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## Planning for Rural Human Services: The Western Energy-Impact Experience

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# Planning for Rural Human Services: The Western Energy-Impact Experience



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1985

Julie M. Uhlmann, PH.D  
Judith K. Olson, PH.D.

 Office of Human Development Services  
Department of Health and Human Services

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# Planning for Rural Human Services: The Western Energy-Impact Experience

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## About the Authors

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Dr. Uhlmann is a partner in Human Services Consulting Associates, a firm specializing in comprehensive human services planning, program development and evaluation. Before joining the firm, she was a senior staff member of the Denver Research Institute, University of Denver, where she directed and participated in socioeconomic impact assessments and growth management projects. She was Principal Investigator and Project Director for the study, "An Appraisal of Human Services Needs and Delivery Systems in Energy-Impacted Communities," upon which this publication is based. Dr. Uhlmann was a Professor of Anthropology at the University of Wyoming from 1972 to 1979. During this time, she served as the first Director of the Wyoming Human Services Project. This project, supported by both government and industry, trained and placed multidisciplinary teams of human service professionals in Wyoming energy-impacted communities.

### JUDITH K. OLSON, PH.D.

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## Acknowledgements

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Deborah Hulihan and Anne Petrilla organized and analyzed much of the study data, in addition to interviewing many of the study participants. Ms. Hulihan deserves particular credit for her analysis of state impact-mitigation mechanisms and her competence in arranging regional, state, and community visits.

Paulette Turshak contributed to the community visits and standards analysis. Dona Flory participated in the community visits and provided an analysis of regional and state human service systems. Ellen Slaughter, assisted by Ed Baumheier and Ken Taylor, assumed a primary role in analyzing social indicators data. Stephen Bieber and Gale Whiteneck served as consultants in the statistical analyses performed.

Jack Gilmore, Diane Hammond, and Keith Moore, colleagues

at the Denver Research Institute, University of Denver, have contributed much to our knowledge of rural rapid-growth communities and helped in conceptualizing this project.

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Staff of the Denver Research Institute, Division of Industrial Economics, and of Human Services Consulting Associates provided much of the support assistance. Kathlene Sutton provided editorial expertise, and Petrita P. Sinback produced the final copy.

From our perspective, we enjoyed the project, the people and the places it brought to us. We are delighted to see it finished. We value, in particular, the support of everyone mentioned above and the friendships that developed during the course of this work. We thank you.

Judith K. Olson, Ph.D.

Julie M. Uhlmann, Ph.D.

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## Introduction

Beginning in the mid-1970's, the development of energy resources in the western United States created significant changes in the small, rural communities of this area. Many of the changes were the result of the rapid influx of population associated with industrial activities. It has long been recognized that communities subject to rapid growth have difficulty meeting the physical facility needs of their residents, such as housing, shopping and school facilities, and sewer and water services. In recent years, a growing recognition of the importance of the social effects of rapid community growth has also developed. These effects include the deterioration of the quality of life valued by local residents, problems in integrating newcomers to a small community, the breakdown of interpersonal networks, and an unprecedented need for human services, which is the focus of this publication.

Although the need for human services in energy-impacted communities has been great, the response of the human service delivery system has usually been slow, poorly planned, and inadequate to meet demand. An important reason for the lag in response has been the lack of systematic information on human service needs and delivery systems in rural rapid-growth communities. Consequently, there is also a deficit of information on planning.

The purpose of this publication is to provide information that will facilitate planning for human services in rural communities. It is the final report of the findings of a research project funded by the U.S. Department of Health and Human Services.<sup>1</sup> The research project was an assessment of

<sup>1</sup>"An Appraisal of Human Service Needs and Delivery Systems in Energy-Impacted Communities: A Basis for Planning" (Grant No. IE8048/G26), by the Industrial Economics Division, Denver Research Institute (Denver: University of Denver, 1980).

human service needs and delivery systems in energy-impacted communities in the Federal Region VIII states of Colorado, Montana, North Dakota, Utah and Wyoming. It was conducted between October, 1980, and February, 1982.

The human services of major concern included social services, mental health services, alcohol and drug abuse services, public health nursing services, and youth and seniors' services. Other related human services, such as developmental disabilities, vocational rehabilitation, and job services were included as appropriate. The project methodology involved analyses of standards for human services, social indicators, and governmental and industrial policies and programs in relation to human service delivery systems in energy-impacted communities.

Another key element of the research was a series of site studies of seven energy-impacted communities in Colorado, Montana, North Dakota, Utah and Wyoming. The primary criterion for selection of a study community was that it had experienced an average annual growth rate of approximately ten percent from 1978 to 1980. Case studies of these communities involved extensive data collection from human service agencies, public officials, local industry representatives and groups of residents.

While most of the rapid growth in the West has resulted from the development of energy-related natural resources, the planning materials in this publication are also intended to assist rural communities impacted by other types of development, such as recreational development, retirement community development, defense system construction, or other industrial development.

Rural energy-impacted communities provide a natural laboratory for examining the effects of rural community growth

on human service needs and delivery systems. Because the rate of growth is accelerated in these communities, new institutions and innovative approaches to human problems may develop in a shorter time span than in communities experiencing a more moderate rate of growth. Lessons learned about human service needs and delivery systems in the impacted community may be helpful in understanding the general phenomenon of rural growth.

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## Chapter I

# Characteristics of Energy-Impacted Communities

Basic to the process of planning is an understanding of the characteristics of the community. This chapter focuses on the relationship between the demographic characteristics of rural rapid-growth communities and the human service system. Information is drawn from two sources: (1) the Regional Profile Energy Impacted Communities 1979, published by the U.S. Department of Energy, Region VIII, and (2) the seven communities in Colorado, Montana, North Dakota, Utah and Wyoming where site studies for the U.S. Department of Health and Human Services (DHHS) project were conducted.

### Regional Profile Analysis

The Regional Profile provides information on 325 currently or potentially impacted communities in Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming (Federal Region VIII). It contains the largest systematic database available on rapid-growth municipalities, both incorporated and unincorporated, in the Region. Health and human services for which there is information in the Regional Profile for 1978 include: social services, mental health services, alcohol and drug counseling services, child care, health care providers, family planning services, hospitals and nursing homes. The primary objective of the analysis of Regional Profile data was to provide an overview of the existing information on human service delivery systems in rural rapid-growth communities and, thus a context for the DHHS study in Federal Region VIII.<sup>1</sup>

<sup>1</sup>A more extensive treatment of the Regional Profile analysis, including more information on health care, is contained in Judith K. Olson and Julie M. Uhlmann, "Human Services Handbook for Rural Rapid Growth Communities--Working Paper #1: Regional Profile Analysis" (Denver: University of Denver, 1981).

### Overview of Community Characteristics

Small size is the outstanding characteristic of communities in Region VIII subject to rapid growth. While slightly over one million people lived in these communities (ranging in size from thirteen to 76,600 in 1978), their average population was 3,115. Table 1 presents the distribution by population category of the 305 communities for which 1978 population estimates were provided in the Regional Profile. It is striking to note that three-quarters had populations of 2,470 or less. In addition, approximately seventy percent were located more than one hundred miles from a city of at least 50,000.

TABLE 1. 1978 POPULATION SIZE  
REGION VIII IMPACTED COMMUNITIES

Population	Number of Communities	Percent
13-550	111	36.4
551-1,270	65	21.3
1,271-2,470	53	17.4
2,471-5,330	36	11.8
5,331-10,400	16	5.2
10,401-15,000	14	4.6
15,001-76,600	10	3.3

These demographic facts indicate that rural communities in the West do not have a sufficiently large population base to support many formal human services and that these services are not easily accessible in larger neighboring communities. Consequently, family, friends and voluntary organizations such as churches and youth groups are important sources of informal human services.

Informal networks may be disturbed, however, by rapid community growth. The average annual rate of growth for Regional Profile communities of 30,000 or less between 1970 and 1978 was 6.2 percent. This figure significantly exceeds

the two percent average growth rate for states in Federal Region VIII from 1977 to 1978.<sup>2</sup> Experts generally agree that high annual growth rates can lead to the breakdown of social assimilation mechanisms, local governmental mechanisms, and market mechanisms in a community.<sup>3</sup>

Coal resource development was identified as the primary source of present or future impact in the communities. Other important sources of growth were oil, uranium, hydroelectric and gas resource development. Most of the communities reported impact by development of more than one type of energy resource. In fact, the average number of resources impacting the Regional Profile communities was 2.8. Multiple impacts associated with the development of more than one natural resource are an important factor influencing human services planning. They complicate the planning process in that work forces and schedules for several developments must be considered simultaneously.

#### Human Service Availability

Human services were considered "available" in the Regional Profile data if they were physically located in a community on either a full-time or part-time outreach basis. An analysis of the relationship between community size and rate of growth and the availability of human services provided some important information for planning.

Effects of Community Size. The human services most relevant to the research project for which data were available were social services, mental health services, alcohol and drug

<sup>2</sup>U.S. Department of Commerce, Bureau of the Census, Current Population Reports, Series P-25, No. 790, December 1978, n.pag.

<sup>3</sup>John S. Gilmore, "Boom Towns May Hinder Energy Resource Development," Science, 191 (1976) 535-540.

abuse counseling services, public health nursing services, and family-planning services. They were designated as "core services." The relationship between population and the availability of the core services is given in Table 2. Although the mix of the five services will vary in specific communities, the average number of core services present increased as community population increased, as would be expected.

TABLE 2. AVERAGE NUMBER OF CORE SERVICES AVAILABLE BY POPULATION SIZE

Population	Average Number of Core Services
13-550	0.9
551-1,270	1.6
1,271-2,470	2.4
2,471-5,330	3.6
5,331-10,400	3.9
10,401-15,000	4.5
15,001-30,000	5.0

The relationship between community size and service availability can also be examined to determine the historical population size supporting specific services within the Region. This information can then be used as one baseline measure of levels of service against which communities may compare their current level of service. It should be noted, however, that the relationship describes only the population level at which services were available in the Region's communities. No conclusions can be reached about adequacy, quality, or cost-effectiveness of those services.

Table 3 indicates the different population bases associated with the presence of specific services. For example, a considerably larger population base was associated with the presence of mental health services (5,010) than public health nursing services (1,084). Table 3 also indicates that public

nursing services were most likely to be present in the communities, while mental health services were most likely to be absent.

TABLE 3. AVAILABILITY OF CORE SERVICES IN REGION VIII IMPACTED COMMUNITIES

Core Service	Percent of Communities Lacking Service	Median Population of Communities With Service*
Public Health		
Nursing	27	1,084
Family Planning	64	3,100
Substance Abuse	66	3,080
Social Services	68	4,454
Mental Health	77	5,010

\*The median is the point at which a frequency distribution is divided in half. For example, for communities with public health nursing services available, half of them have populations less than 1,084 and half have populations greater than 1,084.

Youth services were also of interest in considering the human services context of rapid-growth communities. Information on child care facilities revealed that child care was most likely to be provided privately in residents' homes. Table 4 presents the relationship between type of child care facility and population size in the region. Day-care centers, whether public or private, were not often present, particularly in communities with populations of less than 5,000. Again, this information indicates the historical population size supporting day-care centers in the Region.

TABLE 4. CHILD CARE FACILITIES IN REGION VIII IMPACTED COMMUNITIES

Population	Average Number Private Child Care Homes	Average Number Private Day-Care Centers	Average Number Public Day-Care Centers
13-550	.8	.0	.0
551-1,270	2.5	.1	.0
1,271-2,470	4.4	.3	.1
2,471-5,330	14.8	.7	.7
5,331-10,400	24.5	1.9	.7
10,4001-15,000	18.8	1.7	.4
15,001-30,000	86.5	1.0	.3

By comparing the population data in Table 1 with the information in Tables 3 and 4, it can be seen that many of the Regional Profile communities were below the Region's historical population thresholds for supporting formal services like family planning, substance abuse, social services, and mental health. This circumstance suggests that in many communities persons in need of services may obtain them through informal service networks or that their needs will go unmet.

