

SENATE BILL 517, TEN PILOT PROJECTS
REPORT OF THE
OFFICE OF THE SECRETARY OF HUMAN RESOURCES
TO
THE GOVERNOR
AND
THE GENERAL ASSEMBLY OF VIRGINIA



SENATE DOCUMENT NO. 3

COMMONWEALTH OF VIRGINIA
Department of Purchases and Supply
Richmond

1978

Authors

Patti Ann Chrzan, Office of the Secretary of Human Resources

Margaret A. Smith, Department of Welfare

.....

Staff Assistance

Ron Thompson, Office of the Secretary of Human Resources

.....

Secretarial Assistance

Phyllis Cooley, Department of Welfare

Laura McCullough, Office of the Secretary of Human Resources

Janice Simms, Office of the Secretary of Human Resources

Jo Ann West, Office of the Secretary of Human Resources

TABLE OF CONTENTS

	Page
I. Forward	1
II. Project Background	
County of Arlington	3
County of Carroll	8
Charles City County	11
City of Chesapeake	14
County of Fairfax	18
City of Hampton	22
County of Montgomery	27
City of Roanoke	31
County of Washington	35
City of Portsmouth	37
III. Methodology	45
IV. Analysis	47
V. Conclusions	53
VI. Appendices	
S.B. 517 Legislation	56
Evaluation Questionnaires	57
Intergovernmental Waiver Process	64

FORWARD

Service integration, within the past decade, has become the cry from the Federal level down through to the local level. In a time of increasing fiscal crunch, legislators, local government, taxpayers and the agencies themselves are investigating more efficient mechanisms for service delivery. We are also concerned with meeting the needs of the client, as a complete human being, in an expeditious manner. The gap has been in the fragmentation of the system. The Commonwealth of Virginia has been assessing the system in an attempt to reorganize in such a manner that the gaps will begin to close and to determine what the role of government (local/state) should be in the human services field.

In 1974, the General Assembly of Virginia passed Senate Bill 517 (S.B.517) which was signed into law by the Governor. This bill authorized the Governor to allow five localities to establish pilot projects to test approaches in the integration of human service delivery. The legislation empowered the Governor to grant variances from State rules and regulations which might be hindrances to the success of these pilot projects. The Governor was also empowered to request exceptions from Federal rules and regulations where they proved to be hinderances.

A stipulation in the legislation said local governing bodies would have to formally approve the proposals prior to their submission at the state level. Senate Bill 517 carried no appropriation for implementation by the localities. The projects were to make commitments of their own resources with technical assistance being provided at the state level. Furthermore, it was stipulated that the projects should be reviewed by the Governor and the findings reported to the General Assembly.

The Secretary for Human Affairs, Otis L. Brown, received the charge to implement this legislative effort, and the Division of State Planning and Community Affairs provided state agency staff for him to solicit proposals, develop selection criteria, and to monitor and evaluate the results of the Senate Bill 517 effort.

On September 13, 1974, the Secretary of Human Affairs sent out information to the local service agencies concerning the legislation and guidelines for participation in this service integration effort. Information had previously been sent to local governing officials. Final proposals were to be submitted by January 31, 1975 with the selection of five pilot projects by February 15, 1975. The selection process included review of the applications by the state human resource agencies as well as staff in the Human Affairs Section of the Division of State Planning and Community Affairs.

So many projects were found to have merit that five were chosen and four alternates designated. The five projects were the cities of Chesapeake, Hampton and Roanoke, and the counties of Carroll and Fairfax. The four alternates were the counties of Arlington, Charles City, Montgomery and Washington.

During this time, staff in the Human Affairs Section of DSPCA, with direction from the Secretary, had been exploring Federal funding possibilities. It was learned the Federal administrators of the 1115 Research and Demonstration Grants were particularly interested in funneling a portion of their monies into service integration efforts. A separate proposal which had been submitted by the City of Portsmouth, an attempt to integrate all of the human service programs in the city, also appeared to be attractive to the Federal grants administrators.

An agreement was reached with the Department of Health, Education and Welfare to fund the efforts of the nine 517 service integration projects along with the City of Portsmouth. The State Department of Welfare agreed to match these resources three to one with Title XX dollars. The funding was done under a renewable grant for a period of three years.

The State staff functioned as technical assistants to these ten localities, first as staff in the Human Affairs Section of DSPCA and later as the executive planning staff to the Secretary of Human Resources (O.S.H.R.). They also served as the liaison between the local, state and federal levels. The emphasis, in this role, has been to assist and document the endeavors of the local projects and to identify transferable integration techniques for other localities.

This report attempts to document Virginia's ten pilot project efforts to initiate and maintain improved methods of service in both administration and delivery. Within these pages, we will focus on the progress of the pilot projects in the Commonwealth of Virginia. Briefly, we will look into the future of services integration according to the State staffs' analysis of the projects.

COUNTY OF ARLINGTON

Project Background

Arlington County is an urban county located in metropolitan Northern Virginia adjacent to Washington, D.C. Similarly to its neighboring localities, Arlington relies heavily on Federal employment as the primary source of personal income. Consequently, average income is higher in Arlington than in most Virginia localities and the income differential between the poor and non-poor and the local cost of living is greater than in most Virginia localities.

Arlington offers a unique testing ground among the 517 projects due to the existence of an umbrella agency approach to human services administration. The incorporation of local public agencies (Social Services, Health, Mental Health, and School Health) into a Department of Human Resources has enabled cooperation and communication between the division chiefs (i.e., agency heads) for about ten years.

The emphasis of the Arlington 517 project is on the development of consistent administrative policies and the testing of interdisciplinary service teams. Outside consultants were hired to assist in the development of new administrative approaches but that function has now been transferred to interdivision work groups. At the conclusion of the project, Arlington proposes to have implemented department wide goals and uniform fee-billing procedures. Legal and administrative constraints to implementing these administrative changes were researched in order to seek waivers of current policies if necessary, however, no constraints were found.

The Arlington County Service Delivery model centers on the utilization of interdisciplinary teams as the vehicle for multi-problem service delivery. Two prototypes for team service delivery have been designed and are operating to test the feasibility of the team approach and the appropriateness of designating a target population or a target area. Each team prototype is composed of five professionals (2 public health nurses, 1 psychiatric social worker, 1 social worker, and 1 eligibility worker). One team prototype works with a population target group (the elderly) while the other works with a geographic target group (defined census tracts in South Arlington). A total of five teams are operational at the current time.

Two integrating techniques are being utilized to enhance the team approach, colocation and case consultation. All services offered by the Department are collocated in a single facility, the Fenwick Center, in South Arlington. The teams are also collocated in a single office in order to foster informal as well as formal communication. Once each week the team meets in formal session to confer on cases of mutual concern and to prepare or revise comprehensive service plans. It is anticipated that the combination of colocation and case consultation will result in comprehensive service delivery to clients served by the team in South Arlington.

Governance

The County Board of Supervisors serves as the Arlington Governance.

Agency Board

Division chiefs from the Arlington Department of Human Resources compose the agency board. This body acts as an agency board in directing policy and operations. The board is headed by a division chief (Health) who is also the Director of the Department of Human Resources. The administrative director of the colocated Fenwick Center is the integrator. The integrator and the DHR Director coordinate project activities with other members of the agency board. The agency board, through the various divisions, is responsible for implementing programs, directing program operations, etc.

Integrator

The integrator is the administrative director of the Fenwick Center. He therefore holds equal status with other division chiefs on the agency board causing his role to be that of project coordinator.

The responsibilities of the project integrator are to provide oversight direction to the planning activities and coordinate those activities with other members of the agency board.

Program Planning and Evaluation

Joint development of operating policies, joint programming and information-sharing are the primary responsibilities of the project staff at this time. At such time as the planning phase is completed, the resulting products will be integrated into the on-going operations of the various divisions. This action, to be taken jointly by the division chiefs, will impact the breadth of the administrative model.

Training

Although not directly related to the integration project, interagency training is conducted by the divisions of the department as a part of new staff orientation.

Joint Budgeting

Arlington County may be said to utilize an approach to joint budgeting as a result of the Departmental budgeting process. This process results in a single budget document being presented to the County Board. However, each division prepares an individual budget request and the single document represents a compendium of the individual budgets.

Reception

Each agency formally receives individual clients into its own service system. Traditional intake procedures and forms are utilized. Only crisis cases are received by the target group team prototypes. Other cases are processed by the traditional service delivery units.

Case Assessment

Each division professional conducts an assessment of the total needs of each client.

Service Plan

Following the assessment of the client's total needs, the interdisciplinary team meets to confer on the needs of the client and the service resources available. A comprehensive service plan is prepared with the members of the team designated to carry out the service plan.

Service Provided

Each agency provides its specialized service to the client (or the client's family) according to the service plan. While the individual remains a client, the case is periodically reassessed and revisions can be made in the plan. Informal, as well as formal, case conferences are held as needed.

Second Year Efforts

As outlined in the Fiscal Year 77 Work Plan, the second year of the project was to focus on refinement and implementation of various components studied during the first year. The second year objectives and a status report on each item appear below:

1. Development and implementation of a central application form for all health, mental health and social service programs.

Arlington's endeavor to develop a central application form was predicated on a desire to reduce the amount of time and effort necessary to obtain service delivery data for eligibility determination and administrative reporting. During the first year, a review of twenty-two Federal, State and local forms being used within the Department was completed. Common questions were identified and development of a test application began.

During this past year, meetings were held with the State Department of Welfare, Department of Health, and the Commission for the Visually Handicapped to discuss the design of the forms.

Upon completion of the design, a draft application was circulated to appropriate staff. Discussions were conducted and comments were solicited from all levels of the department. Based on the comments received, a recommendation was made, which was acted upon, not to proceed with the testing of the form. The form was cumbersome and lengthy which defied Arlington's original intent in designing it.

2. Design a system for development of interdisciplinary service delivery teams to include their composition based on service needs, workload management systems and supervision.

Arlington has two types of teams, geographic and functional. These teams were operating prior to Arlington being designated a 517 project but they have been a major component of it.

Over the past two years, Arlington has done an in-depth study of the team approach with the idea of eventually converting the DHR staff to total teams. The second year has honed in on the details of the composition, location and supervision of the teams. The task force has had input from all divisions on this concept. They are presently formulating, with the assistance of the Biostatistical Department from George Washington University, an evaluation tool to determine the effectiveness and the impact on service delivery of the teams already in existence. The department is planning to implement a total team approach in South Arlington between January 1 - March 1, 1978, and based on its effectiveness eventually convert all of Arlington to the team approach.

3. Development and implementation of a client master index/fee billing system for use by all the divisions within DHR.

The impetus for the client master index has been the result of an effort on Arlington's part under 517 to streamline their system. The master index would facilitate easier access to client information and identify whether a client was being serviced by another division.

During the first year, Decision Analysis (a consulting firm) undertook the study of the feasibility of such a system. Over the past several months, a DHR task force has also looked at the question. Arlington now has the format for the client master index. It is scheduled to be implemented before October 1, 1977.

The same approach was utilized for the study of centralized fee billing for the County. Arlington has a sliding fee scale for Health and Mental Health Services. The need exists to streamline the billing system by operating this financial management function in a single unit. This concept will also be implemented prior to October 1, 1977.

Arlington is continuing its efforts to develop means of streamlining their organizational structure while attempting to improve service delivery. It is their desire to organize the departmental structure in a manner which will facilitate supervision and administration of the service delivery team approach.

COUNTY OF CARROLL

Project Background

Carroll is a rural county located in Southwest Virginia. The county has a small population and its financial resources are limited. Human services are recognized as a priority however, and \$500,000 in general revenue sharing funds were earmarked for the renovation of the former county farm in order to provide well located office space for a human service system.

The majority of service agencies in the Carroll County system are multi-jurisdictional agencies with local offices in Hillsville, the county seat. Of the three primary agencies, the Social Services Department serves only Carroll County, while Health and Mental Health are local offices of district agencies which cover five and six localities. Vocational Rehabilitation and Social Security are available to county residents at certain times each week.

The 517 project is designed to improve service delivery. A colocated facility has provided the physical resource for implementing services integration. Formal by-laws govern the joint action of the participating agencies, but due to the small size of the staffs and daily contact provided by collocation, many informal linkages have resulted in a cooperative effort.

Two specific techniques being used by Carroll County are: equipment sharing and information and referral. Health, Mental Health and Social Services are permanently colocated with certain other services delivered on a part-time basis from the same facility. Collocation has facilitated the sharing of certain equipment and other resources by all agencies. This sharing cannot be referred to as centralized support services but it does reflect cost sharing emphasis. Collocation has also facilitated information and referral as a viable internal service. The I & R service is attached to the client reception system.

Governance

The County Board of Supervisors acts as the Carroll County Project Governance. The duties are to receive funds and approve expenditures.

Integrator

The integrator functions as a project director. The authority of the integrator is derived from his position as County Administrator and from his designation as project director under the by-laws of the agency board. His duties are to direct the central intake and service integration office staff. He is charged with the responsibility of carrying out decisions made by the Board. The integrator also acts as liaison between governance and the agency board.

Agency Board

The Carroll County Council of Community Services functions as an Agency Board. Membership on the agency board is comprised of the project director and one administrative representative from each of the three colocated agencies, Health, Mental Health, and Social Services. The integrator serves as chairman and coordinator of the agency board. A representative of the Board of Supervisors also serves on the Council. The Client Advocate Advisory Committee also has representation on the agency board. The board, which operates under formal by-laws, has the power to develop, implement and maintain policy and programs for a coordinated human service system. It then becomes the responsibility of the integrator to oversee the implementation of decisions made by the Agency Board.

