developmental Disabilities Council was not only an active participant in deliberations about the appropriateness of the State's deinstitutionalization policies, the Council contributed a series of

closely-reasoned policy analyses and other data in an extremely attractive, "user friendly" format.

Interestingly, in an age of increasing automation, the outstanding features of the exemplary programs were human, rather than technical. This does not mean that computers were missing in the exemplary situations. Rather, the emphasis was on the substance of the analysis, rather than on the hardware. Where used, computers were largely invisible, well integrated into the planning process.

The Denver Regional Council of Governments (DRCOG), Area Agency on Aging effectively uses computers to maintain an updated monitoring report. These data are readily available when it comes to their contracting so they can review organization performance. However, the computer is seen as a tool, well integrated into program operations.

Similarly, although sound, the analytic techniques used in the exemplary planning processes we reviewed were not particularly sophisticated. One exception is the Denver Regional Council of Governments.

The Denver Regional Council of Governments' Aging Unit has used innovative data collection and analytic techniques in developing its area aging plan. Through a "critical incident" interview technique, the DRCOG was able to better understand the needs of the elderly in the Denver area. The thorough research conducted by DRCOG has enabled the agency to defend controversial funding decisions against challenges.

By and large, the emphasis of exemplary planning is on straightforward, pragmatic analysis. Human service decision-makers are not in awe of, indeed have little patience for, overly complicated analysis and data presentation. They want to know the "bottom-line" without wading through all of the mumbo jumbo that technicians too often insist on presenting.

Exemplary planning is a triumph of substance over form.

As practiced by the Planning and Development District III in Yankton, South Dakota Management by Objectives (MBO) is a "no frills" process. The District's utilization of MBO is based, not on the trendiness of the technique, but because it is a practical tool for management to set program goals and monitor agency performance.

The Challenge to Management

In addition to preconceived criteria, the exemplary planning process displayed one unanticipated feature: in nearly every instance, exemplary planning processes were closely identified with the leadership of an individual. Although formal status may enhance one's ability to effect change in an organization, these leaders were not necessarily the agency directors. Without exception, however, they were persons who had a vision of what they want to achieve, a willingness to take risks which are not forced on them, and the persistence to see their vision become a reality.

The successes reported were not achieved without sacrifice and struggle. Nevertheless, the clear finding from our analysis is that people do make a difference. Over and over, exemplary planning systems appeared to be associated with "exemplary" individuals, people who were energetic, dedicated, strategic, respected, and insightful.

In a word, exemplary planning processes seem to be born of the work of leaders who are proactive, individuals unwilling to wait for events to overtake them and force decisions upon them.

Since his appointment, the Commissioner of the Iowa Department of Human Services has labored to articulate his vision of a comprehensive policy process. All components

of that process are linked with the expectation that they will be used in decision making. The Department also engages in environmental scanning, again attempting to anticipate issues before they reach crisis proportions.

Although "leadership" is a hard commodity to bottle or summon up, the experience of the organizations we examined clearly suggests that the efforts of a single individual can have a profound effect on the future of human services at the state and local level.

The Governor's Task Force on Teen Pregnancy in Maryland was formed as a result of the strong interest in the problem of teen pregnancy on the part of the Secretary of the Department of Human Resources. As a result of her leadership, Task Force members have actively participated in finding ways to alleviate the pressing problems of teen pregnancy and parenting.

Indeed, more than representing a set of techniques awaiting mastery, exemplary planning is a challenge to managers willing to "go for it."

Summary

Although Chapter Three documented the diverse nature of exemplary human service planning, this Chapter has drawn cross-cutting themes from that diversity.

The lessons learned from the ten exemplary planning processes should be particularly valuable to state and local officials who desire to institute or upgrade human services planning in their jurisdictions. Some practical "next steps" for these persons are the subject of Chapter Five.

Chapter Five

Towards More Effective Planning

This chapter describes the "next steps" appropriate to state and local officials interested in improving human services planning in their jurisdictions.