The Regional Profile contains limited information on informal service providers or support networks. Possible resources include churches, which average 6.2 per community; adult education programs, present in fifty-seven percent of the communities; and youth organizations such as Scouts, 4-H, and church youth groups, present in almost all of the communities. Outdoor recreational facilities such as parks, ball fields, and playgrounds were also found in most of the rapid-growth communities. Public libraries were present in fifty-eight percent.

The number of small communities which lack formal human service delivery systems points to a need for additional

information regarding the coping strategies employed under such circumstances. Available information suggests, however, that rapid growth results in the breakdown of informal support networks and the gradual development of formal service delivery systems.

Effects of Community Rate of Growth. The inability of rapidly growing communities to provide needed goods and services for citizens has been thoroughly documented in the boomtown literature. Thus, the relationship between community rate of growth and human service availability was of particular concern in the Regional Profile analysis. A notable finding was that service availability decreased when community growth rate equaled or exceeded six percent. In other words, the six percent growth figure represented a critical threshold for service availability. This relationship for the core services of mental health, substance abuse, public health nursing, family planning and social services is presented in Table 5.

TABLE 5. AVERAGE NUMBER OF CORE SERVICES BY ANNUAL RATE OF GROWTH, 1970-1978

Annual Rate of Growth	Average Number of Core Services
<0%*	1.6
0 to 1%	2.3
2 to 5%	2.3
6 to 9%	1.5
10 to 16%	1.3
>17%	1.1

\*Some of the 325 communities in the Regional Profile Analysis were potentially subject to impact and losing population at the time of data collection. It is interesting that the communities with declining populations, similar to those growing at a rate of six percent or greater, also had fewer core services available.

It is clear that services increase as population increases, but human service availability decreases as the rate of community growth equals or exceeds six percent. This raises a question about the interaction of size, rate of growth, and human service availability. Statistical tests were performed to clarify the effects of community size and rate of growth on core service availability. Results indicated that both community size and rate of growth had highly significant but independent effects on the number of core services present in a community.\* That is, a community growing at a rate of six percent or more had fewer human services available than a community of the same size growing at a slower rate. Table 6 presents a comparison of communities growing less than six percent with those growing over six percent, by population category. It is clear that communities growing six percent or more had fewer human services available, regardless of community population.

TABLE 6. AVERAGE NUMBER OF CORE SERVICES AVAILABLE BY COMMUNITY SIZE AND RATE OF GROWTH

Population	Average Number of Core Services	
	Less Than 6 Percent	Equal to or Greater Than 6 Percent
13-550	1.0	.7
551-1,270	1.9	1.0
1,271-2,470	2.8	1.5
2,471-5,330	3.8	2.3
5,331-10,400	4.1	3.3
10,401-15,000	4.8	4.0
15,001-30,000	5.0	4.0

\*A two-way analysis of variance was performed to analyze the relationships between core service availability and size and rate of growth. The two main effects, size and rate of growth, were highly significant at greater than the .001 level. The interaction effect between size and rate of growth was not significant.

Limited Regional Profile data on other community resources reiterated the picture of fewer alternatives when growth rates exceed six percent. Recreational programs and outdoor facilities were found in greater numbers in the slower-growth communities. Availability of child care in residents' homes decreased when community growth rates reached the level of six percent or more. Similarly, fewer churches were present in high growth rate communities. This information suggests that efforts to meet human service needs through informal support systems such as recreation or church activities may be unsuccessful in very rapidly growing communities.

The inability of local services and facilities to keep pace with increasing population in rapid-growth communities, particularly during the initial stages of growth, is a well-known phenomenon. However, in the past, the lag has been documented with regard to shortages of housing, retail goods and services, and public services such as sewer and water. It is important to note that the Regional Profile data indicate that the lag applies to human services as well. Calculations indicated that the human service lag period for the Regional Profile communities is approximately five years. That is, it takes a community growing at the rate of six percent or greater five years to have the same number of services available as a community of the same size growing at a rate less than six percent.

#### Human Service Accessibility

When services are not available within a community, travel is necessary. Table 7 reports the average distance to health services and contrasts them to the average distances to social services and mental health services. Clearly, those services least likely to be present in the community (see Table

3)--mental health and social services--also involved the greatest distance to the service. Miles to the nearest physician, for example, ranged from one to ninety-four, while miles to mental health services ranged from one to 198.

TABLE 7. AVERAGE DISTANCES TO MEDICAL, MENTAL HEALTH, AND SOCIAL SERVICES

Type of Service	Average Number of Miles to Service	Number of Communities from which Travel is Necessary	Largest Size of Community from which Travel is Necessary
Physician	22.9	155	2,050
Maternity Care	26.4	172	5,330
Hospital	28.2	190	3,410
Social Services	33.6	196	11,000
Mental Health	43.7	226	11,000

Travel distances raise the issue of accessibility of services. The U.S. Public Health Service criteria for access to primary-care physicians and psychiatric services (frequently provided through mental health centers) indicate that the travel distances above exceed the recommended standards. According to the Public Health Service, primary-care physicians should be located within twenty miles under normal conditions with primary roads available, within fifteen miles in mountainous terrain, or in areas with only secondary roads, or within twenty-five miles in flat terrain or in areas connected by interstate highways. Psychiatric resources should be located within twenty to thirty miles, depending on roads and terrain.<sup>4</sup> Assuming that many mental health centers provide psychiatric services, it appears that travel distances to this service far exceed the recommended standard. In general, rugged terrain poor roads, and frequently inclement weather compound the difficulty of travel to services in rural areas.

<sup>4</sup>"Designation of Health Manpower Shortage Areas," Code of Federal Regulations, 42, Part 5 (Washington, D.C.: GPO, 1982), pp. 56,63.

## Summary of Regional Profile Findings

The analysis of data on community size, rate of growth, and human service availability in Federal Region VIII impacted communities can be helpful to those concerned with planning for human services in rapid-growth rural communities in several ways. First, it provides an indication of the historical population size supporting various human services in the rural West. For example, half the communities with public health nursing services had populations greater than 1,084; whereas half the communities with mental health services had populations greater than 5,010. And day-care centers were not frequently found in communities under 5,000. Thus, public health nursing services were more likely to be found in small rural communities than mental health services or day-care centers.

The information also provides a baseline measure of existing levels of service in the Region against which communities may compare their level of service. Data on the average number of core services (public health nursing, family-planning, substance abuse counseling, social services and mental health) are given by both population size and rate of community growth. Specific communities may compare their size, rate of growth, and core services to the Regional information.

The relationship between population size and rate of growth also yielded planning-relevant information. In general, the number of human services available in a community increases as the size of the community increases. However, rate of growth also has a strong and independent effect on service availability. In communities with growth rates equal to or exceeding an average annual rate of six percent, services decreased as the rate of growth increased, regardless of size. In addition, it appears from the data that it takes a community growing at six percent or more approximately five years to

have as many human services in place as a same-size community growing at a slower rate. Thus, planners and policymakers should take into consideration the fact that communities growing at or above the six percent threshold may require special assistance in the area of human services.

## *Site Study Communities*

The analysis of Regional Profile information provided some guidelines for the selection of seven communities which would be visited as part of the U.S. Department of Health and Human Services (DHHS) project. It also provided 1978 background information on the relationship between community size, rate of growth and human service availability in Federal Region VIII against which the DHHS site study communities, selected in 1980 and visited during 1981, could be compared.

Communities selected were: Rifle, Colorado; Fairview, Montana; Beulah, North Dakota; Castle Dale and Huntington, Utah; and Evanston and Wright, Wyoming. The primary criterion for selection of a study community was that it had experienced an average annual growth rate of approximately ten percent from 1978 to 1980. South Dakota is the only Region VIII state not represented in the sample. However, at the time of selection, none of the identified energy-impacted communities in South Dakota met the rate-of-growth criterion.

In this section, the seven sample communities will be described briefly and compared to the Regional Profile data. Information gained during visits to these communities is integral to the remainder of the publication. It includes information on perceived community problems given by groups of community residents, information on agency responses to rapid growth obtained during agency interviews, and information from public officials and industry representatives living and working in the communities.

## Description of Site Study Communities

Fairview, Montana. Fairview is located in Richland County, Montana. It is an incorporated municipality with a 1980 population of 1,351. It was the smallest community studied for the DHHS project. Fairview is located twelve miles from Sidney, the county seat, over a very poor road. The 1980 population of Sidney was 4,543 and the county population was 12,225. Fairview had at one time been significantly larger than Sidney, but the location of a factory in Sidney precipitated a decline in the Fairview population. Most businesses left Fairview and relocated in Sidney.

Historically the area has been agricultural. However, in the late 1970's oil and gas development in the Williston Basin area of Montana and North Dakota began to severely impact Richland County. For example, in the spring of 1978 over 1,000 jobs were created in sixty days. It was estimated by public officials that up to 250 oil-related companies were operating in the area. Planners and public officials expressed frustration with their inability to obtain information on development plans and work-force projections from the resource development companies. Numerous oil and gas and related service companies and seismic crews were located in Richland County. However, the number of direct employees for any one company was small. In addition, the amount of exploration activity and leasing competition in the area was high, making companies independent and somewhat secretive regarding their activities. Oil companies provided "guesstimates" of the number of workers in the area. Accurate figures were not available. In the future, coal resource development, as well as construction of a major pipeline (the Northern Tier Pipeline), may also impact Fairview and Richland County.

Both Sidney, the county seat, and Fairview have boomed. Fairview received the spillover from Sidney. Housing shortages and costs were mentioned consistently as serious problems in both communities. In the summer of 1980 many campers and tents were located in the county park between Sidney and Fairview. Migrant sugar beet workers have come into the area during the summer for years and are fairly well received. Several residents mentioned a schism in Fairview, however, between the long-term residents, who are mainly related to the agricultural economy, and the newcomers, or "oilers," who are perceived as hard-living and hard-drinking.

Fairview had a public health nursing service which was present in the community on a part-time outreach basis. There was also seniors' housing. All other agency services, such as mental health and social services, were available in Sidney. These services were satellite offices of regional agencies located in Glendive, fifty-two miles away, or Miles City, 137 miles away. Rivalries between Sidney and Fairview were intense. For example, Fairview was once again attempting to recruit a physician. The community had on several occasions recruited a doctor and provided an office, only to have the physician move to Sidney within a short period of time. Many residents preferred to travel to Williston, North Dakota, forty-four miles away, for services, especially medical services.

Informal human services were provided through the five churches in the community and voluntary organizations such as Lions and Scouts. A minister in one of the churches provided a wide range of counseling services to the local population. Fairview was visited by the DHHS project in May, 1981.

Wright, Wyoming. Wright is located in Campbell County, Wyoming. Campbell County contains vast supplies of coal, oil, natural gas and uranium. The first rapid growth in the

area occurred in the 1960's as the result of oil field activity. By the 1980's there were over 150 oil fields containing more than 1200 wells in the county. The second boom occurred in the mid-1970's as a result of coal development. Over a dozen operating mines and a coal-fired power plant were developed during this time. The county population grew from 5,861 in 1960 to 24,367 in 1980. Growth in the area is continuing into the 1980's, with plans for the development of additional mines and a major synthetic fuels project.

Most of the county growth has been absorbed by Gillette, the county seat. However, in 1976 Atlantic Richfield Company began the development of a new community, Wright. Wright is located forty-three miles south of Gillette. It grew from the first trailers that appeared in 1976 to a town of approximately 1,284 in 1980.

Atlantic Richfield developed the streets, sewer and water systems. Land was then sold to private developers. Wright has mobile home parks, multifamily units, and single-family residences. There is a shopping mall which houses a variety of retail outlets as well as the post office, Campbell County Sheriff's substation, library, community meeting room, and an office for the Campbell County Public Health nurses who visit Wright twice a month. At the time of the DHHS visit, the town had a new elementary school and a junior-senior high school was planned. Atlantic Richfield and Kerr McGee also constructed a community recreation center in Wright, including an Olympic-size swimming pool, and donated it to the Campbell County Parks Department.

Wright is an unincorporated community, and as such is the responsibility of the Campbell County Commissioners. Atlantic Richfield had a housing manager in the community who essentially functioned as a town manager without portfolio.