Citizen and Client Advisory Board

The Advocate Advisory Committee of Carroll County operates as a citizen and client advisory board. The committee includes representatives from cooperating service agencies, volunteer organizations, the medical and dental community, one citizen at large selected by the council and several clients of the agencies. The functions of this advisory board are to provide information and recommendations from consumers, agencies and volunteers to the council. In turn, this group fosters public relations with the community in the human services area. As agencies present their services and programs, these representatives relay the information to their groups and the outside community.

Ancillary Support Service

Carroll County created a central intake unit which was utilized by the three colocated service agencies for a test period. Characteristics of the central intake unit were a central intake form and preliminary assessment of the needs of the walk-in clients. This component of the project is no longer operational as it was found to be too time consuming in relation to its effectiveness.

Training

Interagency training including an orientation to all service programs provided by the three agencies is conducted in order to establish common understanding of all services available.

Liaison

Liaison is an integral function of the CCCCS. The Council itself provides agency liaison. The Citizen Advocate Committee is structured to provide and maintain formal service provider liaison. Community liaison is conducted through informal communication coverage of system activities, and the citizen advocate Committee. The local newspaper provides feature coverage and publishes service calendars.

Staff liaison is conducted informally and this function is being facilitated through colocation. Colocation also facilitates informal liaison with non-member agencies who use the facility on a part-time basis.

Second Year Efforts

In the fall of 1976, Carroll County began training of staff for the Central Intake System. The intake worker was to interview all new clients who entered the colocated facility. The worker's function was to record basic administrative and problem data on a central form. After identifying the primary problem the worker would take the client to the appropriate agency. This system was designed to streamline the administrative time of the agencies and to allow more focus by workers on actual service delivery. The system was implemented and an evaluation took place in the spring. The evaluation reflected that the system was ineffective because it was too time consuming. At this point, the CCCCS made a decision to abandon the effort.

Cross agency training has continued throughout the year. These sessions are sponsored monthly by one of the participating agencies to present an in-depth view of a particular program. Presentations of the same nature to the Citizen Advocate Advisory Committee are also made. These sessions facilitate better community awareness of the human service programs which are available in Carroll County.

A major emphasis in Carroll County continues to be public awareness of available programs. This is done in a variety of ways: radio, monthly calendars, newspapers and presentations to the Citizen Advocate Committee.

Another endeavor for Carroll County was the development of an area resource directory. It was an interagency effort which was also multi-jurisdictional. Project staff compiled the final edition which lists the resources available, along with program information, on Carroll, Grayson and Galax. This service assists providers in locating appropriate resources for their clients.

CHARLES CITY COUNTY

Project Background

Charles City County is a rural county located outside of the large city of Richmond. The County population of about 6,000 people is racially mixed with Blacks, Whites, and a considerable number of American Indians. The population is characteristically very old, or very young, and relatively poor. Unemployment is a severe problem along with a lack of developmental opportunities.

It has been widely agreed that transportation is the foremost barrier to Charles City County citizens in attaining self-sufficiency and reducing poverty. Ironically, Route 5, the oldest road in the United States, runs through Charles City County between Richmond and Williamsburg, yet accessible public transportation is non-existent in this rural county sandwiched between large cities. Thus, the major thrust of the 517 project has been to provide a general purpose transportation system, a bus, to help people get to the social service agencies that can serve them, and to get to the everyday needed facilities such as the grocery store or the drug store.

Over 25% of the families in Charles City County do not own an automobile, and 30% of the families are within the Federal poverty guidelines. Furthermore, for any family that does own a car, it is likely that the wage earner uses the car to travel to a job outside of the county and leaves his family without transportation until after working hours. This is a particular problem for any family member with a health or special education problem.

Charles City County has a problem characteristic of rural localities, that is the proliferation of multi-jurisdictional human service planning and delivery agents. Charles City County is included in the Richmond SMSA, which is made up of the City of Richmond, three suburban counties, and four rural counties.

- The Community Action Agency serves Charles City and one other neighboring rural county.
- The local health and mental health units are headquartered in one of the suburban counties (Henrico).
- CETA includes the City of Richmond but excludes the suburban county that houses health and mental health programs for Charles City County.
- The Area Office on Aging covers the entire SMSA but is headquartered in Richmond, and subcontracts the local CAA in Charles City County to provide transportation services.

Needless to say, what is a difficult task in any locality, service integration, takes particular planning and coordination in a locality such as Charles City County. The need for multi-purpose transportation is so great in Charles City County, and the available resources, both

financial and administrative are so limited, that imaginative solutions to human service problems are a necessity.

Governance

The County Board of Supervisors is the officially designated governing mechanism for the project. However, the project is administered and monitored by the County Manager.

Integrator

The Transportation Coordinator, who acts as a project administrator, was hired with 517 funds in order to administer the transportation portion of the 517 project. The Transportation Coordinator works with the Services Coordinator and the members of the Agency Board to convene other cooperative efforts.

Agency Board

A committee of agency representatives formally linked to the system meets at the invocation of the County Manager to foster coordination between the policy and operations of the systems and the agencies. The Coordinating Board advises the County Manager on the direction that the 517 project should take and is evaluating the project as it progresses.

Program Planning and Evaluation

Joint planning is handled by the coordinating board which determines the service needs and priorities of the community through a regular planning process. The Transportation Coordinator provides staff work to the Coordinating Board once the Board has determined the needs and priorities of the Community. This year the transportation Coordinator planned, developed, and operated the county-wide joint transportation system. The Transportation Coordinator has developed an evaluation methodology and will report back to the Coordinating Board concerning the overall operation of the transportation system. The agencies in turn will evaluate how the transportation system has responded to their own client and agency needs.

Liaison

The Charles City County Board has a strong community liaison (outreach) function that is designed to inform the community at large of the services available from the co-located service center in general and about the transportation service in particular. This community liaison is performed through the dissemination of pamphlets. Other specific liaison work is done through the dissemination of information about the transportation system. Route and time schedules inform the citizenry of the service, help agencies schedule their clients, and generally make visible the availability of the transportation service.

Ancillary Support Services

The main thrust of the Charles City County 517 project is to deliver a newly developed transportation service to the residents of the County in order to increase the availability of the primary services for which the clients are already eligible. This transportation service is a rented bus that travels a fixed route three times a week. At this point in time, any person can ride this bus free of charge. The Transportation Coordinator is evaluating this service by determining who is riding the bus, why they are riding the bus, and what services the ridership is receiving (other than transportation) as a result of riding the bus. It is expected that this information will be able to help the County develop a coordinated transportation system in order to reduce the level of unemployment, dependency, and poverty that currently exists in the county.

Second Year Efforts

The primary effort for the second year has been to continue the county-wide fixed route bus service that has been initiated. The Coordinator is working with other human service agencies to construct a comprehensive transportation system (including the cars and special purpose vans of specific agencies) to meet the needs of the poor, the elderly, and the handicapped in Charles City County. The County Manager has indicated a need to work with transportation specialists at the State level, the State Corporation Commission and the Attorney General's Office in order to investigate how to institutionalize and finance an appropriate transportation system for rural communities. Specific issues that need to be addressed include the administrative structure of such a system, the charging of fees, highway safety and insurance laws.

The second effort undertaken this year was the development of a comprehensive human service resource inventory for resources that are available to the residents of Charles City County. This project has successfully resulted in a simple but complete brochure. The human resources agencies mention this as a significant aid to them in service delivery, and yet it is simple enough for a client to read and use himself.

A third effort that has been initiated this year is a car pooling system basically geared to help people who cannot work because of a lack of transportation. It was found that most people who were working in facilities inside the County (such as public schools) were already car pooling. A lack of employment opportunities outside the County, and the slow acceptance of any new concept, have worked against this new effort. But the project is confident, that with a little more time for people to get used to the system, and perhaps some additional outreach, that "match up" service for car pools will become one of the more successful services offered by County government.

CITY OF CHESAPEAKE

Project Background

The City of Chesapeake is a relatively new city that was incorporated out of what was formerly Norfolk County. Located at the Virginia/North Carolina border in the Tidewater area, the City covers a very large geographical area and tends to be rural in nature. Because of the size of the land area, and the lack of a public transportation system the citizens of Chesapeake have a difficult time getting to human service providers. Because of the newness of the City, the manager has been able to plan for facilities to be located together for easier access. The thrust of much of the City of Chesapeake's outreach to the citizenry has been to house service units in mobile vans which can be scheduled to provide services to particular neighborhoods on a regularly scheduled basis. Although transportation needs are still crucial, this innovative approach has helped to alleviate some of this problem.

The thrust of the service integration approach in the Chesapeake 517 project has been to improve direct service delivery by building interagency cooperation through the use of task forces. This group has the interest and ability to develop and enact innovative and appropriate solutions to multi-agency problems. Only after an integrated system has been achieved through the cooperative efforts of the human service agencies will the City of Chesapeake emphasize developing an integrated human service delivery system.

The 517 project was initiated with a nucleus project planning task force composed of the Directors of the Department of Social Services, the Department of Public Health, the Substance Abuse Program, and the Mental Health and Mental Retardation Community Services Board. During the past year, the Director of the Youth Services Division and the Director of the Senior Citizens Program have been attending the planning task force meetings.

The following outline illustrates the process used in the project to develop integrated programs:

- 1) Identification of a problem which calls for the development of an integration linkage,
- 2) Decision to form a task force composed of appropriate agencies to solve problem and/or develop linkages,
- 3) Composed written charge for task force which summarizes background of project, purpose of task force, different phases of responsibilities (if appropriate), listing of contact persons if assistance is necessary, types of documentation expected, list of task force members, and date to submit first interim report,

- 4) Task force members organize their own activities and assign responsibilities,
- 5) Interim and final reports are submitted to a nucleus project planning task force, composed of agency heads, for their review and recommendations,
- 6) Decision to implement task force recommendations or to continue to develop alternatives.

A second component of the Chesapeake 517 project has been the "Social Planning Task Force". The 517 funds were specifically used in the first year to hire a consultant to train individual agency planners in "social planning" skills and techniques. An overall comprehensive social service plan for the city was prepared by this group for use in the budgetary process. This task force has been involved directly with the budgetary process during the second year. They reviewed budget requests for all new programs in the city, prioritized them (with each agency having one vote) and presented this package to the City Manager. The result of this effort was the approval by City Council of their number one priority (Substance Abuse Counselor). It is projected that this process will continue and eventually review all programs and budgets, not just new ones.

A third major effort has been a series of inter-agency "social seminars" sponsored by the City of Chesapeake. These seminars are a vehicle through which agencies could come to an understanding of each others' roles, responsibilities, and problems. Various human service agencies have sent personnel to these sessions, and feedback from the participants has been quite favorable. Under Title XX, a trainer was hired to conduct these interagency seminars and to evaluate and address the training needs of each agency.

Governance

The officially designated governing mechanism for the project is ultimately the City Council which authorized the initiation of the 517 project. The City Council also has the authority to institutionalize any features of the project that have been determined to be cost-effective. In Chesapeake, the City Manager is directly responsible for the 517 project.

Integrator

The Project Administrator is the individual responsible for administering the 517 project and serving to convene the cooperative efforts. In Chesapeake, an Assistant to the City Manager performs this function.

Agency Board

The Agency Board is a committee, composed of member agency directors, which guides the policy and/or operations of the system. Chesapeake has a core group consisting of four agencies: Public Health, Mental Health, Social Services and Drug Abuse. This core group identifies interagency problems and sets up task forces to

handle them. Many of the problems are ones initially identified by line agency staff who work directly with the public. This task force mechanism has provided a means of airing and resolving basic service delivery problems. Other agencies are called in on an ad-hoc basis in order to provide as broad a perspective as possible. An agency head usually selects an appropriate staff member to serve on each task force.

Program Planning and Evaluation

The Agency Board provides for joint programming in that they jointly develop programmatic solutions to defined problems in relation to existing resources. This is done through a series of task forces developed to attack specific interagency problems whether they be planning or operational in nature.

Liaison

The Integrator and the Agency Board perform staff liaison functions through the implementation of defined actions to maintain open communication with and among the staffs of participating agencies. This activity is also extended to other service providers.

Second Year Efforts

Chesapeake's scope during the second year included the design and implementation (partial) of an information sharing system. The Department of Social Services and the Department of Health were identified as the two agencies most in need of a common client file in a study done under the auspices of the Department of Housing and Urban Development (HUD). Subsequently, the system has been implemented in the Department of Social Services and it will be implemented in the Health Department during the third year with the use of 1115 Research and Demonstration monies. The State Health Department has made a commitment to fund the system in 1978. This system involves common use of client files and a filing and reporting system for the participating agencies. Chesapeake anticipates the inclusion of other city agencies in this system as their caseloads indicate the need and funds are located to support it.

In the second year, the Agency Board hired a consultant to assist them in re-evaluating the need for services integration and the direction of the 517 Project. In a two-day seminar, the group reaffirmed Chesapeake's need for services integration and the basic direction of the project including the use of task forces to work on solutions for interagency problems and cross training.

The Social Seminar (cross training) process has become a permanent function with the use of Title XX funds to hire a trainer. The trainer's primary responsibilities remained to address the needs for interagency training, to develop a training package for agencies and to evaluate the training sessions.

The Agency Board continues to use the task force mechanism to deal with planning and programmatic issues of an interagency nature. The task force is given a charge to study an issue and bring back their recommendations. The Agency Board has final authority as to whether or not the recommendations of the task force are implemented. This mechanism is also viewed as a means of evaluating the steps that have been taken towards services integration. It is projected the Agency Board will continue and provide Chesapeake with a viable tool for community awareness of human services as well as being a mechanism for developing integrated services.