Based upon our review of the ten exemplary planning processes which form the basis of this study and our past experience in attempting to transfer such "exemplary" technology from one setting to another, we recommend a five step process for use by those interested in improving human services planning at the state and local level.

Step 1. Determine the Need for Change

The first step we recommend is to ask yourself a series of questions to determine whether there is a need to improve human services planning in your jurisdiction.

If the answer to this questions is "yes", there may be a need to advance to step 2.

Step 2. Identify Alternative Planning Techniques

We have clearly concluded that there is no "one best way" to engage in exemplary human service planning. Once the need for change has been identified, the next step involves examining options for improvement.

In Chapter Three we provide "real life" examples of each type of planning effort. Persons interested in learning more about any of these processes may wish to contact the individuals responsible for each. Additional contacts are listed as an Appendix to this report.

There is no substitute for candid discussion with your peers. This is encouraged on either a one-to-one basis or as a part of participation in national organizations such as the American Public Welfare Association, National Association of State Units on Aging, National Association of Area Agencies on Aging, National Association of State Mental Retardation Program Directors, Inc., National Governors' Association, National Conference of State Legislatures, National Association of Counties, National League of Cities, International City Management Association, and the U.S. Conference of Mayors.

Step 3. Select the Planning Process Most Clearly Suited to Your Needs

Selecting the most appropriate planning process is essentially a matter of determining whether your needs for the products of planning (i.e., data and analysis) are pervasive or not.

Unless your decision-making needs are truly all-encompassing, a comprehensive planning process may be require more time and effort than necessary. Comprehensive planning efforts take several years to achieve their potential.

If, on the other hand, your needs for data are limited to a specific issue, strategic planning is probably most appropriate. Similarly, if you have a well-defined and pressing problem at hand, remedial planning is the probably the most straight-forward approach to management improvement.

If you are essentially interested in a more rational basis for dividing resources, allocative planning techniques will be of greatest interest.

Regardless of what your data needs are, planning-for-a-plan is a prerequisite to any substantial planning effort.

Having selected the major category of planning, it makes substantial sense to examine some of the ways other state and local agencies have tailored each model to serve their own needs. There are any number of variations within each category of planning.

Step 4. Create the Environment for Planning

Although individual leadership is clearly important, none of the exemplary planning processes we studied were accomplished without the substantial involvement of a great many other people. Without the early and sustained participation of each key actor in the decision-making process, planning will not produce the results you desire.

The major contribution of leadership is to create a climate for change. This could involve the formation of task forces, the work of advisory panels, and more or less formal discussions among significant parties. At a minimum, such dialogue will be helpful in letting you know whether others share your sense of urgency in the need for change.

Other "climate building" activities include sharing the exemplary work of others with your colleagues. This could involve either site visits to those jurisdictions or inviting persons from another jurisdiction to share their experiences with interested persons in your state or community.

Most state and local officials are willing, indeed flattered, to respond to such requests for information.

Step 5. Transfer the Most Appropriate Planning Process

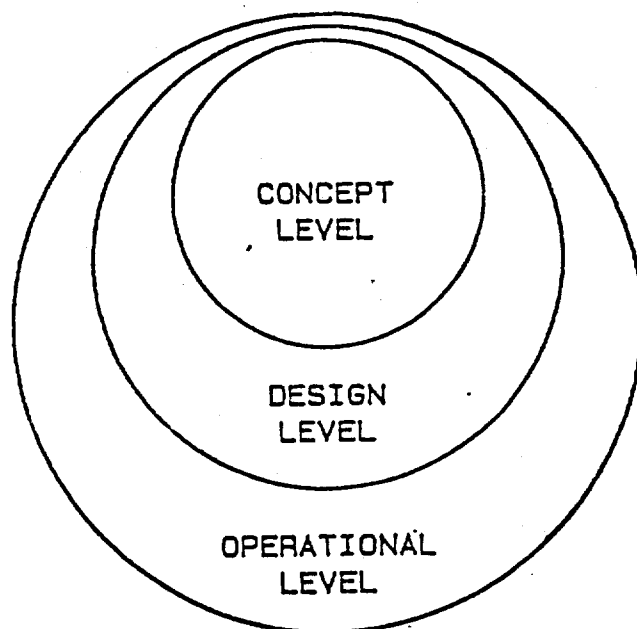
As depicted in Figure 3, technology transfer can occur at any number of levels. Transfers are most easily accomplished at the conceptual level. Transfers at this level are essentially accomplished by recognizing that someone else has what you believe to be a good idea, and trying that idea out in your own jurisdiction.