Wright residents were primarily employed by Atlantic Richfield and Kerr McGee coal mines. Some residents were employed in a uranium mine, as oil-field service workers, construction workers and service employees.

At the time of the study (March, 1981), Wright had only one formal human service. Public health nursing was present in the community on a part-time outreach basis. All other agency services had to be obtained by traveling forty-three miles to Gillette. A number of informal arrangements had developed in the community, however. Town meetings were held to deal with community issues such as the problems and needs of children and youth. A health committee and day-care committee had been formed to investigate obtaining these services and facilities. There were also seven churches in Wright. As in Fairview, the minister of one church was quite actively providing counseling to many residents who did not belong to his church. Finally, there was a variety of organizations and activities such as a homemakers' club, Lions, Boy Scouts and Cultural Arts Council.

Wright had the feeling of a new town. Most of the structures in the community were new. Its population was young. In fact one resident said, "There are no grandparents here." A major issue discussed at the community town meetings was that of remaining a "company town" versus incorporating.

Castle Dale and Huntington, Utah. Castle Dale and Huntington are located twelve miles apart in Emery County in southeastern Utah. Although it was known since the late 1800's that there was coal in Emery County, it remained primarily an agricultural and ranching area until the 1970's, because there was no way to transport the coal out of the county. On the other hand, Carbon County, immediately to the north, has experienced the booms and busts of coal development since the railroad came into that county in the



1880's. Emery County historically has supplied goods and services to the miners in Carbon County.

The population of Emery County began to decline in the 1940's because there was insufficient land to support the population. Thus, the young migrated out of the area to seek employment. The trend was reversed in the 1970's when Utah Power and Light decided to locate several coal-fired power plants in Emery County. The first was built in the early 1970's and the second, a three-unit plant, was built in phases during the mid-1970's when the real boom began. The plants are fueled by newly developed coal mines in Emery County. Because coal is not exported out of the county, transportation is no longer a problem.

The power plants and mines have now become the major employers in Emery County. The county grew from 6,700 in 1975 to 10,800 in 1979. Castle Dale, the county seat, grew from 857 in 1970 to 2,303 in 1980. Both communities lack housing because water available for new development is limited.

The residents in both Castle Dale and Huntington have been predominantly Mormon. There was only one other church in Huntington and two others holding services on an occasional basis in Castle Dale. The Mormon community has a very strong sense of tradition and strong religious and family values, which have influenced the integration of newcomers into the two communities, as well as the human service decision-making process. It is also significant that mines in Emery County are underground mines whereas, in many of the recent boom areas of the West, coal strip (surface) mines have been developed. Thus some of the newcomers coming into the county have migrated from other underground mining areas such as Kentucky, Ohio and West Virginia and were more culturally diverse than if they had migrated from contiguous Western states.

Many human services in rural Utah are organized on a district basis. Emery County is part of a three-county district with a District Human Services Board and human services planner available to assist the county commissioners. District offices are located in Price (Carbon County) which is twenty-five miles from Huntington and thirty-four miles from Castle Dale. The district agencies for mental health, social services and public health nursing have co-located offices in Castle Dale, the county seat. There is also a seniors' center in Castle Dale. Residents of Huntington must travel to Castle Dale or Price for the above services, with the exception of public health nursing services which are available in the community on a part-time outreach basis. There is also a seniors' center in Huntington. Substance abuse services, vocational rehabilitation services, job services, developmental disabilities services, as well as the juvenile court and probation and parole services provide part-time outreach workers from Price to Emery County.

Informal services in both Castle Dale and Huntington were provided to the Mormon community through the church. Softball and baseball leagues for all ages, horseback riding clubs, 4-H, Scouts, Lions, and the Junior Chamber of Commerce were also active voluntary organizations. Castle Dale and Huntington were visited in April, 1981.

Beulah, North Dakota. Beulah is located in Mercer County, North Dakota. Although coal has been mined in the county since the late 1800's, traditionally the mainstay of the economy has been agriculture. Coal resource development began to increase in importance during the mid-1960's when construction on three power plants and associated coal mines was begun. At the time of the DHHS project visit to Beulah, two additional coal-fired plants and one mine were under construction. Groundwork was also underway for a coal gasification facility, to be located northwest of Beulah.

Considerable population growth has occurred in the county since the mid-1970's, when the latest round of power plant construction began. The county grew from 6,400 in 1975 to 9,369 in 1980. Much of the growth was related to a large influx of construction workers into the area. The power plants and coal mines in Mercer County are now the major employers.

Beulah is one of five communities strung along a river valley in the middle of the county. Although it is the largest community, it is not the county seat. Most of the growth in Beulah occurred between 1977 and 1980, when the population increased from 1,611 to 2,875.

Many of the early settlers in Beulah and the surrounding communities were German Russians. The communities began as Lutheran and Catholic towns. Ethnic and religious ties created tightly knit communities prior to impact. Thus, importance was placed on the church as a social unit and source of informal human services.

Considerable impact assistance was available to Beulah and Mercer County. Coal severance tax monies, granted through the state Coal Impact Office, were available for services and facilities. The Energy Development Board, funded by the U.S. Department of Energy, provided planners to the communities in Mercer County. And the Inter-Industry Technical Assistance Team (ITAT), composed of six industries active in the area, provided technical assistance and funds. ITAT also organized a citizens' task force to identify impact problems and develop mitigation strategies. The human services committee of the task force undertook several information dissemination projects and served as a discussion forum for human service providers.

Housing pressures in Beulah were relieved somewhat by the construction of bachelors' quarters, recreation facilities and dining halls for the large number of construction workers

who came into the area without families. Many people interviewed felt that an increase in alcoholism was one of the major problems associated with rapid growth, although they mentioned it was not a new problem in rural North Dakota.

Most human services in Mercer County were part of a multi-county organization with outreach workers traveling to various communities in the county periodically. None of the major agencies (including public health nursing, social services, mental health, substance abuse, and vocational rehabilitation) had satellite offices in Beulah. Residents had to travel from nine to sixty miles for these services depending on which neighboring community they were located in; the exception was public health nursing, which provided outreach services in Beulah. The human services committee of the citizens' task force tried to obtain funds for a human services center in the county where agency outreach workers could be co-located, but the endeavor failed.

A seniors' center, nursing home and Job Service Office were located in Beulah. Both an educational cooperative preschool program and a program for battered women had also been developed in the community by newcomers concerned with these issues.

Informal services were provided through the church, as would be expected from the history of the area. There were nine churches in Beulah, three of which had been organized recently. Beulah also had youth organizations such as Scouts and 4-H, as well as adult voluntary organizations such as Elks, the Chamber of Commerce and a boosters' club.

Rifle, Colorado: Rifle is in the western half of Garfield County, Colorado. Although ranching and agriculture have been the cornerstones of the area's economy, minor booms and busts associated with the development of oil shale reserves

have occurred since the late 1800's. The latest boom began in the mid-1970's in response to the energy crisis. At this time the oil shale industry renewed its interest in developing technologies for commercial production of oil from shale.

At the time of the DHHS visit in April, 1981, Exxon and Union Oil had facilities under construction and three other major oil companies had projects in the planning phases in Garfield County. In neighboring Rio Blanco County, two companies had demonstration facilities operating, in preparation for commercial-sized development.

Population impact from the oil shale developments in both counties was along a major interstate corridor encompassing the western Garfield communities of Parachute, Rifle, Silt and New Castle with most of the growth occurring in Rifle. In addition, Exxon was building a new community, Battlement Mesa, approximately fifteen miles from Rifle which was designed to accommodate 10,000 by 1985. The potential growth in the county was staggering. It was projected to grow from 22,514 in 1980 to 66,126 in 1985, if full-scale development were completed.

Before the DHHS study, the major growth in Rifle occurred between 1977 and 1980, when the community grew from 2,244 to 3,218, according to census counts. The population was actually closer to 5,000 in 1981 because two large subdivisions with 500 single- and multiple-family units were opened.

Many of the human service agencies in Garfield County were organized on a county basis with main offices located in Glenwood Springs, the county seat, nineteen miles from Rifle. In some cases satellite offices, staffed full-time, had been established in Rifle. These included mental health, social services, public health and job services. A local youth program, a seniors' center (under construction), seniors'

housing, and nursing home were also located in the community, as well as a small private day-care center and church cooperative preschool. Residents had to travel to Glenwood Springs for substance abuse, family-planning clinic, vocational rehabilitation, and developmental disabilities services.

Two coordinating groups had been formed in Garfield County as a result of concern with the human service impacts of energy-related growth. The Garfield County Human Services Council was formed in the spring of 1980. It was a voluntary organization of human service providers and functioned as a forum for advocacy and information exchange. The second coordinating group was the Garfield County Human Services Commission which was established in the winter of 1980 by resolution of the county commissioners. This group was charged with responsibility for making recommendations to the commissioners on funding for human services. In addition, the county had successfully applied for funds from the state Oil Shale Trust Fund to construct a human services center in Rifle, where services would be co-located.

Informal human services were provided in Rifle through the usual clubs and voluntary organizations such as Elks, Lions, Scouts, 4-H, and a ladies' reading club. A community college in the town also had a Community Resource Center which provided human services information. Two ministerial alliances had outreach programs to newcomers in the community. Finally, the state of Colorado had funded a Newcomer Integration Project, based on volunteer networking, which was most active in the Battlement Mesa area, but also did some work in Rifle.

Evanston, Wyoming: Evanston is in Uinta County in southeastern Wyoming. It is one of a number of communities that developed along the Union Pacific railroad track as it cut across southern Wyoming. In fact, both the county and city were established after the railroad was built in 1867.

Until the recent oil and gas boom, the railroad was the leading economic influence in the city and county. Although most of the county population historically resided in Evanston, there are also agricultural areas and small towns in the county which were settled by Mormon pioneers. Evanston is only ninety miles from Salt Lake City, Utah. Another major employer is the Wyoming State Hospital for the mentally ill, which was established in Evanston in 1887.

Uinta County is located in one of the richest mineral areas of the world, the Overthrust Belt of Wyoming, Utah and Idaho. Although there has been wildcatting in the Overthrust since 1900, it has only been since 1976 that technology was sufficiently developed to allow commercial extraction of the resources. Since that time, a huge oil and gas industry has developed, based on drilling, gas processing plants, pipelines and service and supply companies. At the time of the DHHS visit in May, 1981, there were five processing plants in operation in Uinta County and two additional plants were under construction. Approximately fifty rigs and 130 oil and gas service firms, mostly located in Evanston, were also in the county. Finally, seismic crews were in and out of the area, and three pipelines were in the planning stages.

Uinta County's population grew from 7,100 in 1970 to 13,020 in 1980. In 1981 it was estimated to be 17,354. Evanston was 4,462 in 1970, 6,420 in 1980 and estimated to be 11,443 for the city and its immediate environs in 1981. Although some of the population impact was alleviated by the construction of two construction workers' camps which would house up to 2,600 workers without families, Evanston was a prototypic boomtown.

As local officials found in Fairview, it is extremely difficult to track the impacts of the oil and gas industry because so many different companies are involved. When taken

singly each segment may create a very small impact (such as a drill rig with a crew of twenty-five), but if added together the impact may be sizeable. In the Overthrust area, a unique industry organization, the Overthrust Industrial Association (OIA), was created in 1981 to deal with this problem. The OIA consisted of thirty-six members, including major oil companies (such as Amoco and Chevron) and drilling service and supply, and pipeline companies. The purpose of the organization was to assist the communities in the Overthrust area by providing work-force information, technical assistance for planning, and front-end mitigation money, including funds for human services.

Because Evanston was the county seat and major population center, many human services were located there. These included mental health, social services, public health nursing, family-planning, substance abuse, vocational rehabilitation and developmental disabilities services. Most of the agencies were part of multi-county organizations. There was also a private day-care center and a seniors' center and nursing home. A program for sexual assault and family violence victims was also being initiated in the community and a Big Brothers and Big Sisters organization was in operation. Although the Wyoming State Hospital was located in the community, it had few interactions with the local agencies. Informal services in the community were provided through the churches and voluntary organizations for adults and youth.