COUNTY OF FAIRFAX

Project Background

Fairfax County covers 402 square miles in a rough crescent around the County of Arlington and the Cities of Falls Church and Alexandria. The eastern section is highly urbanized; the western half, while growing more rapidly, is less densely settled. In some areas it is still largely rural in character.

With an estimated population of over 550,000, Fairfax County is the most populous jurisdiction in the State. In terms of educational attainment and median family income, the county is ranked among the highest in the nation (this causes above average cost of living standards). Yet, there are 4,000 families with incomes below the poverty level.¹

Blacks comprise 3.49 percent of the total population in Fairfax County. The income distribution for blacks is substantially lower than that of whites.

The highest concentration of blacks is located in the Bailey's Crossroads area, the target area for the 517 project. This area is also the most densely populated, with a population density of 8.12 per acre, compared with 1.8 per acre for the total county. Four census tracts within the Bailey's District are among those with the highest percentage of families at or below the poverty level in the County.

Because of the economic and social ties to Washington, D.C., transportation to and from the District is relatively easy. East/west transportation services, however, are limited. In an effort to bring comprehensive services closer to the population in need, the County chose to locate an integrated multi-service center in the Bailey's Crossroads community. Bailey's Crossroads was chosen because a preexisting health facility was available, the community was a high need area and transportation services transversed the area.

The community orientation of the Fairfax 517 effort is unique among the projects. The majority of the planning and implementation efforts are carried out by the agency personnel stationed at Bailey's Crossroads with minimal involvement by the agency heads. This community emphasis is made possible by the strong involvement of the County Executive's office.

Three primary linkage techniques are being employed by the Fairfax Project: colocation, case management and referral services. Health, Mental Health and Social Services are permanently collocated at Bailey's Crossroads and provide a full range of services. Additional agencies provide part-time services at the collocated facility. All agencies collocated either full or part-time are involved in the decision making process.

¹Census of 1975

Case management approaches were tested by the project. Case assistance was initially provided to all new clients by the screening interviewer. In addition, informal case consultations are held among the primary service providers at the facility.

The screening interviewer was responsible for identifying the needs of new clients and making appropriate referrals for meeting the identified needs. When a client's needs could not be met through the facility's resources, the screening interviewer utilized the County's Information and Referral system to locate the necessary resources.

Governance

The Fairfax County Board of Supervisors functions as the Fairfax County Governance.

Integrator

The Fairfax integrator functions as a project coordinator. The integrator is responsible to the County Executive and her position on the Executive's staff provides the integrator with some degree of authority to direct the project. The integrator is directly accountable to the Assistant County Executive for Human Resources. Any contacts with agency heads is on an informal basis. The integrator's relationship with the informal agency board is one of assistance and coordination within the activities at the Bailey's Crossroads Center. She is responsible for the administration of funds supplied by the county or other sources for project purposes. Her other duties include: administration of the central reception and referral unit; gathering and analysis of the statistical data; follow through of statistical data; the continuing needs assessment; and staff orientation and training meetings. The integrator is also responsible for the development, up-dating and implementation of the integrated services delivery plan at the Bailey's Crossroads Center.

Agency Boards

The Bailey's Crossroads agency board functions as a coordinating body. During the first year, it was composed solely of member agencies located at the Bailey's facility. It functioned as the coordinating mechanism (having input into the design and implementation of the work plan), and was composed of supervisory level people assigned to Bailey's. The board, in this past year, has been revamped to include upper management level people of the agencies. This empowered the Board with some decision making capacity to allow implementation of innovative techniques at Bailey's. Unlike the original board, it meets on a regular basis to discuss issues and future directions (short term as well as long term).

Ancillary Support Services

There are currently three basic ancillary support services being provided at the Bailey's Crossroads facility. One is a specialized service for the Spanish speaking population to assist them in overcoming the language barrier, making cultural contacts and in meeting other needs. This service which has been available at Bailey's for several years, is provided by an independent group and is not under the auspices of the integrator. Two additional ancillary services at Bailey's are the coordination of voluntary services and the provision of the regional information and referral service.

Training

Interagency training is becoming a viable process at the Bailey's facility. The cross agency orientation of all employees assigned to Bailey's has facilitated their understanding of the total service program available. Cross agency orientation is also conducted to inform new staff of the process for implementing service delivery by different providers. The role of interagency training at the Bailey's facility continues to grow as the project develops.

Liaison

Agency, staff and service provider liaison are all functions at the Bailey's Crossroads facility. Agency liaison is carried out formally by the agency supervisors at Bailey's. They maintain formal communication with their parent agency managers and directors. Some informal agency liaison is also carried out by the integrator. Additionally the integrator is responsible for staff and service provider liaison. In this role the integrator maintains formal lines of communication with all employees at Bailey's. A formal linkage between the integrator and the office of the county executive facilitates many informal linkages throughout the human service delivery system.

Program Planning and Evaluation

Joint development of operating procedures and joint programming are two functions carried out at the Bailey's Crossroads project. Both of these functions must be viewed as informal because they are carried out by the integrator and personnel assigned to Bailey's. Thus the entire Fairfax human service system is not affected, although the Bailey's Crossroads operations are. Information sharing, for purposes of planning, is a well developed technique utilized extensively by the integrator. While it is not a reality at this time, there is a project evaluation component which may well evolve into total participation by the agencies located at Bailey's.

Service Delivery

This facility allows for a single reception point where arriving clients are directed to the appropriate agency. During the first year, Bailey's had a screening interviewer for new clients whose function was to 1) collect basic information, 2) determine the total needs of the client and 3) identify appropriate resources to meet those needs. This position was abolished after the interviewer resigned and the function was determined to be a duplicative step for the client. Also interviewers had been underutilized.

The client may be referred to any or all of the service providers collocated at Bailey's. Each service provider must establish eligibility for services before providing them to clients. Although informal linkages exist between the agencies, there are no formal case conferences or case transfer procedures.

Second Year Efforts

Efforts during this year have focused on strengthening the inter-agency linkages which were developed the first year. To foster worker communication, a monthly luncheon is held in the facility and a program is presented on one of the services offered in the Bailey's area. Staff from Bailey's, their parent agencies and other agencies in the Bailey's area are invited to attend these information and exchange sessions.

The Bailey's Center published a flyer which lists and describes the human services offered. With this publication it hopes to raise the awareness of the community regarding its presence in the Bailey's area and its specific services.

Statistical data has been collected this spring and a caseload analysis completed to enable the project to comply with the State's mandate for a self evaluation of each project. Along these same lines, a client survey was undertaken. It is expected that this data will provide the Agency Board with information on service gaps and where programs need strengthening.

The agency board, as mentioned earlier, was expanded to include administrators from the participating agencies. This has empowered the group with decisionmaking authority. One of the roles of this group has been to define the role of the integrator. They see the need for an integrator who is not attached to a service provider agency. This role has been termed essential if the benefits of service integration are to be realized from collocation.

Interagency training continues to be of primary importance. A few "skills sessions" were held this year, and this component will be ongoing through the third year. The difficulty has been to find time to get members of these agencies together for the training sessions.

CITY OF HAMPTON

Project Background

The City of Hampton is located in the middle Peninsula area of Tidewater Virginia. With a population of about 100,000 people, it is located directly next to its sister City of Newport News with a population of about 300,000. The entire Tidewater area has a very large military population, who have access to separate and distinctive human service programs offered by the Federal government. This affects the size of normal federal grants, since the military population and their families are not included in a census or Unemployment data. Aside from the problem of having two incorporated cities with overlapping clientele for human services and yet separate planning and funding mechanisms, because of the military bases, the population in need tends to be young, single, and transient, a group that is not covered by traditional human resource programs. Furthermore, there is a relatively large senior population, as a result of military retirees settling in the area.

The basic design of the Hampton 517 project has been to experiment with the concept of expanding the role of the social worker to include a case management function for residents of a target neighborhood and for all services that are offered in the City. A case assessment and referral form was developed to be used by the 517 workers, who have been deployed from various human service agencies. Simple follow up forms were designed to be sent back from the participating agencies and the clients, in order to evaluate the effectiveness of the 517 concept.

Early in the project, it was decided that a needs assessment of the target community was needed to determine what should be the priority services for the community. The result was a door-to-door survey interview designed to achieve three project objectives: 1) provide needs assessment data; 2) give residents information about community services; and 3) make known to residents the existence of the 517 central intake unit.

The 517 project main office is located in a facility that was donated by the Housing Authority. A case manager/social worker was outstationed to this facility by the Department of Social Services. Mental Health set up a crisis unit colocated in the facility and other itinerant services are provided on an as-needed basis. The 517 project has become a vehicle for encouraging innovative approaches to service delivery.

Governance

The officially designated governing mechanism for the project is ultimately the City Council which authorized initiation of the 517 project and which has the power to institutionalize any features of the project that have been determined to be cost effective.

In Hampton the Assistant City Manager for Community Services is directly responsible for the 517 project.

Integrator

The Project Director in Hampton is the individual recognized by governance as having authority to carry out and direct implementation of the integrated plan. However, it is the Human Resources Council as a whole which makes recommendations to the Assistant City Manager for Community Services.

Agency Board

The Agency Board is a group of fourteen agencies both public and private, which meets to foster coordination between the policy and operations of the system and its participating agencies. The board serves in an advisory capacity to the Assistant City Manager for Human Resources. It also serves as a focal point for disseminating information to agency heads about city affairs and it is here that interagency problems are discussed. The Agency Board discusses, amends, and authorizes the project activities developed by the Project Director. The Assistant City Manager has the final say as to what will be done and is accountable to see that the authorized programs are carried out.

Central Records

The core of the Hampton project involves maintaining a case assessment and service plan on all target area clients who come into the office for service. Those who are Title XX eligible receive all of the services of the Department of Social Services. Those who are not Title XX eligible receive case assessment, the development of a service plan, and follow through services. Client records are maintained for follow up and research purposes. They have been designed to feed into an on-going needs assessment component. Thus the City of Hampton can determine what services are of the highest priority to target area clients, and what combinations of services may need consideration. The paperwork in the central records unit involves information only on clients who have gone through the central intake system.

Ancillary Support Services

The Hampton 517 project has a transportation component which consists of two cars rented for the 517 project and staffed by case aides donated by the City from the CETA Public Service Employment program. This transportation service is provided to anyone with a need who comes in contact with the project.

Outreach

The Hampton project has a very strong outreach component combined with a community needs assessment function. A survey questionnaire has been designed which tells the citizen about

the services available in the community, and at the same time, assesses needs of the citizen surveyed. The citizen is told about the Human Service Center and if he wishes to be contacted, the case manager will follow up on this request. This needs assessment outreach approach has proven to be particularly successful in the target area. With the 517 project, agencies now have a focal point for combining overlapping yet limited resources to provide a viable needs assessment for human services.

Crisis Unit

The 517 workers have been given the flexibility to prioritize the emergency needs of their clients. The Mental Health hotline is located in the Human Service Center with its crisis oriented workers. Transportation is a universal access (free of charge) service through the project. Because of the contact person in each of the participating agencies, the 517 clients can sometimes short cut normal agency intake procedures.

Case Manager

The basic tools used by the case manager are the Resource Inventory and the various case assessment, referral, and follow-up forms. These forms were developed for the purpose of systemitizing the case management function. Data gathered from these sources can contribute to the program planning funding decisions that must be made by general purpose government, as well as the service delivery agencies themselves.

The 517 case manager is responsible for prescribing services which are delivered by multiple autonomous providers to a given client. The case manager also performs the follow-through function to help the client negotiate the service delivery system.

Service Plan

A service plan is actually developed for each client. By endorsing this service plan the client gives his permission for the 517 staff to contact other service providers on his behalf. The 517 service plan is always open for reassessment whenever there is a change in the client's need or desire for service, or the service system cannot deliver (for whatever reason) the prescribed service.

The client is free not to endorse the developed service plan. In this case, the case manager cannot help him negotiate the system, but the client can use whatever information he has gained through the case assessment process to negotiate the system himself.

If the client does not show up for service once the plan has been endorsed and acted upon, then the 517 system will find out why and make sure that it is not an ancillary service problem or a more pressing crisis situation. Otherwise the 517 project takes no responsibility for this failure.

Service Provided

The Hampton 517 project considers that services have been provided when the client is being handled by the appropriate agency or is out of the system, and no longer needs the case management services of the 517 project.

Follow-through

This is the process whereby the case manager helps the client negotiate the service delivery system. This component of the 517 project is available to any client to the extent that the client and the case manager feel he needs it.

Follow-up

The process used to determine that the client received the service to which he was referred. This is designed as a corrective mechanism to assure that the resource inventory is correct and that the 517 project is performing efficiently as individual service provider rules, regulations, and resources change.

Second Year Efforts

In the second year, it was decided that two different forms of case management needed to be tested. First, the social worker with an ongoing caseload, but who also had access to case management tools, was maintained. Secondly, a case manager, who was not a trained social worker, but a "para-professional", was given the case management tools to work with clients and refer them to appropriate service delivery agencies. A time/cost analysis of both types of case management will be made to determine which one is the most cost effective. Furthermore, a comparison will be completed of those clients who received case management services to a "control group" who did not, in order to test whether indeed "case management" has "improved" service delivery.

During the second year, the "case management" services of the 517 Project were "purchased" by Volunteers in Probation. This group of clients, ex-offenders, were perhaps the most in need of services. The City of Hampton is very anxious to see whether case management services can reduce recidivism among ex-offenders and potentially the crime rate in the area.

The results of the needs assessment survey were published in January of 1977. The services found to be most often lacking according to the clients were housing, employment, and financial assistance, in that order. The needs most often expressed were those for basic living requirements, whereas services for special need groups such as alcoholism or mental health counseling were mentioned seldomly if at all. Furthermore, it was pointed out that 1) people tend to ask for or claim to need services that they know about, and 2) people do not mention emergency or crisis services as a need until they are in a crisis or emergency situation.