More detailed are transfers at the design level. These involve not only understanding what the other jurisdiction did, but generally how they went about it. Design level transfers are often difficult because planning processes are seldom well-documented. Understanding exactly how the process was implemented may require several interviews with persons involved in the process. You should be prepared to judge for yourself the validity of conflicting opinions as to what was (vs. should have been) done and how well the process actually works.

Most complex are transfers at the operational level. These so-called "turn-key" transfers involve the full transfer of planning policies and procedures from one setting to another. In view of their complexity, such transfers generally require outside assistance.

Figure 3

LEVELS OF TECHNOLOGY TRANSFER



A Final Word

Obviously the ten exemplary planning processes discussed in this report are not the only efforts worthy of emulation and transfer. Appendix A on the following page lists others which were considered and are worthy of attention. If you feel that your organization is doing something of interest to your colleagues in other jurisdictions, you are encouraged to bring your work to their attention through presentations to professional associations, preparation of articles for journals read by your peers, or simply alerting your Federal Regional Office of what you are up to.

Whether you are donor or a recipient in the technology transfer process, your organization will benefit and you will substantially and demonstrably contribute to the cost-effectiveness of the nation's human development services.

APPENDIX A

Human Services Planning Projects
Reviewed by USR&E
(Listed by Type and by Agency)

Human Services Planning Projects
Reviewed by USR&E
(Listed by Type of Plan and by Agency)

Comprehensive

- o City of Charlottesville, Virginia
Social Development Commission Planning Activities
David S. Arnold, International City Management
Association, or
William Lucy, Urban & Environmental Planning Program,
University of Virginia
- o Coalition for Human Services Planning (CHSP),
Indianapolis/Marion County, Indiana
CHSP Transportation Plan
Irving Katz: (317) 923-1466
- o Denver Regional Council of Governments
Area Agency on Aging Plan
Susan Cocking-Aldridge: (303) 455-1000
- o State of Florida, Governor's Office, Office of
Planning and Budgeting
Comprehensive State Planning
Tom Herndon: (904) 488-7810
- o State of Iowa, Department of Human Services
Iowa DHS Planning Function
Michael V. Reagen (515) 281-6028
- o State of New York, Office of Mental Retardation and
Development Disabilities
State DD Plan
John Jacobson: (518) 474-4904
- o State of New York, Department of Social Services
The Consolidated Services Plan
Christina Hay (518) 474-9574
- o State of North Dakota, Department of Human Services
State Human Services Plan
Don Schmid: (701) 244-4050
- o Northampton County (PA), Department of Human Services
A Four County Consortium Human Services Outcome
Evaluation Model
Jerry W. Friedman or
Bill Kleintop: (215) 253-4111 ext. 326

- o State Oklahoma, Department of Human Services
Priorities, Allocations & Tracking System
Marilynn Knott: (405) 521-3646
- o Planning and Development District III (SD)
MBO/Measurement of District Performance
Greg Henderson: (605) 665-4408
- o State of South Carolina, Health and Human Services
Finance Commission
Comprehensive Planning Process
Larry Fernandez: (803) 768-8743