At the time of the DHHS visit, Evanston had a Human Resources Confederation, which was a voluntary organization of service providers. The organization called attention to human service needs created by the energy impact and worked with the OIA mitigation effort. Eventually a human services board was appointed by the county commissioners; it was charged with responsibility for recommending funding for human service agencies, as well as planning and evaluation. Although

Community Boards were allowed by Wyoming statutes, this was the first county to implement such a model for human services coordination.

### Comparison to Regional Profile Communities

A summary of pertinent characteristics of the seven DHHS study communities is given in Table 8.

TABLE 8. CHARACTERISTICS OF  
DHHS STUDY COMMUNITIES

Community	1980 Population*	Average Annual Rate of Growth 1978-1980**	Core Services***	Impacting Developments
Fairview, MT	1,351	13.2%	PH	Oil, Gas, Coal
Wright, WY	1,450	11.3%	PH	Coal, Uranium Oil
Castle Dale, UT	1,905	10.5%	PH,MH,SS	Coal, Power Plant
Huntington, UT	2,303	9.7%	PH	Coal, Power Plant
Beulah, ND	2,875	20.9%	PH	Coal, Power Plant
Rifle, CO	3,218	12.6%	SS,MH,PH	Oil Shale
Evanston, WY	6,420	9.7%	SS,MH,PH FP,SA	Oil, Gas, Processing Plant

\*1980 census figures, except for Wright (estimate from community sources was used).

\*\*1978 population figures were estimates from community sources.

\*\*\*PH=Public Health Nursing, MH=Mental Health, SA=Substance Abuse, SS=Social Services, FP=Family Planning Clinic.

The small sample of seven communities visited by the DHHS project was fairly similar to the 325 Regional Profile communities, as they were described for 1978. The site study communities had an average 1980 population of 2,765, whereas the Regional Profile communities had an average 1978 population of 3,115. The number of resource developments impacting the site study communities was 2.1, compared to 2.8 for the Regional Profile communities. Perhaps the greatest difference was the fact that the seven DHHS communities were growing at a higher rate than the Regional Profile communities, which grew at an average annual rate of 6.2 percent between 1970 and 1978. In comparison, the DHHS communities grew at an average annual rate of 12.6 percent between 1978 and 1980.

As was the case with the Regional Profile communities, public health nursing services were most likely to be present in the DHHS communities. They were present in all seven communities--all of which had populations over 1,000 (see Table 3 for data on population thresholds for services). Social services, mental health, substance abuse, and family-planning clinic services were only available in communities greater than 3,000, with the exception of Castle Dale, Utah, which was a county seat.

Table 9 compares the DHHS study communities to the Regional Profile communities by average annual rate of growth and number of core services.

Considering the small sample size, the seven communities were fairly representative of the data from a much larger and earlier sample. Specifically, in 1981 the study communities growing at an average rate of 12.6 percent had about the same number of core services available as the Regional Profile communities growing at a rate of six percent or greater. The one exception was Evanston, which had more services than would be expected from the Regional Profile data. The effect of

TABLE 9. COMPARISON OF RATE OF GROWTH  
AND CORE SERVICE AVAILABILITY FOR  
DHHS COMMUNITIES AND  
REGIONAL PROFILE COMMUNITIES

Population	Average Number of Core* Services in DHHS Communities		Average Number of Core Services in <u>Regional Profile</u> Communities	
	1978	1981	Growth equal/ greater 6 percent	Growth less than 6 percent
1,271 - 2,470 Fairview, MT Wright, WY Castle Dale, UT Huntington, UT	1.0	1.5	1.5	2.8
2,471 - 5,330 Beulah, ND Rifle, CO	1.5	2.0	2.3	3.8
5,331 - 10,400 Evanston, WY	3.0	5.0	3.0	4.1

\*Mental health, public health nursing, substance abuse, family-planning clinic, and social services.

a community being the county seat appears to be an increase in service availability.<sup>6</sup> However, no comparison to county seats in the Regional Profile data could be made since this information was not coded. It is also interesting to note that the lag factor is evident in the DHHS communities. They had fewer core services in 1978 than in 1981. In addition, in 1981 they still had fewer services (with the exception of Evanston) than Regional Profile communities growing at a rate of less than six percent.

<sup>6</sup>Castle Dale, a county seat, also had mental health and social services available which would not be expected on the basis of its population.

## Chapter II

### Planning: Methods of Needs Identification

In human services planning, it is critical to identify and prioritize human service needs. Needs tend to differ, however, depending on the perspective of the perceiver and the method of needs assessment employed. To insure that needs are adequately assessed, it is preferable to use several different types of data and different information sources. Findings can then be examined for similarities across needs assessment methods. Consequently, the DHHS project employed key informant and target group interviews, social indicators, and a standards review to provide both quantitative and qualitative data. Data sources included public and agency records, public officials, and industry, agency and community representatives. Findings were discussed and integrated in this chapter to identify needs that appear to be consistent across impacted communities. The utility of the various needs identification methods is also reviewed. Further discussion of needs assessment strategies will be found in Chapter IV.

#### *Perceived Problems of Community Residents*

A broad range of individuals in the seven study communities were asked to identify the three most serious problems faced by children and youth, families, single adults and senior citizens in their community. Information was obtained from focused group and individual interviews.

The focused group interviews were held with small groups of youth, families, single adults and senior citizens. Individuals first listed what they considered to be the most serious problems facing their group. Each person then read his/her problem list aloud and the list was recorded on large sheets of paper for the entire group. When this process was

completed, the group was instructed to reach a consensus on the three most important problems. This was done by discussion of the problem list and, in most cases, a final vote. After prioritizing the three most important problems facing their group in the community, each participant was asked to list the three most serious problems for the other three target groups in the community, without consulting anyone else. For example, if the focused group interview were being conducted with a group of senior citizens, the group would first discuss and prioritize problems facing senior citizens in their community. When agreement was reached on the top three problems for their group, each senior would list independently what he/she thought were the three most urgent problems for families, single adults, and children/youth. This information was collected with no further discussion. Participants in the focused group interviews generally enjoyed the dynamics of the process because it allowed for sharing and discussion of mutual problems and experiences.

Similar identification of the problems of children and youth, families, single adults, and senior citizens was elicited during individual interviews with service providers in community agencies, local public officials, and local industry representatives. In this case, interviewees were provided a form at the end of the interview and asked to list the three most serious problems faced by each of the four groups in their community.

Results of the focused group and individual interviews were tabulated in several ways. First, the problems identified were analyzed by group. The results of this analysis are presented in Table 10. One interesting fact about the results is the high level of agreement on the problems among different types of respondents (e.g., service providers, public officials, local industry representatives and members of other groups often agreed with each other about problems facing each group).

TABLE 10. PRIORITY PROBLEMS OF RESIDENTS IN SEVEN WESTERN BOOMTOWNS

PROBLEMS OF CHILDREN AND YOUTH AS SEEN BY:				
<u>Children &amp; Youth (N=66)</u>	<u>Service Providers (N=54)</u>	<u>Public Officials (N=23)</u>	<u>Local Industry (N=13)</u>	<u>All Respondents (N=254)*</u>
1. Recreation	1. Recreation	1. Recreation	1. Recreation	1. Recreation - 174
2. Alcohol & Drugs	2. Alcohol & Drugs	2. Alcohol & Drugs	2. Alcohol & Drugs	2. Alcohol & Drugs - 144
3. Crime	3. School Problems	3. Child Abuse	3. Crime; Lack of Day Care	3. Schools - 50
PROBLEMS OF SINGLE ADULTS AS SEEN BY:				
<u>Single Adults (N=23)</u>	<u>Service Providers (N=54)</u>	<u>Public Officials (N=23)</u>	<u>Local Industry (N=13)</u>	<u>All Respondents (N=254)*</u>
1. Recreation	1. Recreation	1. Recreation	1. Recreation	1. Recreation - 182
2. Housing	2. Housing	2. Housing	2. Alcohol & Drugs	2. Housing - 91
3. Health Care	3. Alcohol & Drugs	3. Alcohol & Drugs	3. Housing	3. Alcohol & Drugs - 51
PROBLEMS OF FAMILIES AS SEEN BY:				
<u>Families (N=53)</u>	<u>Service Providers (N=54)</u>	<u>Public Officials (N=23)</u>	<u>Local Industry (N=13)</u>	<u>All Respondents (N=254)*</u>
1. Housing	1. Housing	1. Housing	1. Recreation; Housing	1. Housing - 112
2. Lack of Community Services and Facilities; Health Care	2. Recreation	2. Recreation	2. Alcohol & Drugs	2. Recreation - 90
3. Alcohol & Drugs	3. Child & Spouse Abuse	3. Child & Spouse Abuse; Alcohol & Drugs	3. Lack of Community Services and Facilities	3. High Cost of Living - 66
PROBLEMS OF SENIOR CITIZENS AS SEEN BY:				
<u>Senior Citizens (N=54)</u>	<u>Service Providers (N=54)</u>	<u>Public Officials (N=23)</u>	<u>Local Industry (N=13)</u>	<u>All Respondents (N=254)*</u>
1. High Cost of Living ; Health Care	1. High Cost of Living	1. Housing	1. High Cost of Living	1. High Cost of Living - 129
2. Transportation	2. Housing	2. High Cost of Living	2. Stress from Change in the Community	2. Housing - 79
3. Housing	3. Isolation	3. Health Care	3. Health Care; Recreation	3. Recreation - 46

\*Includes the responses of participants in the other three focused groups. For the data on problems of children, e.g., "All Respondents" includes the senior citizens', families' and single adults' groups, as well as the service providers, public officials and local industry representatives.

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When it occurs, this type of consistency provides a common ground for various segments of the community to develop strategies to address the problems. It also increases confidence that the problems identified were indeed the most important ones facing each target group.

A second tabulation was made to ascertain the number of times that a problem was mentioned by all respondents as being one of the three most serious problems. In this analysis it did not matter for which target group the problem was mentioned. Thus, if a respondent mentioned that recreation was one of the three most serious problems for families, single adults, and children/youth, the response was tallied three times. Table 11 presents the results of this analysis. A discussion of the major problems listed follows.

It is notable that the lack of recreational opportunities was by far the most frequently mentioned problem. Traditionally the most popular recreational activities in rural Western communities have been outdoor activities such as hunting, fishing, hiking and camping. However, new needs and demands for recreational services and facilities occur in rapidly growing rural communities. The young adults and families associated with development frequently work long hours or have school and family obligations which limit the time available for recreation. They need recreational outlets that are accessible within a short distance and can be engaged in for short periods of time, such as organized team sports, swimming pools, movies, gyms and bowling alleys. The data clearly indicate that high priority should be given to planning recreational programs and facilities in rural rapid-growth communities. The importance of recreation as a primary preventive measure for human service problems is also emphasized by these results. Recreational programs and facilities can

TABLE 11. MOST FREQUENTLY MENTIONED PROBLEMS  
BY ALL RESPONDENTS  
(N=254)

Problem	Number of Times Mentioned
1. Recreation	496
2. Housing	283
3. Alcohol and Drugs	264
4. Family Problems	130
5. Seniors on Fixed Incomes Can't Afford to Live in Community	127
6. Increased Crime	117
7. High Cost of Living	107
8. Lack of Sense of Community	99
9. a) Unemployment	91
b) Health Care	91
10. Child Abuse and Spouse Abuse	65

relieve stress and prevent problems which ultimately would be handled by the human service system, health care system and/or law enforcement system.

Housing is an area where impact from rapid growth is felt almost immediately. As new population arrives in the community, a shortage of adequate and reasonably priced housing occurs rapidly. High rentals due to scarcity present another housing problem. Mobile home developments and construction workers' camps are common responses to needs for affordable and/or short-term housing. However, these developments may be undesirable because of factors such as dust and mud from unpaved streets, lack of play areas for children, crowding and isolation from established communities.

The use of alcohol and drugs among children and youth, single adults, and families was also mentioned as a major problem. However, both the Regional Profile information and the community studies indicate that substance abuse services are among some of the least available in rapidly growing rural

areas. Thus, providing substance abuse services through formal agency services or through informal means (such as Alcoholics Anonymous, ministerial counseling, or educational programs in the schools) should be a high priority for human services planning.