Over 80% of the low income people surveyed said that they did not think "any additional" social services were needed. The services that they did mention as being needed tended to be street repair, lighting, garbage collection, etc., or regular municipal services. The human service agencies expressed disappointment that the "needs assessment" did not point out specific service gaps that the agencies could have filled.

COUNTY OF MONTGOMERY

Project Background

Montgomery located in rural southwest Virginia is the largest of eight jurisdictions in the New River Planning District with a population of over 52,000 people. The largest concentration of residents live within the two incorporated towns (Christiansburg and Blacksburg) and along the major transportation routes. With no public transportation in the county, access to needed community services is severely limited.

A twenty member consortium of local human service agencies called the Montgomery County Community Services Organization (MCCSO) became the planning and coordinating body for this service integration effort. This body facilitates information exchange among service providers, resource sharing and teamwork (informally) in the delivery of social services.

The Montgomery County Project focused on efforts to acquire staff for the MCCSO to enable them to implement the work plan.

Resource Directory, Information and Referral

One of the staff's initial assignments was the development of a major component, the Information and Referral system. The Information and Referral system published a resource directory which was distributed to approximately 17,000 Montgomery County households. An audio visual presentation was developed on the purpose and function of the Information and Referral office.

Needs Assessment

Another thrust of this project included the development of a needs assessment process. This process incorporated the design of a data collection instrument, compilation, analysis and distribution of the results. Related activities included the organization of inter-agency workshops on Title XX, and the development of task forces on community education needs and information and referral.

MCCSO

During the first year, the MCCSO began to grow with the addition of ten new member organizations. The MCCSO also decided to hold monthly meetings and to publish and distribute a monthly newsletter on their activities. The question of providing information to the local Board of Supervisors to enable them to make informed decisions pertaining to human services arose at this point. The MCCSO decided to appoint a member of the Board of Supervisors to their executive committee, which established a regular reporting mechanism between the two bodies.

Colocation

A major endeavor of the project has been the development of a model for the colocation of human service providers. Information has been gathered from all agencies on their need for space. Also, an analysis of sources of funds available for the construction of a human service facility has been completed. These documents have been turned over to the County Board of Supervisors.

Governance

Governance is represented by the Montgomery County Board of Supervisors and County Administration. Governance has played a very active role in the project to date. The Board of Supervisors endorsed both of the recommendations formally presented by the Montgomery County Community Service Organization during the first year. The first concerned the implementation of an integrated information and referral project following a successful two month pilot test. The other was the initiation of a project aimed at the development of a plan for collocating a number of the county's human service programs and agencies.

Agency Board

The agency Board in this Project is the Montgomery County Community Services Organizations (MCCSO), a consortium of approximately thirty public and private human service organizations. Included in the membership are local agency directors, community members, and members of governance. The MCCSO directs the overall policy of the 517 project through the development of project objectives and the setting of priorities. With regard to project staff, the agency board recommends to the local government its choice of project director.

Integrator

The integrator in the Montgomery County 517 project is the individual recognized by governance as having authority to carry out and direct the implementation of the integrated plan. The primary functions of the system are performed by the integrator and a small research staff.

Program Planning and Evaluation

With respect to program planning, the integrator worked with agency board members on the design of a comprehensive needs assessment and then conducted the needs assessment of Montgomery County residents. The integrator's office provided direct technical assistance to the local Department of Social Services at the time that the local Title XX social services plan was being developed. The Title XX planning process during the second year was strengthened as a result of the more comprehensive needs assessment and the work group meetings of the MCCSO devoted to Title XX planning.

Liaison

Liaison activities are geared to maintaining close ties with the Montgomery County Community Services Organizations and the County Board of Supervisors. The monthly newsletter is sent to all MCCSO members plus an additional eighty-five organizations which comprise an information network in the county. The monthly newsletter frequently contains information on new sources of funds for human service projects, as well as an analysis of significant state and federal human service legislation.

Ancillary Services

The integrator and core staff are responsible for providing the community with information and referral services. Of significance is a contract with the local Department of Social Services purchasing Information and Referral services from the project, under the provisions of Title XX.

Second Year Efforts

The Information and Referral system was retained during the second year. The number of calls increased to approximately 300 a month. The information generated through these calls is being utilized to provide feedback to MCCSO participating agencies for evaluative and follow-up purposes. Documentation of gaps in service delivery are continually derived from this information which facilitates planning for services to meet the expressed needs of the community.

Development and publication of "A Decision Maker's Guide to Human Resources Planning" has been completed by the staff. This guide will facilitate understanding of the Human Resource Agencies by the Board of Supervisors. A "Consumer's Guide to Community Services" booklet was published and distributed to as many households as possible within the County. The Information and Referral system plans call for a yearly update of each publication.

The Information and Referral System and the MCCSO were again involved with the Title XX planning process. Data from the Information and Referral system showed the needs of the community (service delivery gaps). Project staff was instrumental in the planning of the public comment meeting. MCCSO had several meetings to address agency concerns and needs regarding Title XX funds. This process was so successful, it is being viewed as an established part of the Title XX planning process in the county.

A major thrust during the last half of the second year was the revitalization of the colocation effort. Project and County planning staff collaborated and have presented a new report to the County Administrator. It is hoped that planning for actual colocation will begin in the third year.

The 517 project identified a need for low income housing within the county. A housing task force was appointed to assess this need and to study the available resources. As a result of the recommendation of this group, a Section 8 Rental Subsidy project application (for 53 units) was written and thereafter approved by the Board of Supervisors. It was submitted to the Department of Housing and Urban Development and was approved by them.

Several interagency linkages have been made during the year as a result of needs being identified. One gap led to an interagency task force which planned a Home Assistance, CETA project proposal. Agencies involved in this planning process were the Department of Social Services, Voluntary Action Center, Community College, Community Action Agency and the area Agency on Aging.

CITY OF ROANOKE

Background

Located in the southwestern part of Virginia, the City of Roanoke is an urban locality surrounded by rural counties and a few small urbanizing towns. As the largest city in southwest Virginia, Roanoke is a major center of business and industry as well as the headquarters for many quasigovernmental organizations serving multiple local jurisdictions. Numerous district and regional offices of State government are located in the city also.

The City of Roanoke utilizes the council/manager form of government. With its receipt of revenue sharing funds in 1975, City Council earmarked 20% of its 2.3 million dollar allocation for human service programs in the Roanoke community. A committee comprised of city officials, private human service agency professionals and citizens at large was appointed to recommend to City Council appropriate use of funds.

Against this background of local government and community interest in human service issues and problems, the City of Roanoke responded eagerly to apply for pilot project designation under Senate Bill 517. The Roanoke professional human service community viewed the state pilot project designation as a rallying point around which local efforts to improve human services could be focussed.

Following City Council's resolution to apply for 517 designation, a meeting of approximately thirty private and public human service agency professionals was convened. Instrumental in the initial phases of the effort were the planning staffs from the area's regional Planning Commission, the Community Action Agency, and other area service agencies.

A problem which practically every agency experienced was that of inadequate transportation service for clients. While some of the agencies received State and Federal funds for the purpose of transporting their clients to needed services, the categorical nature of the funds resulted in problems of duplication, overlap and inefficient delivery of transportation service. Furthermore, many clients of smaller agencies had no transportation resources while other larger agencies documented cases where some of their clients received transportation services from two or three local agencies.

The decision was made to develop a project application around the integration of the existing transportation resources and services of the participating agencies into one cooperative system. The major purpose of this system was to provide a more efficient and less costly transportation service to the clients of the human service agencies, primarily the elderly, handicapped, poor or any other clients who otherwise require the provision of specialized transportation.

The agency representatives agreed to incorporate as a neutral non-profit transportation organization whose board of directors would be comprised of the agency representatives participating in the pilot project as well as other at-large community representatives. The transportation project was named RADAR (Roanoke Agencies Dial-A-Ride) and a work plan for its first-year operation was outlined. In February, 1975, the City of Roanoke was designated a 517 pilot project and Project RADAR was officially underway.

Governance

Governance is represented by the Roanoke City government which received the 517 pilot project designation. When start-up funds were secured for the project, the City elected to sub-contract the funds to the project's agency board, the Unified Human Service Transportation System, Incorporated. When the Title XX program commenced last year, the City Council appropriated a local match contribution from its "human service revenue sharing funds: to be used by RADAR for the delivery of transportation services to those clients who were determined eligible to participate in the Title XX Social Services program."

Agency Board

The Agency Board is the project's overall policy-making body. The Unified Human Services Transportation System, Inc., is composed of member agency directors and at-large community members as well as a City Council representative. The board sets broad policy for RADAR. Shortly after its formation, the board developed by-laws and organized a personnel selection committee which was directed by the board to choose an Executive Director for the 517 project.

Integrator

The integrator is the Executive Director of Project RADAR. He is responsible to the agency board and governance for carrying out the integrated project. His duties include the negotiation of contracts for pooling of transportation service and resources of the member agencies as well as supervision of the daily operation of RADAR. Staff members include a senior dispatcher who coordinates the actual delivery of transportation service, a bookkeeper who maintains the financial records and handles the billing of purchased transportation services to the member agencies, and a secretary.

Program Planning and Evaluation

The integrator's role in program planning and evaluation involves the development of operating policies and program plans in conjunction with the member agencies.

Liaison

While the Agency Board is primarily responsible for liaison with the project and local governance, the integrator plays an important liaison function in his interaction with service providers, staff, member agencies and the Roanoke community.

Joint Budgeting

The integrator is also responsible for an essential component of the integrated RADAR project. The integrator negotiated with the participating agencies for the pooling of their individual transportation program funds, vehicles, equipment, drivers and administrative support. Pooled resources currently include five central office staff persons, 13 vehicles and 12 drivers formerly attached to local human service agency transportation programs. These resources are pooled under a contractual agreement between RADAR and the individual service providers.

Individual Service Providers

The individual service providers are those agencies and organizations which belong to the agency board as well as others who contribute the funds, vehicles and other resources which support the integrated service delivery aspect of RADAR. The resources are centrally pooled in the RADAR system, drivers are trained, vehicles are maintained and repaired and transportation service is provided to the clients of the system. The major service providers currently participating in RADAR include the Area-wide Agency on Aging (League of Older Americans) which utilizes transportation service from RADAR for its Retired Senior Volunteer program, Foster Grandparents and Nutrition programs; the Community Action Agency (Total Action Against Poverty) which utilizes RADAR in its Head Start Program; the Comprehensive Employment and Training program (Roanoke Valley CETA) which has recently signed a purchase of service contract with RADAR; and the Roanoke Social Services Department which purchases transportation services from RADAR for some of its Title XX clients and WIN recipients.

Second Year Efforts

During the second year, RADAR expanded its service delivery to be included as a Title XX vendor for the County of Roanoke and the District Office of the Virginia Commissions for the Visually Handicapped as well as for the City of Roanoke.

The RADAR project has spent a good part of its second year consolidating the fiscal accounting system of a unified transportation program. It is this model that will perhaps be the most useful concept developed in Roanoke that can be transferred to other localities. Currently the transportation services rendered involve approximately 1,000 units of transportation per day. The system has proven to be cost effective, and agencies are pleased that their clientele are not dependent on one vehicle that may break down at any time.

The RADAR drivers have been given special training in first aid, coronary resuscitation, and safe driving. RADAR was able to sponsor this training because of the size of its system; individually the agencies providing transportation could not have done it.

The RADAR project has been designated and has received funding to be the "special transportation" component of the regular Roanoke transit system. This designation may be a model for other localities who are required by law to provide such transportation for handicapped people.

The RADAR project has become a leader among groups looking to improve transportation services to the elderly, handicapped, and poor. The Project Director has met with several groups from other localities who are interested in this concept, and he will be leading a statewide conference on coordinated special purpose transportation systems within the next year.

COUNTY OF WASHINGTON

Project Background

Washington County is a predominantly rural area in the south-western part of the State. The City of Bristol borders the county on the south while on the other sides it is bordered by rural Appalachian counties. Abingdon is the county seat and as such is the primary location of human service providers for the county. Personal income in the county is derived largely from industrial jobs, agricultural pursuits and government agency activities.

In 1975, Washington County was designated as a pilot project area under Virginia Senate Bill 517. One of the County's first steps was to form a Human Services Advisory Board which adopted the following three goals for the first year of the project: "a) increase the size, scope and communications of the Board to deal with common problems of human service agencies and their clients, b) develop a current and comprehensive resource inventory of human services available in and for residents of Washington County, and c) open an Information and Referral Office to direct prospective clients to needed services".

A coordinator was hired in July of 1975, and she met monthly with the advisory board to develop a final plan for 75/75. In November of 1975, the plan was finished and on December 1, 1975, the Information and Referral Office opened in Abingdon. The Resource Directory was published and distributed in March of 1975.

At the same time the Directory, with its listings of over 300 resources, was published, there was an effort to inform the public of the function of the Information and Referral Office. After this publicity, referrals increased from 1.58 per day in November to 3.36 per day in April of 1976.

Agency Board

During 1975/76 the advisory board membership increased from five to sixteen, including two members of the Washington County Board of Supervisors. During this time interagency issues arose and committees were established to recommend joint action. Two areas addressed in this manner were deinstitutionalization and transportation. A second major function of the board during this period was testing the case conference concept, in which clients having multiple needs were discussed by various resource agencies to develop a joint plan to meet their needs.

Integrator

The integrator in Washington County functioned as the project coordinator. This individual was responsible for coordinating the activities of the agency board and for carrying out the decisions approved by governance. Primarily the function of the integrator was to provide staff support to the joint efforts of the agency

board by conducting planning, liaison and support activities. In May of 1977 the integrator resigned from the project and the position was not filled. There is currently discussion as to whether the job classification and duties will change before filling this position.