Strategic

- o City of Chesapeake (VA), Social Service Bureau
The Community Resources Network of Chesapeake
Mr. W.D. Clark or
Deborah M. Lewis: (804) 543-9211 ext. 263
- o Community Services Planning Council, Sacramento
County (CA)
Social Services Planning
Nancy Fidiesen: (916) 447-7063
- o Human Resources Council, Seattle/King County (WA)
Multi-Agency Regional Planning
Bernard E. Kelly: (206) 442-0420
(US HHS)
- o State of Maine, Department of Human Services
Maine Child Care Task Force
Barbara Collier
- o Metropolitan Human Services Commission,
Columbus/Franklin County (OH)
Contingency Planning Process
David Ferriman: (614) 244-1336
- o State of Minnesota, Governor's Planning Council for
Development Disabilities
DD Council's Strategic Plan
Colleen Wieck: (612) 296-4018
- o San Diego Mayor's Task Force on the Downtown Homeless
Downtown Homeless 1984
Larry Johnson: (619) 292-4455
- o State of South Carolina, Planning Council for
Development Disabilities/Administering Agency for
Developmental Disabilities
Sherry Driggers, Ed.D.: (803) 768-8016

- o United Community Planning Corp. and Massachusetts Association of Mental Health
Boston Homeless Plan
Paul McGerigle: (617) 482-9090
- o United Community Services, Detroit, MI
Employment Plan
Ester Yager: (313) 833-0622

Allocative

- o State of Connecticut, Connecticut Municipal Governments and Non-Profit Social Service Providers
A Negotiated Investment Strategy
Ernie Osborne or
Barbara Greenberg: (203) 227-0111
- o City of Pueblo (CO), Health and Human Services Commission
Planning of the Commission
Chuck McGee: (303) 545-7842
- o Ramsey County (MN), Community Services Department
Comprehensive Social Services Plan
Mary Mahoney: (612) 298-4613
- o Salem and Essex Counties (NJ), Human Services Councils
A Comprehensive Human Services Plan for Salem and Essex Counties
Dean Burkholder: (717) 394-3725

Remedial

- o State of Illinois, Department of Mental Health and Development Disabilities
Plan for the Closure of Dixon Developmental Center
Dr. David Braddock: (312) 966-1496
(U. of Illinois)
- o State of Wisconsin, Department of Health and Social Services
Community Options Program
Angela Novak: (608) 266-2036 or
John Lorimer: (608) 267-9091

- o United Community Planning Corp. and Massachusetts Association of Mental Health
Boston Homeless Plan
Paul McGerigle: (617) 482-9090
- o United Community Services, Detroit, MI
Employment Plan
Ester Yager: (313) 833-0622

Allocative

- o State of Connecticut, Connecticut Municipal Governments and Non-Profit Social Service Providers
A Negotiated Investment Strategy
Ernie Osborne or
Barbara Greenberg: (203) 227-0111
- o City of Pueblo (CO), Health and Human Services Commission
Planning of the Commission
Chuck McGee: (303) 545-7842
- o Ramsey County (MN), Community Services Department
Comprehensive Social Services Plan
Mary Mahoney: (612) 298-4613
- o Salem and Essex Counties (NJ), Human Services Councils
A Comprehensive Human Services Plan for Salem and Essex Counties
Dean Burkholder: (717) 394-3725

Remedial

- o State of Illinois, Department of Mental Health and Development Disabilities
Plan for the Closure of Dixon Developmental Center
Dr. David Braddock: (312) 966-1496
(U. of Illinois)
- o State of Wisconsin, Department of Health and Social Services
Community Options Program
Angela Novak: (608) 266-2036 or
John Lorimer: (608) 267-9091

Plan for a Plan

- o State of California, Department of Developmental Services
California Developmental Disabilities Plan
Santi Rogers (916) 323-4828
Dr. Roberta Marlow: (916) 445-6888
Dennis Smith: (916) 445-6888
- o State of Maryland, Social Services Administration
Maryland Teen Pregnancy Task Force
Beverly Yannich: (301) 576-5216
- o State of Montana, Department of Social and Rehabilitative Services
Priorities for People
Gary Walsh: (406) 444-3865
- o State of Oklahoma, Department of Human Services
Priorities, Allocations and Tracking System
Marilyn Knott: (405) 521-3646