Family problems included such concerns as family isolation, problems of single-parent families, divorce, problems due to both parents working, marital conflict, family tensions due to long work hours, lack of supervision for children, and problems of family communication. Child and spouse abuse were tallied separately and ranked tenth among frequently mentioned problems. From the standpoint of planning for informal and formal family services in rapid-growth situations, it would make sense to include the problem of child and spouse abuse in the category of family problems as well. The surprisingly high ranking of family problems suggests strong needs for planning for prevention and support services for families, in addition to possible needs for formal agency services.

Table 11 also indicates the problems of senior citizens in a rapidly growing rural community. The elderly are one group in the community who may not share in the economic prosperity of growth. Living on fixed incomes, many cannot afford the increased cost of housing, food and medical services. As the community grows and changes and old social networks break down, senior citizens can also become increasingly isolated.

Increased crime was a concern that touched all four target groups. Respondents felt that children, youth and young adults were more involved in crime than they were before rapid growth. Seniors and long-term resident families felt less safe in their community. Many seniors would not go out at night by themselves for fear of becoming the victims of crime. Families

felt they had to watch their children more closely so that they also would not become the victims of crime. All respondents mentioned the need to lock doors and cars and generally watch their property more closely.

The high cost of living in a rural rapid-growth area was of concern to families as well as senior citizens. Housing, retail goods and services, and health care are just some of the basic necessities which inflate dramatically when development occurs. Increased costs relate to factors such as scarcity, the lack of capital and population base to support public and private services, the unwillingness of professional personnel to work in isolated rural areas, and the expense of transporting commodities to remote areas.

The lack of a sense of community affected all four target groups. The breakdown of social networks and isolation of seniors was previously mentioned. Established social networks also change for long-term resident families and their children as newcomers arrive. For example, changes in the power structure of the community may occur as newcomers take on leadership positions. Children who lived in the community prior to growth are exposed to new peers who may have quite different values. Newcomers, including single adults and families and their children, must form new friendships and associations. Most have been uprooted from families and friends, so that established support systems are not available to them.

It may be surprising that unemployment was mentioned as a problem in rapid-growth communities. Although employment opportunities generally increase during energy resource development, there are some problems. The availability of more jobs does not guarantee that long-term residents will be employed. There must be a commitment on the part of industry to recruiting and training local labor. The mining and

construction industries have also not traditionally employed many women. Service jobs may not be available to locals, women and teenagers because the development of businesses such as restaurants and retail trade outlets lag behind basic industrial employment.

Finally, respondents felt that health care was a serious problem in their communities. It is difficult to attract physicians to isolated rural communities that lack modern medical facilities. The young population associated with industrial growth requires family-planning services, venereal disease clinics and maternity care. Serious industrial accidents, also pose a problem in areas where medical facilities are lacking and transportation is difficult because of bad roads and inclement weather. As a result, many people in impacted communities find themselves traveling hundreds of miles to a metropolitan area or waiting long hours in a hospital emergency room to obtain routine medical care for which they pay premium rates. The public health nursing services also may take on new and expanded health care roles as a result of community growth.

From the planning perspective, it is instructive to classify the problems in Table 11 (discussed above) into two categories: (1) those that are situational problems, and (2) those that are behavioral problems. The situational problems are the common disrupting experiences related to rapid growth. In Table 11 they include lack of recreation, inadequate housing, high cost of living in the community, lack of sense of community, unemployment for certain segments of the population, and problems obtaining health care. The behavioral problems are the symptoms of the disrupting experiences related to rapid growth that are frequently treated by formal human service agencies. In Table 11 they include alcohol and drug problems, family problems, increased crime, and child and spouse abuse. Although the situational problems

are not traditional human service concerns, residents in the seven communities understood them quite clearly and discussed them as the pressures leading to problems which require agency services. The development of early intervention strategies at this level will short-circuit many of the behavioral problems treated by agencies such as social services, mental health, and domestic violence programs. Therefore, human service planners and providers should support and participate in all aspects of community planning, such as planning for housing, industry training of the local work force, recreation or health care.

### *Needs Identified by Human Service Agencies*

Extensive structured interviews with agency personnel provided a second perspective on community human service needs. Agency perceptions of human service needs necessarily involve biases inherent to an organized delivery system and to contact with that portion of the community receiving agency services. These biases tend to produce perceptions of need that conform to traditional services and respond to traditional service recipients. Needs perceived by human service agencies thus reflect the actual functioning of the service delivery system and may not mirror the need perceptions of other community residents, trends reflected in social indicator data, etc.

The agency interview was administered to representatives (typically, the directors) of the following agencies: children and/or youth services; day care; developmental disabilities; family planning; job services; mental health; nursing homes; public health; senior centers; social services, substance abuse; and vocational rehabilitation. Most communities possessed some services (e.g., public health or senior centers), but obtained other services, such as mental health and vocational rehabilitation, at a regional center in another community. If services were not available locally, or were

available only on a part-time outreach basis, the interviewer traveled to the nearest service center, a distance ranging from twelve to fifty miles, to conduct the interview with appropriate agency personnel. For our sample of communities, the service center was itself a community which had experienced rapid growth (e.g., Gillette, Wyoming and Sidney, Montana). This raised the question of whether findings would differ if the agencies in such service centers had not also been coping with the problems of rapid growth in their own communities. Whether the interviewees focused on their own community or an outlying community also served by the agency, their perspective reflected the impact of rapid growth.

The agency interview was structured to elicit information on factors such as agency history, clientele and services delivered, effects of rapid growth on program operation, needed agency services and referral resources, agency response to rapid growth related problems, intra- and inter-agency planning efforts, and constraints affecting service delivery. Agency interview results are summarized below. Rather than focusing on single communities, the information summarized here emphasizes findings common to all communities studied and all types of agencies. If they seem instructive, the experiences of a single type of agency (e.g., mental health) are also summarized.

Caseloads and Client Problems. Virtually all agencies reported that rapid growth had affected their operations. Dramatic increases and rapid turnover in agency caseloads were noted by almost all agencies surveyed. Agencies further indicated that, regardless of the nature of their services, substance abuse and family-related problems, including child abuse and youth problems, were increasing among their clients. Individual agencies saw their clients as having multiple problems which they were often unprepared to address. In

addition, several agencies noted that their population at risk and/or client loads increased disproportionately to the increase in population.

Agencies serving the elderly (senior centers and nursing homes) noted that changing and more complex client problems were linked to population growth, rather than increases in numbers of elderly clients. Increased cost of living, increased crime, a decline in local services conducive of independent living (e.g., grocery delivery), and less accessible health care tended to contract the world of the elderly, to increase need for low-cost senior housing and other services, and to alienate seniors from their changing communities.

Referral Resources. It was not surprising that shelter and detoxification facilities were the most frequently mentioned referral resources needed by agencies in the communities studied. Specialized services, particularly for children and youth, were also seen as needed more often. Typically these were diagnostic or treatment services available to the agency at a distant city, such as Denver, Billings, or Salt Lake City, and were not present nor feasible to deliver locally. Similarly, there was increasing demand for local services which previously were delivered adequately on a regional basis. For example, a shelter facility for battered women was available in only one of the study communities. Efforts were well underway, however, to provide this service locally in three more communities. Nursing homes and vocational rehabilitation agencies also felt supervised living programs and greater rehabilitation options for victims of industrial accidents were needed.

Local ability to serve the multi-problem client was also impaired by the breakdown of the informal referral mechanisms which had previously functioned well. For the majority of agencies, direct referral between agency personnel no longer

worked. Alternative mechanisms for managing referrals (for example, using a case manager or a child protection team to coordinate services) were rare. Where interagency coordinating mechanisms were in place, delivery of services to the multi-problem client was considered satisfactory.

In summary, agencies served multi-problem clients with increasing need for other local and highly specialized referral resources. Typically, specialized services were not available locally. Using local referral resources was also impaired because local referral mechanisms broke down.

Staffing. Increased agency caseloads necessitated increased staff. Regional or state planning mechanisms and funding formulae, however, were typically unresponsive to local staffing shortages that occurred quickly. Most agencies were thus forced to cope with current, but inadequate, staffing allocations. This was not working well at all.

High caseloads, complex client problems, inadequate referral resources, and the increase in crisis or emergency work for some types of agencies contributed to staff burnout and high staff turnover rates. Four of the six mental health centers studied, for example, had experienced a partial or total change in staff within the past year. The problems of hiring and retaining staff were further compounded by the fact that agency salaries did not increase at a rate commensurate with local increases in the cost of living. Consequently it was difficult for agencies to find seasoned professionals to fill staff vacancies. The younger and naive professionals hired burned out quickly, escalating staff turnover rates and compounding the organizational instability of the agency. Turnover and vacancy rates were particularly problematic for paraprofessional staff in nursing home facilities. Paraprofessionals quickly left these low-paying positions if new and less demanding jobs became available in the community at higher rates of pay.

Services. In some agencies, increased agency caseloads and staffing problems resulted in a reduced range of services. Direct and mandated services were those retained and emphasized. In most instances agencies felt additional staff were needed just to meet the demand for these services. Agencies had responded to the high demands for direct services by curtailing or eliminating prevention, consultation and educational services. Most human service agencies of all types considered these services very inadequate: needed, but often not provided. Similarly the multi-problem clientele and increase in numbers of clients with special problems resulted in a perceived need for new specialized services delivered within the agency. Many agencies stated they needed increased staff expertise in the areas of drug and alcohol abuse, for example. Agencies emphasized that, to maintain or expand minimal services, their staff needs were far greater than facility needs.

Mental health centers, for example, rated their outpatient and emergency services as barely adequate to meet demand. Children, alcoholism, partial care, and inpatient services were all considered inadequate to meet demand. These services, and particularly consultation and educational services, were perceived as needed or requiring expansion. Mental health centers also emphasized a need for outpatient group services and specialized assessment skills in the areas of learning disabilities and speech and hearing problems.

Social service agencies spent considerably more staff time on mandated investigations of child abuse, but lacked the resources for rapid processing of adoptions, securing additional foster homes, or developing homemaker services. Vocational rehabilitation agencies emphasized services that used staff skills or local referral resources and designed a priority system to select the most needed (e.g., severely handicapped), as targeted recipients of agency services. Vocational rehabilitation agencies and nursing homes were

ill prepared for the specialized services required for victims of industrial accidents. Public health nurses could not provide needed immunizations, curtailed services to the Women, Infants and Children (WIC) program, and moved to clinics rather than offer home services.

Services to transients posed special problems for those agencies most likely to encounter this group: job services, social services, and vocational rehabilitation. Some of the factors forcing these agencies to change the way they delivered services included extensive paperwork involved in accepting a client; income eligibility requirements inappropriate for the high cost of living in an impacted area; the inaccessibility and rapid turnover of transients; and seasonal shifts in demands for services due to different phases of energy development (exploration, drilling, construction, etc.). The changes adopted varied by community and by agency and might include changing local service eligibility and paperwork requirements, or requiring local addresses for clients, or changing the hours or locale of agency operations. Clearly, the high numbers of transients served by these agencies created additional pressures for staff and problems in actual service delivery, both of which required unusual solutions.

Most agencies also encountered problems in making their services accessible to clients. Around-the-clock work shifts typical in the energy industry did not synchronize with service delivery during traditional agency hours. Likewise, the remote work-sites common to energy development made it particularly difficult to provide services for many workers. Clients referred to distant regional centers for specialized services also experienced travel problems.

Catchment Area Services. All agencies surveyed were in rapid-growth communities; this may have created unique problems for their serving study communities which were not

the primary site of agency operation but still within the agency catchment area. Agencies surveyed did identify clear problems in addressing the needs of these study communities, but do not know whether similar needs would have been identified had the agencies and/or study communities not been coping with local rapid growth.