Second Year Efforts

The Washington County Board of Supervisors unanimously passed a resolution on March 2, 1977, requiring the advisory council to review all new funding requests, ongoing budgets over the current inflationary rate and programs outside Washington County wanting County money. This advisory council served in an official capacity to make recommendations to the Board of Supervisors from its findings. This resolution substantiated an earlier one passed on September 1, 1976, which recognized the advisory council as the official human resources advisory body to the Board of Supervisors.

The advisory board and staff continued to encourage coordination of existing resources and assisted in the developemnt of several additional programs, two of which were related herein. A task force of the Human Services Advisory Council was formed to study the problems of the homebound elderly and disabled. As a result of this task force, the Volunteers for Human Services Programs to serve the homebound, elderly or disabled was established in January of 1977 and a coordinator was hired from the CETA Program. In April of 1977, the program was expanded to aid all human services agencies, because of the astonishing response by volunteers and human services agencies in the area. Currently, there are 35 volunteers and three clubs which operate a van to provide homemaker and chore service, home repairs and transportation. A portion of the transportation is provided with Title XX funds through People, Inc. A second new program was Odyssey, funded through a grant from the Division of Justice and Crime Prevention. Odyssey is a wilderness encounter program for delinquents and would-be delinquents. A self-sufficient wilderness school for the court system is its major goal and is hoped to be achieved by the end of the third year.

Additional publicity was given to the Information and Referral Office which continued its operation. The Resource Directory was updated and redistributed. The Information and Referral Office served as a clearinghouse to eliminate wasted time and service duplication for persons requesting emergency resources.

The feasibility of a colocated building was explored and a Federal grant to accomplish this was requested but the application was denied. Without this funding, colocation of many agencies was not feasible. People, Inc. (the community action agency) moved into Meadowville School with the idea of renovating it as a possible colocated facility. Following this action, the Information and Referral Office, Volunteers for Human Services and the Odyssey program were relocated to this site.

CITY OF PORTSMOUTH

Project Background

Portsmouth, Virginia, is located in the metropolitan Tidewater area of the State. It is an older urban community of approximately 110,000 persons. Education and income levels of Portsmouth residents generally fall below those of other residents in the Tidewater standard metropolitan statistical area. In addition to a high percentage of low-income residents, the City of Portsmouth faces serious housing and unemployment problems. Portsmouth began the formal development of a comprehensive community service system which had as its primary objective "the efficient utilization of community resources to effect a substantial reduction of needs among the City's population." The new system was to be accountable to the community as well as the clients and to be efficient and productive in its use of resources. (By 1980, a free floating human service system encompassing all major service providers in the City is proposed to be operational).

This approach to the development and installation of a generic city-wide system of human services is being undertaken with the support and commitment of the City's elected decision-makers and appointed officials. It was agreed at the outset that local governmental endorsement was essential for such a major undertaking and was in fact a fundamental component of the system's philosophical approach. In addition to local endorsement of the human services system, State and Federal interest was expressed and support provided through demonstration project funds.

In its 1975 resolution endorsing the conceptual design for the human services system, the Portsmouth City Council selected the Department of Social Services to serve as the prototype operating agency in which system components and procedures would first be tested before formal installation. It is envisioned that by 1980 a number of other human service agencies in the City will become part of the total system. Among them are the Portsmouth Department of Public Health, Mental Health and Mental Retardation Services Board, Portsmouth Redevelopment and Housing Authority, the Portsmouth School Board, and the Portsmouth Health, Welfare, Recreation Planning Council, an organization which represents the major private human service agencies within the City.

In order to develop a mechanism for project management which would address the concerns of the prototype agency as well as city government and the other human service agencies in Portsmouth, the City Manager created a special purpose inter-agency committee called the Human Service System Management Committee. The Management Committee was directed to set overall policy for the development of the system in the prototype agency. The committee was also instructed to review and validate all end products produced by the outside technical consultants who were secured to assist with the design of a human services system along with the city agencies.

Membership on the Human Service System Management Committee has included those agencies named above as well as an Assistant City Manager and a representative from the City's Office of Management and Legislative Services. The Director of the Department of Social Services was named Acting Systems Manager since his agency was to serve as the prototype. He has served as Secretary to the Management Committee and his overall responsibilities include management of the development and operations phases of the project as well as liaison with the Management Committee.

Key Theoretical Concepts

Portsmouth project personnel made an early decision to separate the development phase of the new system of human services from the installation and actual operation of that system. A system development office was established, and with the assistance of outside technical assistance the fundamental design of the Portsmouth Human Service System commenced.

It was agreed that the Portsmouth System would be based on two key assumptions:

- 1) That the System should be fundamentally concerned with the attributes of the effects and costs--effect being what the system does to people in terms of reducing their unmet needs and cost being the amount of resources utilized to achieve this end. Since effect and cost considered jointly denote productivity, it was assumed that a basic concern to all parties affected by the Portsmouth System is its productivity.
- 2) That the City of Portsmouth desired a system whose effects were specified by the community to be served and that these effects become the basis for establishing the system's accountability to the community.

These two assumptions were translated into seven discreet system components which would provide the foundation upon which the operating system of human services would be developed. These components are represented on the next page in a diagram called the system loop model--a model of an operating system. A description of each of these components illustrated in the loop is outlined below:

- 1) the set of community members served - The model requires that the community members to be served by the system be unambiguously identified. The community members are those persons whose needs must be met by the service delivery system; that is, those persons to whom the system is addressed and ultimately accountable. A community may be defined in terms of geographic boundaries.
- 2) the governance body - Accountability for meeting the needs of a defined group of community members is ensured by the establishment of a governance body. Since an entire community cannot effectively control a service system, representatives are selected to participate in a governance body--either duly elected public officials in the role of general purpose governance,

or a mixture of public officials and other community members as a specially constituted special purpose governance.

- 3) effect specification - To ensure the accountability of the system to the community served, an effect specification is written by governance. This specification is an explicit statement of the desired effects the system must produce in meeting the needs of community members. Effects such as freedom from morbidity, adequate income, employability, non-dependency on alcohol and drugs, and so on, define the results which the system should produce on people's need states. Further, these effects are defined by the number of days of physiological dysfunctioning, adequate income as defined by the minimum subsistence level for families of different sizes established by the Department of Social Services, employability as defined by the possession of certain requisite skills, and so on. These measurement procedures define the role for auditing the needs of the total population.
- 4) system management - The model emphasizes single point management over the entire service system to ensure accountability for system performance. Governance contracts with a system manager to operate a service system which produces the effects specified. Within the limits of the effect specification, the System Manager has the authority to decide what "mean," or services, the system will utilize to achieve the highest effects for the community at the lowest cost. The System Manager must see to it that his system is reliable; that is, that clients with unmet needs transit the system in such a fashion as to be able to exist with their needs met. To permit this to happen, the System Manager must have other management functions and tools to help him.
- 5) service delivery system - The service delivery system is the collection of means (services, programs, people, equipment, facilities, etc.) by which the unmet needs of community members are addressed. Under the direction of the System Manager, the service delivery system impacts the present and future needs of community members. It does so through a corrective sub-system and preventive sub-system. The corrective sub-system of the delivery system is defined by a client pathway. A client pathway is the mechanism by which clients are processed to have their needs met.
- 6) the community audit - the audit is the procedure for conducting an independent determination of system impact on people. It is a mechanism for recording the effectiveness of the services delivery system in reducing the unmet needs of community members over a stated time period (e.g., annually). Procedures for an audit are based on the effect specification, which states the need to be satisfied and how it is to be measured. The audit is the responsibility of the governance body and should be carried out by an independent group, not a part of the system per se.

Ideally, the audit determines the extent of the unmet needs of all community members. However, cost and time usually require that a sample of the population be audited. Using appropriate survey or interview techniques, the audit measures the actual extent of unmet needs according to definitions contained in the effect specification. Thus, for example, the number of days of morbidity can be determined by interviewing heads of households or by contacting physicians or hospitals. Audit results are used by a number of parties: by governance to assess the performance of the system (and the system manager) and as a basis for revising the effect specification; by the community to assess the total performance of the system's structure, including governance, in meeting the needs of its members; and by the system manager to determine the performance of the services in his system and to insure that he is making effective use of available resources. Communication of the audit results through the public media give community membership information for ultimate control over system productivity.

- 7) system funding - Ideally, funds flow through governance to the system manager so that the governance is able to provide the system manager with the resources to achieve the desired effects --and so that governance may have an additional means of control over the system manager and the system which he directs.

This model and its theoretical concepts provide a general structure for the basic elements of a human service system. The questions of who comprises "local governance", which services should be provided in a "client pathway", and the techniques to be employed in the conduct of a "community audit", are all questions which received attention during the development phase of the Portsmouth system. It was the responsibility of the development staff during the first year to tailor the general components of the model described above to the unique needs of the Portsmouth community.

How the Model Is Applied in Portsmouth

Having identified the major theoretical concepts underlying the Portsmouth Human Service System, the next important task was to tailor such concepts to the actual needs of the City of Portsmouth. The effort was begun by defining the overall environment in which the Portsmouth Human Service System would operate:

--The community to be served, approximately 110,000 people, was identified as the total population of the City of Portsmouth.

--The Human Service System Management Committee was designated as the governance mechanism. It should be noted that the Management Committee served in Portsmouth as temporary governance for the project.

--A major responsibility of governance is the validation of a system specification. Throughout the first year the Management Committee worked with development staff, reviewing various approaches to the development of a specification for the system upon which a community audit would then be conducted. A baseline community audit was conducted in 1975. At that time, the system specification has not been finalized.

--As noted earlier, an acting system manager was named. Since the Department of Social Services serves as prototype agency for the development of the system, the agency's director was named acting system manager. He has been accountable throughout the first two years for the operational performance of the delivery system being developed and installed in the prototype agency for the human service system.

During the past two years, emphasis has been placed on implementation of the new service delivery system called Pathway, and on defining the overall purposes and goals of a human service system. Second year efforts have focused particularly on modifications to both service delivery structure and management approach.

As designed, the Portsmouth delivery system contains a set of internal structures which are utilized collectively by the system manager. These structures include:

- a client pathway
- case managers
- a client-oriented record
- resource directory
- client budgeting
- service provider agreements
- back-up management structure
- data unit (including Management Information System)
- study and analysis
- fiscal mechanisms
- physical facilities
- service providers

During the past two years work has been done on each of the structures identified above. Because of its primacy in the delivery system, client pathway consumed the most attention in terms of development and installation during the first year of the project.

- 1) Client Pathway - Shown on the following page is a diagram of a client pathway. As originally designed, the Portsmouth pathway was placed under the administrative direction of the Department of Social Services, within the Pathway Operations Bureau of the Department's Division of Community Services. While not all of the offices contain a fully operational pathway, three of the satellite offices are supervised by a satellite manager who provides direct supervision for the case managers located at the satellites. The direct services available to pathway clients are those contained in the local Department are considered a part of pathway as well as those outside of the Department for which purchase of service arrangements and interagency contracts are negotiated by the case manager.
- 2) Case Management - The case manager has been described in the Portsmouth System as the one person who is directly accountable to the client. His responsibilities are to assist the client in identifying needs and obtaining services necessary to meet his needs. His role is to serve as the client's advocate by coordinating the delivery of services to insure that the client's needs are met. As noted in an early report developed for the Portsmouth system, the existence of a case manager "removes the burden of orchestrating agencies from the client who is ill-equipped to handle the burden but must bear it under the present system."*

The client pathway is currently staffed by case managers in the satellite offices mentioned previously. These case managers are an integral part of all the pathway functions. A Client Pathway Procedural Manual was developed during the first year which documents each of the pathway functions.

The procedural manual was preceded by a case manager training program which was developed during the first year to assist new case managers with the transition from old to new system. Both social workers and income maintenance personnel were trained to assume case manager responsibilities. The transition appeared easier for income maintenance personnel are generally accustomed to working with concrete items. Social workers who have become case managers are, therefore, having to make adjustments to a role which places emphasis on client management and service coordination rather than direct service provision.

Second Year Efforts

As outlined in the Fiscal Year 77 Work Plan, the second year of the project was to focus on refinement and modification of those components that were implemented during the first year. In addition, new system components would advance from design stage to implementation. The adoption of a performance specification outlining the system's purposes, goals and objectives was considered the task of primary importance. The second year objectives and a status report

*From: Human Ecology Institute, "Development of a Human Service System--City of Portsmouth: End of Year (FY76) Report", Wellesley: The Human Ecology Institute, Inc., July, 1976.

on each item appear below:

- 1) Development Management: To continue to carry out the responsibilities of Human Service System operational and development governance through the Human Service System Management Committee and the Human Service Project Director.

Early in the project year, two decisions were made with respect to overall project governance, one concerning staff and the other concerning the Management Committee. Throughout the first year, outside technical assistance from a consulting firm was provided for the basic system design work. Project officials determined that it was essential to develop an in-house staff capacity to modify the design where necessary, and most importantly, to monitor the implementation of the system components. Steps were taken to establish an Office of Study, Analysis and Evaluation with appropriate staff. Most of the staffing has been completed by January, 1977.

A reorganization of the Management Committee was also adopted. The eight-member governance group was organized into task forces related to the major functional areas of project development and operations to be activated during the second year: Performance Specification and Taxonomy, System Design and Documentation, System Operation, System Evaluation and Community Audit, and Development Management. The purpose of the task force organization was to bridge the gap between the Portsmouth Human Service Management Committee, Project Development and Project Operations by organizing subcommittees with three specific objectives:

- A. To provide a preliminary "sounding board" for ideas and concepts.
- B. To provide a mechanism for access to technical assistance from the member agencies.
- C. To ensure that work plans in the respective subcommittee areas are carried out.

Because it is the cornerstone of the system, the performance specification was to receive primary emphasis. Therefore, the task force responsible for working on the specification was to begin first. As it developed, the full Management Committee encountered serious difficulty in its attempt to arrive at consensus on the contents of the performance specification, i.e., the purpose and goals of the system. Since the remaining system components are dependent upon the adoption of the specification, the work of the other task forces has been delayed.

- 2) Performance Specification and Taxonomy: To design and validate a Portsmouth Human Service System Performance Specification and to design and validate a Taxonomy of Problems and Services that is compatible with the Performance Specification.

As mentioned previously, difficulty arose as the Management Committee began its consideration of the performance specification.

Two points of contention appeared to prevent the committee from reaching a consensus. First, there was disagreement over the use of the five Title XX goals as the basis of a goal structure for the specification. Secondly, the members could not agree on the focus of the service delivery system--should the outcome of services rendered to the client be the emphasis, or should gradual improvements in the existing service delivery programs be stressed?

To date, the Management Committee has received two versions of a performance specification for its review and approval. At this time, agreement upon one document has not been achieved.

- 3) System Design and Documentation: To design, document, program and implement an automated information system that support the Human Service System with the following minimal requirements: client tracking; resource directory; management information system; Information and Referral; client effects audit, and accounting system.

Since the information system is one of the components which must be derived from an approved system performance specification, most of the above mentioned work elements have not been installed as was anticipated in the work plan for the second year. Technical design is underway on several items, including client tracking file, the redesign of the resource directory and various management information system elements.

- 4) System Operation

All of the objectives to be accomplished during the second year in the area of "System Operation" were contingent upon the implementation of the information system referenced above. Work elements focused on the conversion of the existing manual operation (as well as an expanded service delivery system) to the new automated system. At that time, refinements and modifications to pathway procedures, forms, and case management responsibilities were to be undertaken. Because the information system is not yet operational, significant modifications to "System Operation" have not begun.

METHODOLOGY

During the late Spring and Summer of 1977 staff from the Office of the Secretary of Human Resources made a site assessment visit to each of the ten 517/1115 projects. The purpose of the assessment was to determine how far the projects had progressed in reaching their initial goals. This determination was to be made on the basis of interviews of participants to obtain their overall perceptions of the projects. After the visit, staff would assess the information and provide a report to the project containing general findings and recommendations for improvement. The information was also to be used for a report to the General Assembly on the status of the projects.

The questions used in the interviews were designed by state staff to tap the interviewees perceptions of the major components of the projects. The same questions were used in all ten site visits (see Appendix A for the questions used). The questions were used as guides to assist the interviewer in covering all necessary points within each interview. Those interviewing could digress to pursue related points.

People interviewed during each visit differed depending on the major focus of the project. For example, in Carroll County where colocation was thought to benefit the client the staff interviewed clients but in Chesapeake where the project has concentrated on planning and budgeting no clients were interviewed. People in the following types of positions were interviewed in some or all of the Projects:

1. City Manager, Assistant City Manager, County Administrator,
2. Directors/Administrators of other local human resource agencies,
3. Project Directors,
4. Project Staff,
5. Clients,
6. Staff of other human service agencies
7. Members of local Boards of Supervisors

State staff requested this wide range of interviews in order to obtain a broad perspective of the local projects. The number of interviews differed with the scope of the project and ranged from a low of 12 to a high of 24. The interviews lasted for approximately one hour each and each interviewee was assured that none of their remarks would be used as a direct quote.

After the completion of the assessment visit state staff used matrix analysis techniques on each. Staff identified separate dimensions of project effort, based on their original goals, and the responses in relation to each effort. The responses were plotted horizontally while the respondents were plotted vertically. Comments were then compared for consistency of answers across type of interviewee and within the category of interviewee. This process enabled general

facts and themes to be identified within each category. These themes were identified for each project and labeled findings and along with resultant recommendations, the completed analysis was returned to each individual project.

In preparing this report to the General Assembly, all ten projects were charged in the manner described above and analyzed. This chart listed the major finding in 19 areas thought to be of interest to the members of the General Assembly and compared responses of all ten projects. As a result of this analysis findings were developed. After the extensive analysis, it was possible to draw some general conclusions and these are listed in the section on conclusions.

It has been recognized by staff that a judgement factor is significantly involved both during the interviewing in recording what was said and during the analytical process in weighing the individual responses. Staff were instructed to record during the interview process all of the points an individual made, thus keeping to a minimum selective note taking. During the analysis several staff members were involved to thoroughly discuss what they thought was the consensus of the interview. While some safeguards were built into the process staff acknowledges there are some judgements included.

ANALYSIS

1) Role of Local Governing Officials

It has long been questioned whether local governing officials should be involved in the human service programs in their area. This concern has been addressed to some extent in the pilot projects as the legislation required sign off of these officials on the original proposals. In our analysis of the ten pilot projects, we discovered all of the pilot project local officials see the necessity for involvement on their part to facilitate making responsible decisions (budgetary and programmatic.) Nine of the ten projects felt they (local governing bodies) should be in control of human service programs at this level rather than having agencies being state administered. In two of the urban localities, the city/county manager mentioned the desire to see block grants to the individual localities to operate their own human service programs.

2) State's Role

The role of the State has, in the past, been an ambiguous one. It has been handled differently by each of the state agencies. The charge for technical assistance to these projects came to the present executive planning staff for the Secretary of Human Resources (OSHR) formerly the Human Affairs Section of the Division of State Planning and Community Affairs. It is this role we addressed in our evaluation. However, in the past two years, through our involvement we have seen a role evolving for the state agencies. The role of the state (OSHR) is seen, unanimously, as providing technical assistance to these localities. This includes clarification with appropriate state agencies of rules and regulations, assistance in the waiver process, training assistance, information sharing, and the monitoring and evaluation of these programs. The State itself is viewed as a funding source for localities. Two projects commended OSHR staff for being supportive of their efforts rather than directive.

3) Title XX Utilization

In nine out of ten projects, respondents did not have a workable understanding of Title XX, what services were available or how to access those services. One project, however, not only utilizes Title XX dollars as a funding mechanism but through the interagency board has had an impact on the Title XX planning process. These comments on Title XX reflect the opinions of local people in the Health Department, the Department of Mental Health and Mental Retardation, the Area Agencies on Aging and other local groups.

4) Waivers (State, Federal)

At this point, none of the projects are operating under a waiver. Waiver requests have been initiated but it has been found,

for the most part, the only need is for clarification or interpretation of a particular rule or regulation. For a full analysis, see Appendix II "Intergovernmental Waiver Process".

5) Recommendations of the pilot projects to other localities attempting services integration

Unanimously, the projects have three basic recommendations to make concerning other localities attempting to integrate services. They are:

- the necessity of agencies to meet formally and devise a work plan;
- line of authority concerning the role of local governing officials, the Interagency Board and the role of the Project Director should be defined and consensus by all involved reached before they begin, and
- localities desiring to attempt similar types of integrated services should look to these ten pilot projects as a learning tool.

6) Role of Interagency Board

This Board serves as the link between management and service providers. Its function may be either advisory or decision making. Its role depends on the powers and duties invested in the board by the agreement of the agencies and/or local government. It was very evident in the pilot projects that this role needs to be clarified and that information disseminated to all involved in the project. The lines of authority need to be set and agreed upon. The Interagency boards are confused as to whether they are advisory or decision making and to what extent they can carry this role, i.e., can they advise or make decisions on all interagency issues which will affect the administration/program of a particular agency. The interagency board is seen as an excellent mechanism for ongoing communication among agency directors. Approximately 30% of the board members did express a need for training in the concept of services integration and what their individual project were attempting to do.

7) Role of Citizen/Client Advisory Board

The intent of this board was to serve as a formal advisory mechanism to the integrated human service delivery system. Its function is to give input into the system, to provide knowledge to line staff and decision makers of the system on how system functions relate to the citizen and client. Only two of the pilot projects have any type of client/citizen advisory board. One was convened by the County Manager for a designated period of time at the end of which they will make final recommendations to him on the system. The second is an organized board of consumers, providers and unaffiliated individuals who act in an advisory capacity to the interagency board. The chairman of the two boards is the County Administrator who acts as the liaison between the two. This group also functions as a mechanism for

the agencies to disseminate information concerning their programs to the community. Among the other projects, many comments involved the need for more community input into human service programs.

8) Role of the Integrator (Project Director)

This role is vital to the service integration effort. The integrator is responsible for the direction and control of the development and implementation of the efforts of the project. The integrator is looked at as the accountable entity within the project. The degree of accountability varies with the role and amount of authority which is vested in the individual. Within the 517 projects, we have three identifiable types of integrators: 1) Project Director - this person has overall authority to carry out development implementation of the total work plan, 2) Project Coordinator - this person coordinates plan implementation for the involved agencies, 3) Project Administrator - this person administers the projects under the authority of the Project Director/County Manager and convenes agencies for cooperative efforts. With these three roles, our analysis still showed some common themes for this individual's role. In eight of the ten projects, the integrator has no agency connections, the person operates out of a neutral office (city/county manager). All eight of these projects said it was beneficial to have an integrator out of a neutral office especially since this office is viewed as having authority at the local level. Findings clearly indicate the need for concise definition of the integrator's role from the onset of the project.

9) Program Planning and Evaluation

Program Planning and Evaluation is integral to the service integration effort because there is a constant need to reassess and alter the program to meet changing needs and to maintain a dynamic responsive system of human service delivery. In regard to program planning, all of the projects have addressed this issue to some extent through one of the following: joint planning, joint development of operating policies, joint programming and/or information sharing. Very few of the projects, however, have developed a mechanism for evaluation. Statistical data is evident in only two of the projects currently. The others have included plans for evaluation of the project in the third year work plan. Two projects have also attempted the prioritization of proposed human service programs. One dealt with the review of all agency budgets and recommended budget cuts to the Board of Supervisors. Agency heads said it had little impact on the actual process of approval. The other project was successful in cooperation with the city manager in having their number one priority approved. It appears evaluation is weak not only within the projects but within most human service delivery programs.

10) Central Records

Central record keeping is the storage of information on a subject in one location which is readily accessible and can be

revised at any time. It may include client records or administrative records. Four pilot projects have attempted to implement various types of central record systems to varying degrees of success. One project is in the process of implementing a centralized fee billing system for the county. Another has a central record system within the Department of Social Services and will link it during this third year, to a central record system in the Public Health Department. Central records have been avoided because of reluctance on the part of many agencies to deal with the issues of confidentiality and what client information is actually needed by another agency to deliver services.

11) Training/Communication

Training is a continuous process which is essential in the design and implementation of a new method. The training component attempts to resolve problems resulting from a lack of knowledge or misunderstanding of the project operations. Strong emphasis has been put on interagency training by most of the projects. A need does exist, though, for orientation of people to the concepts of the project and follow-up training done on an on-going basis to keep staff abreast of project developments.

"Lack of communication" was almost a universal comment. Agency staff expressed the need for better communication linkages both laterally and vertically. It would be beneficial if at least one of these linkages was written (in newsletter, memos, etc.).

12) Joint Budgeting

Joint budgeting represents any financial agreements between the various agencies and the project. One project which has collocated Health, MH/MR, Social Services and several other agencies on a part-time basis has pooled funding for maintenance of a central phone system and the supplies for and rental of a copier machine for the facility. An integrated transportation project has successfully negotiated service contracts with several service delivery agencies for the provision of this ancillary support service. These initial contracts are stabilized and new ones are being developed with other agencies to pick up funds lost when 1115 monies end in 1978.

13) Colocation

This is the actual stationing of staff by service delivery agencies in a central facility. A collocated facility may be composed of the main service delivery agencies or may be an out-stationing of supervisory and line staff in a target population. Three projects have successful collocated facilities. Two are the main service delivery agencies of the county while the other is an outstationing of supervisory and line staff of the different agencies. Due to the success of the outstationing effort and the large geographic area of that particular county, they have opened a second collocated facility. Several of the other projects are in the planning stages for a collocated facility of at least

the core agencies (Health, MH/MR and Social Services).

14) Case Management

In case management, an individual service worker is responsible for diagnosing the client's problem, monitoring the client through the system and following up with the client. This technique is utilized to ensure maximum benefit to the client. Two pilot projects have tested the concept of case management. A different focus was taken in each effort. One implemented the concept within the department of Social Services while the other implemented it using project staff and outstationed agency staff. Both have met with resistance from other service delivery agencies. Issues are still being resolved, however. The project testing the concept in a neutral manner (i.e., project staff, outstationed agency staff) is perceived as being very successful while the other effort has "more bugs" to iron out.

15) Joint use of Staff

This concept may be very informal as in the case of a project which convenes task forces to solve interagency problems or it may be more formalized as in one of the projects using the team approach. With the team concept, the members meet with the client or among themselves in an effort to facilitate the client receiving services to meet his total needs. With the exception of the one project successfully using the team approach, joint use of staff is on an informal basis. Both of these methods appear to have been successful to date but there is no statistical data to substantiate these perceptions.

16) Systems Management

Systems management includes such concepts as centralized purchasing/billing, centralized provision of consultative services and the use of material and equipment. The projects in one form or another have consolidated and/or centralized certain efforts. Five of them share at least one of the following: office space and/or central reception. One project is implementing centralized fee billing and a master index (resources of services potentially available to the client). This same project designed a common application form which was never implemented as it was considered too cumbersome.