Rapid growth within the community where agencies were located meant that these agencies were operating at or beyond their intended capacity. Agency resources were channeled to meeting demands for direct and mandated services. One impact of this pressure was to hinder delivery of services--via outreach workers or satellite clinics--to other communities in the agency catchment area. It was more efficient to use staff time for providing direct services at the main office, than for travel to catchment areas. From the agency perspective, it was preferable for the client to travel to receive services. Several agencies had, in fact, decreased outreach or satellite operations in response to the direct service pressures within their own community. Agencies usually rejected this alternative, however, if rapid growth in the study communities had generated some demand to expand services to the study community. On the other hand, agencies often felt that expanded services were not warranted, given the increased cost of facilities and staff; standards and licensing requirements; the population base; and the number of treatment episodes.

Agencies were also aware, however, that there were costs associated with the decision not to provide direct services in outlying study communities. Agency statistics indicated their services were underutilized in these communities. They further observed that client problems were more severe when persons from these communities did obtain services from the distant agency, because clients had postponed their trips to the agency. In addition, they tended to drop out of

treatment or service programs earlier than local clients. Distance appeared to be a major barrier to the provision of full and timely service to residents of these study communities. Agencies continued to struggle with the problems of how to serve such communities in their catchment area.

### ***Social Indicator Data***

A collection of "social indicators" (available data on socioeconomic conditions) was undertaken as part of the DHHS study to identify human service needs and trends in the incidence of social problems over a five-year period.<sup>1</sup> Because community-level data were not readily available, county-level data were obtained primarily from state data systems. Statistics were collected for ten rapid-growth counties, including the counties where the seven site study communities were located, in five Western states.

All counties for which data were collected had impacted communities located within them. Because it was important that the counties reflect the rapid-growth experience of these communities, only counties which experienced average annual growth rates of at least six percent between 1978 and 1980 were selected. The six percent level was chosen because it was consistent with the findings of the Regional Profile analysis, which indicated this was a level of severe impact for human services. Table 12 gives the states and counties for which social indicator data were collected.

<sup>1</sup>A more extensive treatment of the social indicators analysis for the DHHS project, including raw and comparative data on seventy-one indicators for the ten counties and five states for 1975-1979, is contained in Ellen Slaughter, K.C. Taylor, and J.M. Uhlmann, "Human Services Handbook for Rural Rapid-Growth Communities--Working Paper #3: Social Indicators Analysis," (Denver: University of Denver, 1982).

TABLE 12. STATES AND COUNTIES FOR SOCIAL INDICATOR DATA COLLECTION\*

<u>Colorado</u>	<u>Utah</u>
Garfield County (Rifle)	Emery County (Castle Dale)
Moffat County	(Huntington)
<u>Montana</u>	<u>Wyoming</u>
Richland County (Fairview)	Carbon County
	Sweetwater County
<u>North Dakota</u>	Campbell County (Wright)
Mercer County (Beulah)	Uinta County (Evanston)
	Platte County

\*Communities listed in parentheses are the seven DHHS site study communities.

Social indicator data were collected for the five years from 1975 through 1979 to allow sufficient data points for the examination of trends. The social indicators included demographic, economic, health, education, social services, and criminal justice statistics. In all, information was obtained on seventy-one indicators.

First, raw data for the ten counties and the comparable state-level data were collected. This information was then converted into per capita rates (such as divorces per 100 population) in order to answer the question, "Has the statistic increased or decreased relative to the population over five years?" County rates were also compared with the state rates for each year. This step answered the question, "Is the county rate higher or lower than the state rate?" Because space does not permit discussion of all seventy-one indicators, a discussion of the major findings follows. These are results

which were found to be highly significant statistically:<sup>2</sup>

Higher Rates of Social Indicators Unique to Impacted Communities. Listed below are those indicators which were found to be consistently higher at the county level than at the state level and which met the test of statistical significance. A higher rate of these indicators was considered to be unique to rapidly growing rural areas.

- o Percent of population aged 5 to 14. Seventy-nine percent of the county proportions were higher than the state proportions, indicating that there were more persons aged 5 to 14 in impacted areas than in non-impacted areas. This finding has implications for planning for services such as youth programs, recreation, and schools.
- o Percent of population aged 25 to 64. The working-age group increased in most counties over the five years and ninety percent of the county rates were higher than state rates. Planning for recreation, housing, family services and health care services would be influenced by this information.
- o Mining employment. Seventy-five percent of the county percentages were higher than the state percentages, in some cases as much as thirteen times the state-wide proportion. This would be expected because of the energy resource development occurring in the counties for which data were collected. The nature of mining employment may influence the types of recreation, health care, and rehabilitation services needed in the community. Employment opportunities in mining may also not be as available to women as to men.
- o Construction employment. In seventy-six percent of the cases, the percentage of construction employees (as a percentage of the nonagricultural labor force) was higher at the county level than at the state level. Planning implications are similar to those given above for mining employment.
- o Live births. The ratio of live births per 100 population showed a very strong tendency to increase in the ten

<sup>2</sup>A normal Z statistic was used to determine statistical significance. Results reported were significant at the .01 level or greater for a two-tailed test.

rapid-growth counties over five years. Eighty percent of the county ratios were higher than the state ratios. This information is relevant to planning for services such as family services, health care and day care.

- o Deaths by traffic accidents. The data indicated that sixty-eight percent of the county rates for deaths by traffic accident per 100 population were higher than the state rates. This statistic has implications for planning for health and emergency medical services, as well as rehabilitation services. Since many traffic accidents are thought to be alcohol-related, it may also indicate the need for planning for substance abuse services in the community.
- o Deaths by accident. The rate of deaths by accident per 100 population was also higher in the rapid-growth counties than at the state level in seventy-four percent of the cases. As above, this finding bears on health care and emergency medical services.
- o Secondary-school dropout rate. It has been suggested that the secondary-school dropout rate in impacted areas is high because youth leave school to pursue employment in the energy industry. Seventy-five percent of the county rates were higher than the state rates, supporting the assertion that the dropout rate is high. This information is relevant to planning for youth, school and employment programs.
- o Emergency assistance recipients. In seventy-six percent of the cases, the county rates for emergency assistance recipients per 100 population were higher than in state rates. Furthermore, the rates peaked in the counties at the same time that population growth, construction employment and mining employment peaked. It is commonly felt that development attracts families seeking employment who need emergency assistance until they either locate work or move out of the area. This indicator is relevant to planning for family services and to employment and social service agencies.
- o Children receiving subsidized day care. The county rates for children receiving subsidized day care per 100 population were much higher than the state rates in eighty-six percent of the cases. Again, this finding relates to planning for services such as family and day-care services and for social service agencies.

Lower Rates of Social Indicators Unique to Impacted Communities. Several indicators were found to have consistently lower rates in the rapidly growing counties than in the states.



Those indicators which met the test of statistical significance and which may indicate problems in meeting the demand for human services in impacted rural areas are given below.

- o Service, wholesale and retail trade employment. As often suggested by the literature, service and wholesale and retail trade employment (as a percentage of the nonagricultural labor force) lagged behind basic economic sector employment in the ten study counties. The percentage of service employment was higher at the county level than at the state level in only nine percent of the cases. Wholesale and retail trade employment was higher at the county level in nineteen percent of the cases. It is evident that goods and services are not readily available in rapid-growth areas, leading to inflation and the high cost of living mentioned by many residents in the seven study communities. Problems due to unemployment of women, teenagers and long-term residents not employed in the energy industry may also occur.
- o Public health nurses. Data available from six counties suggested that public health nursing services are inadequate to meet demand in rapidly growing rural areas. Only eight percent of the county ratios of public health nurses per 100 population were higher than the state ratios. Planning for health care services and public health nursing services is thus affected.
- o Social services administrative expenditures. Again, data were available from six of the ten counties. The county rates were higher than the state rates in only ten percent of the cases, indicating that the social services system may be inadequate to meet demand.
- o Social services caseworkers. Data on social services caseworkers were available for five counties. However, in all cases the county rates were lower than the state rates. Thus, the data substantiate the conclusion drawn with regard to social services administrative expenditures. Understaffed social service agencies will likely be inadequate to meet demand.

Two indicators commonly thought to increase in energy impacted areas did not behave as expected. Data on marital dissolutions (divorces and annulments) were available for all ten counties. In eight of the ten counties, the rate did increase over the five-year period; however, the county rates were lower than the state rates. This statistically significant finding suggests that a high rate of marital

dissolutions is not a problem unique to rapid-growth rural areas.

Data on reported cases of child abuse and neglect per 100 population were available for nine counties, although in many cases the data were incomplete. In six counties the rate increased between 1975 and 1979, indicating an increasing service demand, particularly for social service agencies. On the other hand, it is interesting that seventy-three percent of the state rates were higher than the county rates. Again, this was a statistically significant finding. Reported child abuse and neglect in the impacted areas in this study was less than in their states as a whole, but this result may have been influenced by reluctance to report the problem.

Finally, none of the county rates for either Aid to Families with Dependent Children (AFDC) or Foodstamps was higher than their state rates, although AFDC rates did peak with peak community growth. It was anticipated that these rates would be low because of the inability of low-income persons to make ends meet in high-cost impacted areas. In general, the pattern of decreased AFDC and Foodstamp recipients but increased recipients of subsidized day care and emergency assistance recipients, as well as increasing incidence of child abuse and neglect, support a trend frequently mentioned by social service personnel. That is, in impacted communities there is a high demand for social casework but a lower demand for income maintenance programs.

Planning Data Needs of Local Service Providers.<sup>3</sup> During interviews in the seven DHHS site study communities, agency

<sup>3</sup>Thirty-eight service providers in the seven communities were interviewed, including personnel in developmental disabilities, family planning, parks and recreation, social services, senior services, nursing homes, day-care centers, job services, mental health, public health nursing, vocational rehabilitation and substance abuse services personnel.

service providers were queried as to which social indicators were most likely to be used for planning. This was done in two ways. First, each person was asked an open-ended question about what information would be useful for agency planning. Second, each was asked to look at the list of social indicators targeted for collection<sup>4</sup> by the project and to check those they would be most likely to use for planning and monitoring agency needs.

In response to the open-ended question, service providers most frequently mentioned needing accurate population figures, including current population; demographic breakdowns; and population projections. More specific and detailed information on clients (using computerized statistics and/or past records) was also considered potentially useful. Agencies wanted information as well on industrial development plans, including work-force and population projections.

When asked to check the indicators which the respondents would actually use for planning, basic population counts and demographic breakdowns were overwhelmingly the most frequently mentioned. In the economic category, income measures and cost of living were felt to be most useful. Most of the health and vital statistics were considered to be useful by less than half the respondents. Under education, indicators of problems were checked as most useful: dropout rates, school behavior problems, and the number of school counselors available. In the area of assistance payments, AFDC recipients was the indicator most desired by respondents.

In each specific area of service (i.e., social services, developmental disabilities, vocational rehabilitation, substance abuse and mental health), data on caseloads and staff were believed to be more useful than data on expenditures. Data

<sup>4</sup>Not all indicators could be collected. Of the ninety-six targeted for collection, data on seventy-one were available.

on caseloads were particularly desired. In the area of criminal justice, greatest interest was expressed in indicators of juvenile problems, such as juvenile arrests and out-of-home placements, and reported Part I offenses.

Evaluation of Methodology. The major problem encountered in the social indicators analysis was unavailability of data. This occurred in four ways.

First, almost no data were available for any geographic area smaller than the county. This presented difficulties for the present study which was focused on municipalities. This problem is not necessarily critical for future efforts, however, since nearly three-fourths of the survey respondents preferred county-level data.

The second major problem in acquiring social indicator data was that many items which are collected by local agencies are not aggregated even to the county level. Some remain in individual case files or logs in the local agency. Others are sent by the local agency to the state agency, which uses them for its own or federal purposes but does not report the data at the county level. This problem was most difficult in states that provide most of their human services from multi-county regional offices, but was also true of services traditionally provided at the regional level, such as mental health and vocational rehabilitation. This problem is a critical barrier to the utility of social indicators, because both project staff and the agency respondents felt that county data on staffing and caseloads were important indicators.

The third major problem was that some data were simply unavailable at any level in most states at the time of data collection. Indicators falling into this category included female unemployment, teenage unemployment, alcohol- or drug-related accidents and deaths, job-related injuries

and deaths, licensed day-care slots, and reported cases of spouse abuse. Most of these indicators would be extremely useful for tracking human service needs in rapid-growth areas. Fortunately, data for some of these indicators are now available from various states in the region.