17) Information and Referral (I&R)

This is a specialized service designed to make community service resource information readily accessible to the general public. It can also be a mechanism for documenting gaps in the present service delivery system. Two of the pilot projects targeted their efforts on the development and implementation of an I&R system. One is now being funded through Title XX dollars and is assisting the agencies in planning by documenting gaps in the system. They have published and distributed to the community a guide of the

local human service/public agencies. Another project has been only a partial success in the publication of a resource directory. Both efforts are located in rural localities. Three of five projects that have published resource directories have said they have been beneficial to them.

18) Transportation

Transportation is classified as a support service. Support services provide a mechanism for linking the client to the primary service in order that the client may better benefit from them. In our analysis, it is evident integrated transportation systems in localities have improved client accessibility to other services. Both an urban and rural locality are testing the concept of integrated transportation systems and clients have expressed both a need for and satisfaction with the system in each.

19) Future Directions

All ten of the pilot projects have expressed a commitment to continue with services integration efforts at the local level. The projects are looking toward strengthening the existing inter-agency linkages they have developed over the past two years. Once these facets have been developed sufficiently they will explore the possibilities of new linkages. During the third and final year of the 1115 Research and Demonstration grant, they are all negotiating with different resources for stabilization of components which have been viable for the community.

CONCLUSIONS

Over the past two years, all the projects have shifted focus and revised their original goals. This shift has been brought about by reassessment of the various components and a realistic look at what can be accomplished within a three year period. One consistent problem has been the confusion over roles (i.e. local governing officials, agency boards, project directors). It is evident these roles must be clarified and agreed to from the beginning.

Communication linkages are essential in human service programs. It appears in a new endeavor communication is more apt to become confused so more formal channels should be established as well as a commitment made to rapid exchange of information when the project alters direction.

Perhaps the most significant learning from the 517 experience has been that there is no one best way to organize an integrated effort, no one best model for administration of a services integration project. The type of geographic area, the particular agencies that are participating, the particular skills of the local general purpose government managers, and the nature of the resources that become available to human resource agencies, all interact to cause each project to be unique, and to fit the needs and abilities of a particular locality. The State has been very careful to preserve local flexibility in the administration of these projects yet maintain accountability.

As an example, two of the projects, Roanoke and Charles City County, illustrate how an integrated transportation project can take on completely different, yet successful techniques and procedures depending on the type of project undertaken, and the types of problems that need to be addressed.

In Roanoke, an integrated transportation system was developed with human resource agencies pooling their vehicles, drivers, and maintenance funds. Other agencies with funding ear-marked for transportation, purchased transportation services from the coordinated project. The central office was able to maintain the proper bookkeeping and accountability for separate Federal and State funding sources. The Roanoke project has developed several facets of a coordinated and comprehensive system, the contracting mechanism and a centralized management effort. By pooling their efforts in this coordinated manner the agencies found that transportation resources could be significantly improved.

In Charles City County the need for accessible transportation for visits to the human resource agencies, the doctor, the grocery store and the drug store is great for this very poor rural area. Charles City's transportation project has focused on running a bus along a carefully scheduled route, at appropriately scheduled times. This effort has proven to be very successful, and has brought the citizens together to advocate for a generally needed public service. This service does not segregate the rich and the poor, the handicapped or not, but is geared to please and serve everyone. On the other hand, Charles City has tended to have a problem tapping into human resource

dollars that are available for transportation. Because the agencies have not pooled their resources, or planning for that matter at this time the Charles City Project can not be considered a truly integrated project.

As the example points out, most projects have taken significant steps towards improved service delivery. Each in its own way has something that other localities in the State could pick up on and move a little bit further with, depending on what their needs are and where their management skills lie. To impose Roanoke's system or Charles City's would be to lose the benefits of an even better system that might emerge from studying the experiences of both.

Switching from an emphasis on service delivery to one of administration, we have two localities testing different approaches to colocation. Carroll County renovated the former county "poor farm" into a collocated facility. They operate without benefit of an integrator and pool funds for system management. (i.e. central telephone system, rental of copier machine). Fairfax has a collocated facility with an integrator who facilitates interagency efforts. They recently opened another collocated facility without benefit of an integrator. After several months, this effort has been deemed a limited success due to the lack of an integrator. Both systems have met with resistance yet the problems encountered are slowly being resolved. These are two different but successful approaches.

We have found, that nine out of the ten localities do not know how to access Title XX services. Many local governments and other local human resource agencies do not know how to use the purchase of service mechanism available to them or exactly how to impact Title XX planning. In response to these findings, the Department of Welfare has indicated their awareness of the problem and are planning steps to remedy this deficiency. A slide show for use in presentations to interested groups is being developed by a subcommittee of the Title XX Advisory Committee. This group is also developing an information brochure for general distribution which will contain highlights of the Title XX legislation, tell where decisions are made and how to access services. These are some of the positive steps being taken to respond to deficiencies in the Title XX system. Assistance in this area is definitely needed at the local level.

Statistical data in these projects has not been sufficiently developed in order to determine overall cost effectiveness. Cost effectiveness may be said to be intrinsic in several projects. Integrated transportation is more efficiently purchased from a central source with a one time administrative cost for several agencies combined rather than each agency developing a separate program. In another vein, it may be said central telephone systems, rental of equipment, shared office space, etc. are obviously more cost effective than if they had been done separately by each agency. Statistical data is an essential component in evaluation of both new and ongoing programs.

The need to strengthen existing skills and develop new techniques for evaluation is clearly indicated from both our analysis and our own efforts (staff). Greater emphasis must be placed in this area for all human service programs. In a time of ever increasing fiscal crunches, how else can prioritization of programs be effectively and knowledgably accomplished within local/State agencies? The O.S.H.R. staff has done a subjective evaluation of these projects (an interview format). During this third year, we will attempt to develop tools for collecting cost effectiveness data as well as assessing effectiveness of these programs as they relate to clients. Greater emphasis should be placed on developing strong evaluation tools for human resources programs.

Previously in the report it was stated that localities have liked the special project status of S.B. 517. It has enabled them to exercise more choice on the local level. They have used the freedom to set their own goals for the projects. This flexibility has been beneficial not only to the locality involved but to other areas in the Commonwealth. The State and Federal levels have also benefitted from having new ideas tested without their having to develop standards and guidelines but knowing that the projects would be monitored and evaluated. On the basis of the satisfaction with this approach serious consideration should be given to expanding it and allowing more localities this kind of flexibility.

One question frequently raised at the local level was "how long does the 517 designation last?" They felt that even without funding, the project designation gives them a special impetus to be innovative and they hope it will continue.

CHAPTER 395

An Act to empower the Governor to authorize certain local governing bodies to provide for pilot projects for the integration of the delivery of human services under present laws and the administration of such an integrated program; to permit the Governor to grant variances from present State rules and regulations relating to the delivery of human services; to empower the Governor to request exceptions from federal rules and regulations; and to empower the Governor to promulgate guidelines, policies to be used in determining the approval and effectiveness of pilot program.

[S 517]

Approved APR 4 1974

Be it enacted by the General Assembly of Virginia:

1. § 1. For the purposes of this act, "human services" shall mean any service provided by the State or a county or city, or jointly by the two, to an individual or family for his or their physical, mental or economic well-being.

§ 2. The Governor is hereby empowered to authorize certain counties or cities in this Commonwealth, not to exceed five, to develop and implement a pilot program for the delivery of human services and the administration of such a delivery system to provide for the most efficient and economical manner of delivering human services to the individual or family and to eliminate the difficulty of an individual or family with multiple needs obtaining the available and necessary human services.

§ 3. (a) The Governor and the several Boards and Commissions empowered to promulgate rules and regulations are hereby further empowered to change, alter or revise the rules and regulations of any State agency in order to assure the proper functioning of the pilot program.

(b) The Governor may also, on behalf of a State agency or locality, make requests to any agency or instrumentality of the federal government for exceptions to or variances from rules and regulations governing the administration of the use of funds for human services programs.

§ 4. As soon as practicable after the effective date of this act, the Governor shall promulgate rules and regulations concerning programs, budget and administration to be used as guidelines for counties and cities desiring to establish a pilot program in human services delivery. These rules and regulations should provide for evaluating the effectiveness of such a pilot program.

§ 5. The Governor shall annually review these pilot programs and shall make a report to the General Assembly of his findings.

§ 6. No pilot program shall be established unless such program has been requested by a resolution of the governing body of the county or city wherein the program will be located.

§ 7. All State agencies shall cooperate with the Governor and the local governing body of the county or city wherein the pilot program is located in carrying out the purposes of this act. The Governor may consult from time to time with the Directors and Commissioners of State agencies involved and with the appropriate Boards and Commissions.

§ 8. The cost of administering such pilot projects shall be determined by the appropriate State agencies and the counties and cities wherein a pilot program is located and shall have the approval of the Governor.

APPENDIX I

County Manager/Local Governing Officials

- 1) What has been your relationship with the 517 project? What is it now?
- 2) Did you have any input into the development of the program? Are you now aware of what it's trying to accomplish?
- 3) What specific things has the project done and what is your assessment of the impact those specific things have had on service delivery, planning and management? (May want to prompt following response)
- 4) What has been the role of local government in the project? What do you think the role should be?
- 5) If you were to advise another locality that wanted to start a service integration project what recommendations would you make?
- 6) What has been the State's roles in this project? What do you think it's role should be?
- 7) Which level of government would you like to see responsible for the delivery of human services? (county/state) Why?

I. Agency Board Members (Human Resources Council)

- 1) Have you been a member of the board since the beginning of the project?
 - a) If no, what attracted you to join?
 - b) If yes, what was your initial concept of what the 517 project would be like?
- 2) What were your original expectations for this project? In your opinion, what expectations has it met?
- 3) Did you or your agency have any input into the development of the work plan for the project? Did you want to have input into the plan? Did you understand and endorse the plan when it was presented to the board?
- 4) If you were to advise another locality that wanted to start a project like yours what recommendations would you make (what is absolutely necessary)?
- 5) Do you think that the way the project was managed was the best way? Would you recommend changes? What changes?
- 6) How has the structural organization of the project affected management and its decisions? Does it need to be restructured in order to be more effective? How workable is the organization?
- 7) What is your perception of the role of the project director? What do you think it should be?
- 8) What has been the role of local county (city) officials in the project? What do you think it should (i.e. an active leadership role or should human services be left to the board members)?
- 9) What role does the governance board (HSCO have at this time?) Has it changed in any way since the inception of the project? What role do you feel it should take in a project like this?
- 10) As a board member did you participate as actively as you might have? (Why or why not)? What would you or your agency do differently if the project were to start over tomorrow?
- 11) Has the project been a help to you/your agency? In what ways? What other things could the project do for your agency that it is not now doing?
- 12) If you could tell the state and/or your state counterpart about this project, what would you say? What do you think the state's role should be? (Note: two dimensions overall role of state, role of counterpart)

- 13) What specific things has the project tried to do and what is your assessment of them (in terms of impact on service delivery)? What parts did you like? Which ones didn't you like? (may have to prompt)
- 14) Can you think of any ways in which this project has helped the clients that come to your agency?
- 15) Has the project made a difference in the amount of contact you or your agency have with other agency people (both inside and outside the 517 project)? In what ways? (advise-quality?, etc.)
- 16) Has the project facilitated the delivery of (1) more services to more people and (2) the same services more efficiently? Are you aware of any statistical data collected by the project, your own or other agencies which would tend to be substantiate your beliefs.
- 17) Where do you see the project going in future years? Do you think the effort will/should be continued in future years?
- 18) What impact did the availability of funds have on the initial conceptual design of the project?

Note: Title XX questions

- input into plan
- impact on plan
- more awareness

II. Project Director

- 1) What is your perception of the (HSC) governance structure for this project? Has the role changes in the past two years? How? What do you think its role should be? As a member of that body, what types of decisions have you been concerned with?
- 2) What is your role as liaison between the human resources council and the local county (city) gov't? What do you think that the role should be?
- 3) Have the local gov't officials participated in the project? How have they participated? Do you think they should? If so, how? If not.
- 4) What have been your expectations for the project? Have they been met? Where do you see the project going in the future? Do you think it will be retained in any form after funding ceases?
- 5) Have you been project director since the beginning of the project?
 - a) if so, what attracted you to accept the position?
 - b) If no, what was your initial concept of what the 517 project would be like? (When)?
- 6) If you were to advise another locality who wanted to start a project like yours what recommendations would you make?
- 7) What has your role been? Has it been affected by the structural organization of the project? What changes would you like to see in your role? What's been the most difficult thing to do in your role?
- 8) What is your perception of the states' role in this project? Has it met your needs for the project and your understanding of it? What do you think that role should be?
- 9) What elements of the project do you consider to be viable? What ones do you like? Why? Which ones don't you like? Why?
- 10) Has the project made actual service delivery to the client more efficient? In what ways? Do you feel the project has been beneficial to the client? Has it delivered less, the same or more services to clients than prior to the project? Are you aware of any statistical data which would substantiate your beliefs?
- 11) Have you seen any major impediments to the project such as waiver, local consensus, state regulations/policy, etc? What do you feel was/would be helpful to you in overcoming that barrier?

III. Service Delivery Staff (Project Staff)

- 1) What are your responsibilities?
- 2) What is your perception of the project? What has been/is your role in the project?
- 3) What attracted you to join the project?
- 4) What are your expectations of the project? Have they been met? Where do you see the project going?
- 5) Did you, as staff, have any input into the development of the work program? Did you understand the work plan when it was endorsed by the board? What problems/successes have you encountered in implementing the work plan?
- 6) Has the project been a help/hinderance to you in delivering services to the client? In what ways?
- 7) What parts of the project do you like? Which ones don't you like?
- 8) From the service delivery level, what barriers have you seen in the project that affect service delivery? What do you see as the solution to these problems?

IV. Service Delivery Staff (outside agency)

- 1) What are your functional responsibilities?
- 2) What is your perception of the project?
- 3) How much contact do you have with the project?
- 4) How do you see the project fitting onto obtaining better and more efficient services for your client?
- 5) What parts of the project are most helpful to you in delivering services to the client? Which ones aren't?
- 6) Has the amount of contact you have with other service providers regarding service delivery to clients changed since the project began?
- 7) In what ways do you see the project possibly becoming more useful to you in your position? Would you like to see it expanded? How?

V. Client Questions/Optional

- 1) Why did you come to this particular agency/project for assistance?
- 2) What are the processes you went through in order to receive help?
- 3) Do you feel you were treated fairly and as quickly as possible? If no, why not?
- 4) Would you return here if you needed help again?
- 5) What suggestions would you make to improve the delivery of services to people?
- 6) Have you ever been to another agency for assistance? If you, how would you compare the two?

APPENDIX II

INTERGOVERNMENTAL WAIVER PROCESS

Background

The 1974 Session of the General Assembly enacted Senate Bill 517 which authorized the Governor to embark on pilot efforts to demonstrate local initiative to improve human services management and service delivery. Included in that legislation was authority for the Governor or his designee (the Secretary of Human Resources) to waive such provisions of state regulations as might impede the demonstration of improvements in human services.

This provision was included in the legislation because of testimony garnered during the hearings of the Virginia Advisory Legislative Council's (VALC) Committee on Public Welfare Reform. This legislative group had heard from numerous local directors of social services as well as others that one impediment to improved human service delivery was State and Federal regulations which prohibited local service deliverers from effectively cooperating to maximize scarce resources. The waiver provision was an attempt to resolve this identified problem.

By virtue of the waiver provision, the Governor or his designee, the Secretary of Human Resources, on behalf of the pilot projects, could waive state regulations which were judged to impede the pilot projects or seek corresponding waivers of Federal rules and regulations.

Ten pilot projects were initiated in July 1975, utilizing funding from Section 1115 of Title XI of the Social Security Act, as amended. Thus at the time of this writing, the projects have been operating under the state waiver provision for slightly over two years.

Description of Development and Implementation of State Waiver Process

At the time that the state program and its local pilot projects began, there was in place at the federal level only one formalized waiver procedure of which state program managers were aware. That procedure was the one provided for DHEW programs under Section 1115 of Title XI of the Social Security Act, as amended. In discussions with Federal personnel, it was learned that should a waiver include programs of another Federal agency, this agency could be included in the deliberation under the 1115 waiver procedure, if it agreed.

Subsequently in the summer of 1977, DHEW implemented a Department wide waiver process. The impact of both processes on the state program has been negligible, since to date no Federal waivers have been sought on behalf of any of the projects, although the need for a number of such waivers has been identified during the last two years.

At the state level, the provisions of S.B.517 required the establishment of a specific procedure whereby the pilot projects could submit their requests for waivers. In early 1975 a six-step waiver procedure was developed which required the following:

- 1) The locality submits a request for each waiver to the Division of State Planning and Community Affairs. With the assistance of DSPCA, the locality documents the following:
 - a. the specific waiver requested including documentation of the rule, regulation, policy or other mandate;
 - b. the need for the waiver; and
 - c. the impact of the waiver upon the project
 - 1) if approved or 2) if denied.
- 2) DSPCA would discuss each waiver with the Secretary of Human Resources prior to meeting with affected agency Commissioner.
- 3) DSPCA would formally submit the waiver to the affected agency.
 - a. if the waiver was Federal in nature, there would be a joint DSPCA-agency approach.
 - b. if the waiver was State in nature, a meeting would be held between the locality, DSPCA and the affected State agency.
- 4) Waiver is granted or denied.

This process was subsequently modified in December 1975, to reflect experiences at that time. The procedure in effect since that time has been as follows:

- 1) The locality must submit documentation to DSPCA (subsequently Office of the Secretary of Human Resources). The submission of such a waiver request should occur only after the local agency has verified through regular State agency channels that the contemplated approach is not permissible under existing rules and regulations. The waiver must be initiated (signed) by the local project administrator of the participating agency board. The documentation required of the locality consists of:
 - a. the specific rule, regulation, policy or other mandate that needs to be waived;
 - b. the reason why the waiver is needed;
 - c. the impact the waiver will have on the project if approved or denied.

- 2) OSHR staff will discuss the waiver request with the affected agency or agencies.
- 3) OSHR staff will discuss with the Secretary of Human Resources the requested waiver and all issues associated with it. The Secretary will then formally request the Agency Commissioner to provide his position on the waiver prior to making a formal decision on approval or denial.
- 4) If a Federal waiver, the Secretary will initiate the request for waiver.

The changes noted above in the waiver procedure were initiated after experience to deal with certain weaknesses in the original procedure. First, a number of initial requests for waiver had not been checked out, either formally or informally with appropriate state level persons in the regional offices to see if they were really needed. Since the waiver procedure was initially designed to resolve problems that could not be settled administratively, it was appropriate to be clear that the matter really needed waivers before going the formal waiver route.

The original waiver procedure did not make clear who was accountable for initiating waiver requests. The revised waiver procedure addressed this omission. In addition, while the original procedure did not prevent discussions with agency personnel prior to a formal meeting between the Secretary and the Agency Commissioner, it did not explicitly require such contact.

Thus, the changes noted above were designed to expedite and clarify the waiver procedure. The changes incorporated steps to permit resolution of issues at the lowest possible level of the administrative hierarchy. The changes also permitted the technical assistance representatives in the Office of the Secretary of Human Resources to assist the localities in problem resolution without waiting until a formal waiver was submitted.

Documentation of Local Requests for Waivers

Over the course of the past two years, the local projects have contacted the state staff for the possible need for a number of waivers. These waiver possibilities fall into the following five faceted typology.

First, there are single program waivers from state regulations which subsequent analysis proved did not need waivers. In these instances, a letter of clarification of the original intent of the regulation by appropriate departmental personnel sufficed to allow the project to proceed. The City of Chesapeake originally identified a need for a waiver to permit the local Department of Social Services to outstation a social worker in the local Health Department. This joint Health/Social Services effort was designed to improve service to Medicaid eligible clients and to assure that all clients eligible for Medicaid in fact receive that assistance. Upon communication with the appropriate state office (Welfare), clarification of regulatory intent was provided which permitted

this action without waiver.

A second type of inquiry received concerned single program waivers from Federal regulations which subsequent analysis proved did not need waiving. In the initial days of the program, a question was raised as to the legality of the pooling of certain vans owned by the Roanoke Area Agency on Aging in the local integrated transportation project (RADAR). State staff, working with the Virginia Office on Aging and the Administration on Aging, DHEW, Region III, were able to clarify the intent of the regulation to permit the contemplated action.

A third type of waiver inquiry received concerned both single and multi-program issues where it was unclear what regulations applied and which level of government had authority over the issue. These have usually been resolved without resort to waivers. Two examples of this type of waiver inquiry are:

- 1) The City of Hampton, as a part of its research into the need for expansion of the integrated project into other areas of the City, wanted to undertake a caseload analysis by traffic zone of current cases within a number of its participating agencies. Several agencies raised concerns about permissibility of this approach, which were clarified by the Assistant Attorney Generals for the State Department of Welfare and the State Department of Mental Health and Mental Retardation by letter and the effort has proceeded.
- 2) The City of Portsmouth requested a waiver from regulations of the State Department of Welfare, State Merit System, and U.S. Civil Service Commission to permit alterations in the local Department of Social Services staffing patterns to better accommodate the management and supervision of the newly introduced case management function. When raised through the normal channels of the State Department of Welfare, it proved possible within the existing regulations to make the necessary changes.

A fourth type of waiver inquiry concerned single program waivers over State regulations. In two instances, such waivers were identified and processed. In each instance, the waiver concerned the State Department of Welfare and in each case the waiver was not granted. Rather, the Department of Welfare changed the policy so that statewide advantage could be taken:

- 1) The Hampton project identified a need for a waiver of Title XX regulations in order to provide family planning services to eligible minors without violating their right to confidentiality. The waiver requested that Hampton be allowed to consider emancipated minors as a one person family unit under Title XX regulations. In July 1976, the State Board of Welfare changed the policy to make emancipated minors a one person family unit.

- 2) The City of Portsmouth requested a waiver from Title XX regulations concerning the definition of case management services. The State's Title XX plan did not recognize case management as a separate service definition and required reporting of costs for this service as an integral component of other services. Portsmouth documented the adverse effect of this provision on the management of their new pathway system and the State Department of Welfare included case management in their final Title XX plan as a separate service definition.

The only waiver inquiry that would clearly have necessitated multiple waivers from several state agencies and two federal agencies came from Arlington County. The County Department of Human Resources during its first year and a half of operation under S.B.517 attempted to develop a single application form to be used by clients applying for benefits or services from 22 Federal/State/local programs operated by the Department. Early meetings were held with the state agencies affected to determine the latitude available to the County in the single application form.

Meetings were held with representatives from the Virginia Commission for the Visually Handicapped, Department of Welfare, Department of Health, and Department of Mental Health and Mental Retardation. These representatives critiqued the draft form for compliance with existing federal and state program regulations. While a number of non-required items were identified, a number of omissions were also identified.

Arlington County, after these sessions, chose not to formally request waivers to test the form. Substantial documentation as to reasons have been submitted by the County in its second year report to the Office of the Secretary of Human Resources. That report will be submitted to the State Department of Welfare and DHEW separately. The main reason, however, for not requesting the necessary waivers was that the Department decided the multi-purpose application form would be too bulky to serve efficiently the purposes for which it was originally intended.

Recommendations for a Waiver Process

The Commonwealth of Virginia's experience to date, as the foregoing indicates, has been that there is far more flexibility for change in human service delivery than was assumed at the outset of the program. No project is currently operating under waivers, either State or Federal.

The lack of formal waivers does not, in the opinion of the state staff, lessen the need for instituting an ongoing waiver procedure. Indeed, it is recommended that such a procedure be established legislatively on a statewide basis and that the Federal government consider revamping the limited waiver procedures now in formal existence to include other departments besides DHEW.

Such a procedure is recommended for two basic reasons:

- a. It would serve as a neutral mechanism to clear up the myths and misunderstandings about why local agencies

(and for that matter State and Federal agencies) cannot work together for better, more efficient service to the client.

- b. While the projects are not now operating under waivers, it is believed that as they mature and attempt to implement joint budgeting, joint staffing and other innovations, there will be a need for waivers, especially of regulations concerning merit systems and financial management.

The waiver procedure as operated by the Commonwealth for the last year and a half needs modification to recognize the differing types of inquiries that are received. What is outlined below is an integrated waiver process which recognizes the reality we have experienced. It attempts to define a continuum which recognizes the essential regulatory role the State plays in the waiver process and links the waiver processes of State and Federal government together.

The process as outlined below requires the establishment of several points of accountability within government.

- 1) Each locality would be required to designate an accountable person responsible for formally initiating a waiver request. It is recommended that this be the County or City Manager since there may be differences among agency heads as to whether a waiver is desirable. The procedures internal to a locality for identifying waiver needs should be a matter of local determination.
- 2) The State should designate an office which does not itself promulgate regulations to be the reception point for waiver requests. The role of the office should be:
 - a. to provide technical assistance to the locality in defining the need and in identifying the chain-of-command within the affected State and Federal agencies to provide clarification as to whether a waiver is really needed.
- 3) Liaison persons at a high policy level should be identified in each state agency to be the point of contact for the state waiver authority.
- 4) A similar central waiver authority and departmental liaison function should be established at the Federal level. Consideration should be given to the Office of Management and Budget performing the central waiver function for the federal government.

With these responsibilities established, the recommended waiver procedure would be as follows:

- 1) The locality, through its internally established waiver procedure, identifies a perceived need for a waiver(s).

- 2) City Manager, or his designee, contacts the state waiver authority to discuss the waiver. The state authority provides technical assistance to the locality in defining the problem or makes the locality aware of waiver requests from another locality which addresses the problem.

If the problem has not been addressed before, the State waiver authority provides appropriate State or Federal regional contacts to give clarification on whether a waiver is needed.

- 3) The county or city manager requests clarification of regulatory intent from appropriate agencies. If the response is not received within 10 days, the State waiver authority follows up with parties contacted.
- 4) If the answer from the affected State or Federal agencies is that a waiver is needed, the County or City Manager proceeds to file with the State waiver authority a request for waiver which documents:
 - a. the specific rule(s), regulation(s), policy(ies), or other mandate(s) that needs (need) to be waived;
 - b. the reasons why the waiver(s) is (are) needed;
 - c. the impact that the waiver(s) will have upon the local human service delivery system
 - (1) if granted; or
 - (2) if denied.
- 5) The State waiver authority for waivers of State regulations would be responsible for developing the waiver package for submission to the Secretary of Human Resources within 20 working days of receipt of the local request. This task would include:
 - a. formally notifying the Commissioners of the affected agencies of the waiver;
 - b. convincing the designated liaison to explore the issues involved and the approach to be taken in researching the impact pro or con;
 - c. consolidating the official agency responses and outlining for the Secretary of Human Resources the decision points pro and con and the State impact of granting the waiver; and
 - d. notifying the locality of the decision and reason therefore.
- 6) The State waiver authority, for waivers of Federal regulations would be responsible for developing the waiver package for submission to the federal government by the Secretary of Human Resources on behalf of the locality. This task would include:

- a. developing with the cognizant State agencies a consolidated position on the impact of the waiver
- b. developing for the Secretary of Human Resources (on behalf of the Governor) the request for Federal waiver, including the state's position and reasons therefore.
- c. followup on behalf of the state and locality with Federal officials.