The fourth major problem was the lack of consistent data over time. Collection of many social indicators occurred fairly recently in the study states. Use of the Uniform Crime Report, for example, was initiated in some Wyoming counties during the last two years of the five years for which data were being collected.

One remedy to the problems encountered collecting social indicators would be to alter existing state data systems to permit easily accessible reporting of data at the county and community levels. This could be done by entering a county code and using zip codes for communities, in computerized state or multi-county data systems. The second remedy is more difficult. It would entail determining which indicators currently available are important to planning and monitoring human services and then establishing reporting systems to collect those data at the local or state levels.

Ideally, a set of social indicators similar to those on the target list would be collected annually or semiannually in rapid-growth counties. This would permit forecasting future human service needs as well as monitoring the current ability of human service providers to meet those needs. Because of the difficulty of retrieving such information from state data systems, several counties within which the DHHS study communities were located were considering implementing their own social indicators monitoring systems.

## *Human Service Standards*

Standards for human services have generally been developed to assure a minimum level of health, safety and quality of service to the consumer. They can also provide guidelines for planners in setting program objectives, planning and implementing programs, and monitoring service delivery. Equally important, standards can be used to project service need and cost, and to gauge the adequacy of service delivery.<sup>5</sup>

As part of the DHHS study, human service standards in Colorado, Montana, North Dakota, Utah and Wyoming are reviewed. Standards were surveyed for social services, community mental health, alcohol and drug abuse, public health nursing, child care, youth diversion, domestic violence, senior citizens' services, nursing homes, developmental disabilities, vocational rehabilitation, and job services programs. Information was collected from federal regulations, published licensure manuals, reports, state plans, policy handbooks, and telephone interviews with service providers. In addition, agency personnel in the seven study communities were asked about the feasibility of standards used.

Standards reviewed for the project fell into two major categories:

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<sup>5</sup>A more extensive treatment of the human services standards analysis for the DHHS project, providing a description of twelve service areas, a complete listing of standards reviewed, references to information sources on each service area in the five states, and bibliographies for each service area, is contained in Paulette Turshak and Julie M. Uhlmann, "Human Services Handbook for Rural Rapid-Growth Communities--Working Paper #2: Human Services Standards" (Denver: University of Denver, 1981).

- o Mandatory regulations: (1) federal program regulations which must be met for funding, and (2) state regulations regarding the licensing, construction, operation and maintenance of facilities.
- o General guidelines: non-mandatory formulas or program objectives frequently associated with the direct delivery of services, such as population/worker ratios, caseload/worker ratios and desired case closures per year.

A discussion follows of the different types of standards (with brief examples), their limitations, and their uses for planning.

Federal Program Regulations. Human service programs receiving federal funding must comply with federal requirements. In some cases the standards may be quite detailed. For example, in the DHHS-study states many senior centers and nutrition sites were supported by federal Title III funds and were required to adhere to standards in the areas of provision of general social services; construction and operation of center facilities; and nutrition services. Job services (state divisions of employment and training) were another federally funded program with federal regulations regarding the allocation of staff positions to the states. Allocation was based on performance (i.e., factors such as staff productivity and placement difficulty) and the ratio of each state's civilian labor force to the total U.S. civilian labor force. Whether intermediate or skilled nursing-care facilities, nursing homes which serve Medicaid and/or Medicare patients, must also adhere to federal standards in areas such as licensure, physician services, nursing services, and compliance with health and safety codes at all levels of government.

One problem with federal standards is that they are subject to change as the philosophies and policies of the federal administration change. Furthermore, federal standards are generally based on experiences in urban environments. In rural areas and in situations of rapid growth, the standards may be inappropriate.

Typically, human service planners and providers have little choice but to comply with regulatory codes and to agency programs to meet federal program objectives. Therefore, they should be especially aware of these standards as a preliminary step in program planning.

State Regulations. There are a number of state standards, most of which relate to the licensing and operating of human service facilities. Again, these can be quite extensive. For example, standards for the licensure of mental health centers in the study states covered such areas as administrative standards, availability and accessibility of services, clients' rights, continuity of services, service facilities, and clinical records. In addition, there were also state regulations governing specific services provided by a mental health center, such as emergency, inpatient, outpatient, partial-care, consultation, educational, screening and evaluation services. In the area of state licensing for substance abuse programs, there were standards which must be met for inpatient, outpatient and halfway house facilities. In general, other facilities such as day-care centers and homes, residential treatment programs for youth or the developmentally disabled, and nursing homes must also meet state standards in areas such as health and safety codes, client treatment, personnel policies, staffing requirements, and administrative practices.

Directors of programs requiring a state operating license in the DHHS-study communities reported that standards were used and that they were generally feasible. Some day-care standards were a notable exception. Standards for smaller facilities such as day-care homes and small private day-care centers were sometimes seen as restrictive, because considerable expense and time had to be spent in developing and implementing programs according to state law. However, it is important that standards exist which guarantee a minimum level of health, safety, and quality of service to clients.

Just as they must know federal program regulations, planners initiating and operating human service programs must also be acutely aware of standards which are enforceable by state law. At best, standards of this sort may be adapted, thus allowing some flexibility in maintaining successful programs in rural rapid-growth areas.

Worker-per-Population Ratios. Some human service areas have guidelines for the numbers of professional personnel per population. These ratios are less restrictive than the federal and state regulations previously discussed because adherence is generally not mandatory. However, such standards may be employed by the state for determination of agency staff allocations.

An example of such ratios is found in the recommendation of a task force in eastern Montana concerned with energy impact. They recommended the following mental health staffing standards: (1) one psychiatric social worker per 5,000 population; (2) one family counselor per 5,000 population; (3) one nurse to administer drug therapy per 10,000 population; and (4) one clinical psychologist per 20,000 population. The State of Wyoming adopted the ratio of one social service worker per 5,800 persons as a staffing standard. The National League of Nurses has set standards for public health nurses that range from one public health nurse per 5,000 population to one per 2,500, depending on the type of service provided.

Although planners may search for worker/population ratios to assess service adequacy and project manpower requirements and associated costs, few such standards exist. This situation occurs because there are a number of limitations to these ratios.

States which have worker/population guidelines may be unable to meet them due to budgetary restraints and/or the

inflexibility of state administrative systems. For example, one of the most widely recognized planning problems in the area of social services (as well as for other human services) is that service plans are based on either current population figures or future projections which are not adjusted adequately for rapid population increases. Compounding the problem is the fact that social service agencies must usually appeal to the state legislature to acquire funding for additional workers. This is a time-consuming process and one that depends on the budgetary cycle rather than community need.

Ratios also do not reflect the actual use of personnel nor the fact that different types of personnel may deliver the same services. For example, mental health centers may be staffed by psychiatrists, psychologists, psychiatric social workers, psychiatric nurses and paraprofessionals. Desirable mixes of these various professional personnel will depend on factors such as how manpower is utilized, the types and desired quality of services provided, the ability to attract professionals to a geographic location, and the demand for services.

Worker/population ratios may also not be sensitive to factors such as the demographic characteristics of community residents, the rugged terrain which characterizes many rural areas, and the type of service provided. Public health nursing services illustrate this point. Service to populations at high risk or with special needs, client demographic characteristics (e.g., many elderly requiring home visits), and the amount of time lost to travel in rural areas are obviously factors which would reduce the number of persons who could be served per nurse.

Finally, "ideal" ratios are often minimal and tend to shift as previous standards are approximated and it becomes apparent that major service needs are still unmet. All of

the limitations discussed should be considered by planners when applying worker/population ratios to a specific locale. The limitations emphasize the "guideline" status of such ratios. They may be useful starting points, however. For example, if it is known that the average number of social service workers per population in the Western states is 1/3,770, this ratio can be used as a rough basis for comparison of local staffing patterns and needs.

Caseload-per-Worker Ratios. Another type of standard, which most frequently has a guideline status, is caseload/worker ratios. Colorado state guidelines for social services caseload by program area illustrate this type of standard. For example, program guidelines suggested an ongoing caseload of twenty-five per caseworker for the program for youth in conflict. The Utah Department of Social Services used guidelines of twenty permanent planning cases per worker and thirty to thirty-three foster-care cases per worker. The regulations for substance abuse programs in the five DHHS-study states recommended a staff/client ratio ranging from 1/15 to 1/30. In the area of vocational rehabilitation, recommended ratios were fifty to 150 clients per worker and federal standards suggested fifty case closures per year per counselor. It was recommended that job service counselors in the study states be responsible for an ongoing caseload ranging from sixty to 150 clients.

Caseload-per-worker ratios are potentially useful to human service planners in assessing needs and monitoring programs in established agencies. These guidelines can set productivity levels and provide job descriptions for workers. They can be used to assess the need for more staff or to make decisions about redistributing workload among existing staff.

There are a number of circumstances which limit the usefulness of caseload-per-worker ratios. Uniform caseload standards may be difficult to follow when organizational

structures differ in the provision of services. For example, some offices of a human service agency may utilize a case management system, while others provide services directly.

Uniform caseload standards may also be problematic for agencies which provide specialized care. Services to the developmentally disabled and youth services typically require arranging and coordinating many services. In these cases, workload standards should be based on the tasks required to serve individuals, rather than the numbers of clients to be served, thus ensuring that clients receive a full range of services. In addition, caseload standards, such as the federal guideline of fifty vocational rehabilitation case closures per year, can encourage agencies to place a higher priority on quantity rather than quality of service.

Rurality, rapid population growth and large increases in service requests also affect the feasibility of caseload/worker ratios. Increased distances, which either worker or client must travel in rural areas to obtain services, decrease caseloads. Rapid population growth and large increases in service demand may increase the caseload or necessitate a change in service delivery strategy (e.g., group as opposed to individual service delivery strategies).

Because of the above limitations, not many caseload standards have been formulated, and there is not much agreement on those that do exist. Service providers interviewed for the DHHS project had serious reservations about their use. Many reported that they could not be attained in rural rapid-growth areas. In sum, caseload standards where they exist are best used as planning guides that should be adapted to specific agency circumstances and locales.

Conclusions. Two general types of standards were discussed above. Mandatory federal and state standards must be adhered

to in implementing and operating human service programs. Although imposed regulations are not helpful for projecting service needs, they must be used for estimating program costs related to meeting the standards for new or expanding services. Information on federal and state regulations may be obtained from state human service agency offices.

The second type of standards--staffing and caseload guidelines--are potentially useful to planners as rough projections of service needs and costs. Because of the many limitations of this type of standard, however, there is little agreement on the relatively few such standards which do exist. They represent guidelines which should only be used in conjunction with other needs information. State agency offices and state service plans are good sources of information on existing worker-per-population and caseload-per-worker ratios.

Planners applying standards in rural rapid-growth communities should evaluate them from several standpoints. Standards should be flexible enough to allow response to temporary situations such as peaks in service demand associated with peak employment and population growth. Standards which are complex and require unnecessary delays in starting and expanding programs will prevent services from being delivered in a timely fashion. Overly rigid standards will also delay programs in responding to emergency situations. In general, standards must be flexible in order to tailor programs to changing needs in rapid-growth localities.

Standards should also be reasonable and serve a specific purpose. For example, with the difficulty of maintaining human service personnel in rural areas, it would help to abolish lengthy certification periods and use paraprofessionals. An emphasis on specialized worker skills may be replaced with an emphasis on recruiting personnel who can act as generalists in providing and coordinating services. In addition,

worker-per-population and caseload-per-worker ratios should be adapted to the particular needs of the service population, the type of services provided, and the local geography.

Eligibility criteria for services should not exclude those persons requiring service. Publicly provided services often disqualify applicants in high-paying energy jobs on the basis of income. In many rural rapid-growth areas, however, an alternative private service system does not exist for persons who can purchase services. In rapid-growth situations residency requirements may also be a barrier in obtaining needed services, because of worker transiency. Housing shortages may also cause newcomers to live outside established service areas.

A few preliminary steps would serve the planner well in using standards. A review of existing standards in related program areas within the state and in other states would generate a list of possible standards for consideration. Standards should then be judged for their appropriateness and modified accordingly. It is important that standards should be politically feasible--that is, they should generate a willingness on the part of human service delivery organizations, staff and service consumers to accept and support them. Standards should also be judged for logistical feasibility. For example, standards that have been developed for urban areas with stable populations may have to be adapted for rural rapid-growth areas by considering local needs and resources.

In sum, the setting of standards is necessary to assure the most equitable distribution of human services and the safety and well-being of clients. Ideally, standards should suit the population in need and serve as a guarantee of adequate delivery of services, as well as guide program planning and operation.

## ***Integration of Needs Assessment Data***

To guard against the fallibility inherent in relying on a single needs assessment strategy, needs were assessed utilizing a variety of data sources (e.g., public records and opinions of public officials and service providers) and both quantitative and qualitative types of data (e.g., interview and social indicators). For example, some differences were apparent in the results of the social indicators analysis versus the agency interview regarding child abuse. Other findings, such as shortages in social services staff in rural rapid-growth communities, were consistent across both methods. Some information obtained from these two methods of assessing needs was simply not comparable. The agency interview, for example, elicited no information regarding deaths by accident.

The analysis in this section focuses on those identified needs which were recurrent or supported across differing methods of needs assessment used. This convergent analysis of needs also emphasizes needs which were common to all study communities, or to the rural rapid-growth context.

The need for recreational facilities was perceived as a high priority across communities and for all age groups, according to the problem survey. Public officials and industry representatives reiterated this need (see Chapter III). Service providers supported this need in the problem survey and in the agency interview; however, they were less likely to identify need for recreation as an issue for agency advocacy. The social indicators analysis supported the need for recreation indirectly. The high and increasing proportions of children and young adults in rapid-growth counties represent those age groups most likely to need and use recreational facilities. The Regional Profile analysis established that recreational programs and outdoor facilities were less available in communities with growth rates exceeding six percent.

Recreation and housing, including sufficient low-income housing and housing to meet the needs of varying groups (families, construction forces, single adults), were perceived by target groups, public officials, agencies, and industry representatives as two of the most important community resources affecting stress levels of residents. Similarly, community residents were concerned about the lack of community services, facilities, and health care resources. Through figures documenting the increase in population aged twenty-five to sixty-four and in mining and construction employment, the social indicator analysis provided indirect support for housing needs. Lower employment figures for the service, wholesale and retail sectors supported the perceived inadequacy of services and facilities in rural rapid-growth communities. Through data on live births, accidents and public health nursing shortages, social indicators also confirmed health-related needs. While comparable data across states were not available for cost-of-living, individual state reports tended to confirm the high cost of living perceived by local community residents.

These situational factors contributed to a lack of sense of community and a diminished quality of life for community residents. In the eyes of study participants, they also represented some of the stressors precipitating the symptomatic and behavioral problems that affected human service agencies.

There was also agreement between needs assessment methodologies and study communities as to the more prevalent human service problems. Alcohol and drug abuse problems were consistently seen as increasing with rapid community growth and as an area of critical service deficiency. This need was identified by all groups of community residents, as well as by public officials, service providers and industry representatives. Agencies indicated that, regardless of their service focus, they saw clients needing assistance with alcohol



and drug problems. They noted, consequently, a need for greater staff expertise in this area within their own agencies, and for community referral resources (including detoxification facilities). Indirect support of alcohol-related problems was provided in social indicator data showing increases in and higher rates of deaths by traffic and other accidents in rapid-growth counties. Notably, children, youth and families identified alcohol and drug problems as high priority needs for their own groups.

Communities expressed particular concerns regarding children and youth. In addition to alcohol- and drug-related problems, concerns were expressed about increasing juvenile delinquency and the abuse and neglect of children. The latter concern was supported over the five-year period, even though increasing county rates did not exceed state-wide rates. Social service agencies reported that increasing amounts of staff time were devoted to investigations of child abuse and neglect. High school dropout rates in these communities confirmed concerns about youth education and suggested needs for training and employment services for youth. Agencies also reported high-priority needs for local and specialized referral resources for children and youth, as well as for increased interagency resources in this area. Notably, only one of the study communities had an agency specifically established to address the problems of youth.

Agencies, community residents, public officials, and industry representatives were concerned with increases in family-related problems, ranging from single or working parents with unsupervised children to marital conflicts and spouse abuse. Shelter services were one of the highest-priority referral needs reported by agencies. Social indicators reported higher rates of subsidized day care. Divorce rates were also increasing in rapid-growth communities, but below state-wide averages. Social indicator data were not available for spouse

abuse. Generally, the social indicators supported increasing family-related problems compared to pre-rapid growth levels in the communities. Though family-related problems were more visible to the community and required increased treatment resources, the few relevant indicators available showed that most of these rates remained below state levels.

Finally, minimal social indicator data supported an increased need for formal services reported by community residents and officials, and staffing and other needs reported by the agencies themselves. Population increases alone suggest increased needs, as actual numbers of persons at risk increase as a percentage of the total population. Public health nurses and social service caseworkers were fewer in number and consequently less available, in the rapid-growth counties studied than they were in the states as a whole. Lower social services administrative expenditures and higher numbers of emergency-assistance recipients suggested services may be inadequate to meet demands and agencies serving transients will experience growth-related impacts.

Utility of Needs Assessment Methods. Perceptions of human service need obtained through interviews with community groups were highly consistent. This consistency was particularly notable given the number of perspectives represented and the vested interests of these groups. The limited social indicator data available confirmed the needs identified by these groups. This external confirmation, from an external data source and from quantitative data, lends credibility to the use of low-cost needs assessment strategies like key informant or target group interviews and community forum approaches.

By contrast, the social indicators approach was expensive in time and money and disappointing in results. Data were unavailable across states for many indicators considered important to human service needs in rapid-growth communities.

Those data available tended to confirm problems readily identified by people in the communities themselves, at far less cost. The general desire to support opinions with "facts," however suggested that some social indicators may be useful if readily available from local or state data systems.

This research identified several indicators sensitive to rapid growth-related needs. Other desirable indicators (e.g., spouse abuse) have recently been added to some state data systems. Some desirable information (such as agency caseload data) may be more readily retrievable at the local rather than state level. The lag time involved in reporting indicators at the state level may also be too long to capture rapid changes in local conditions. Use of social indicators to assess local needs should be approached with caution, limited to readily accessible indicators, and focused on those relevant to local concerns and decisions. An initial key informant interview, for example, may serve to narrow a field of potential indicators to those related to local issues.

The agency interview was designed to elicit information regarding the delivery of human services in rapid-growth communities. Information obtained focused on the needs of those receiving agency services and the service delivery problems of the agencies themselves. Despite these constraints, there was convergence with other community residents regarding human problems in rapid-growth communities.

Agencies tended to view solutions to these problems as requiring additional formal services. Direct service demands also limited agency involvement in preventive and educational services. Agency impressions of formal service needs are balanced by perceptions of community residents stressing informal, preventive and educational measures to solve problems. For example, many of the concerns identified would be mitigated by increased community recreational resources and informal

services utilizing volunteers and paraprofessionals, including programs such as Alcoholics Anonymous, family violence programs, and community education in areas such as drug and alcohol abuse. Effective planning for human service needs in rural rapid-growth communities obviously requires a balance of formal agency services, informal services, and preventive programs addressing areas of community concern.

Finally, a review of human service standards was undertaken as a method of needs identification. This was the method least useful to the DHHS project in assessing needs across impacted communities. Mandatory federal and state program and facility standards must be known by human services planners and complied with; however, they are more useful for projecting service costs than service needs. Standards classified as guidelines (worker/population and caseload/worker ratios) were only minimally useful in assessing need. Very few such guidelines exist and those that do are frequently inappropriate to either rural or rapid-growth areas. In fact, many agency personnel complained about the state's use of worker/population ratios for allocating resources to county agencies. Nonetheless, guidelines may be useful starting points, if supplemented with other planning-relevant information and modified for specific locales.

## Chapter III

### The Planning Environment

This chapter deals with the context in which planning--a highly political process--occurs. Sectors of the planning environment to be discussed include the local community, state and federal government, and industry. The discussion of the community context centers on the attitudes and actions of local public officials as they interact with the human services systems. Agency and interagency planning processes are also analyzed, as well as coping mechanisms of communities without formal agency services. Furthermore, the actions of state and federal government as they affect local human services planning and impact mitigation are discussed. Finally, based on interviews with industry representatives at the local and regional level, this chapter presents information on the involvement of resource-development industries in human services planning and impact mitigation.

#### *The Local Community: Attitudes and Actions of Public Officials*

Forty public officials were interviewed in the seven DHHS-study communities. Most were county commissioners, mayors, city and county planners, and law enforcement officials. It was clear from these interviews, as well as from interviews with service providers, that county commissioners are the most influential public officials with respect to human services. This is true because historically counties have had responsibility for funding certain major human services, such as social services and public health nursing. In addition, in energy-impacted counties, the tax base generated by development enriches the county rather than municipalities. Therefore, counties are in a better position to fund human services. Although municipalities played a much more minor

role, there were some examples of their involvement in human services. For example, one city acted as a pass-through agency for a state grant to a human service agency, and two provided either funds or administrative services for seniors' programs.

Perceived Human Service Needs. Public officials overwhelmingly expressed the opinion that alcohol and drug abuse by both children and adults was the most important human service problem in their communities during impact. There was a great deal of concern about the need for law enforcement personnel, training and facilities to deal with increased crime, family disputes and juveniles. The need for recreational services and facilities for youth and adults as a means of preventing human service problems was also emphasized frequently. It is notable that these results are consistent with and therefore reinforce the results of the needs identification process reported in Chapter II (see Table 11).

From a list of agency services, public officials were asked to indicate which services residents in their community were likely to need. Those services felt to be most needed, in order of priority, were alcohol and drug abuse services, day care, social services, public health nursing services and mental health services. Those which were given much lower priority included family-planning, employment, vocational rehabilitation, developmental disabilities, and seniors' services.

Services which were felt to be most needed by public officials (e.g., substance abuse and day care) were those that address some of the problems which residents of the DHHS study communities felt were primary, such as youth and family problems. They were also services which were frequently not available in the community. Services thought to be less needed in some cases served a small proportion of the population (e.g., vocational rehabilitation services). In other cases

of low priority, services were felt to be adequate. For example, public officials tended already to be very concerned about the elderly in their communities and to readily support seniors' services. Therefore, they felt these services were adequate and did not perceive them as needed.

The public officials interviewed were evenly divided on whether or not they thought local human service agencies were able to meet the demand for services in their communities. In some communities and in some cases, the services were in fact adequate. However, their responses may also have been influenced by their unfamiliarity with agencies, especially those not funded at the local level. Services perceived as needed were not automatically supported by public officials because of factors such as lack of funds, lack of control over the service, or attitudinal, political or religious pressures from the community. For example, family planning and day care were controversial services in several of the study communities.

Attitudes toward Human Services. Human services in rural areas of the West traditionally have not received much attention from local government. The prevailing individualistic ethic has dictated that problems are best attended to by family, friends and the church. However, during the DHHS study, several factors focused attention on the role of local government in providing human services. First, rapid growth generated conditions where human needs were obviously unmet. New residents in the community did not have established networks for meeting needs and long-term residents whose lives were seriously disrupted were in need of professional help. Second, federal cutbacks in human services funding and the resultant need for increased local support for programs to maintain the existing level of service was an issue at the time of the DHHS study. Thus, public officials were taking on new roles with regard to providing human services.

The primary involvement with human services on the part of public officials, particularly county commissioners, revolved around reviewing budget requests and approving funding. Planners assisted to a very limited extent by giving advice to agencies on data needs and the county budget cycle. City officials were much less involved in human services funding, although they recognized that future involvement might be necessary. Several mentioned the possibility of city-county joint-powers arrangements to fund human services in the future. There was general agreement on the part of all public officials that they did not wish to become directly involved in human services planning or implementation.

In general, public officials did not clearly understand the functioning and needs of human service agencies. They overwhelmingly expressed the desire for information from agencies on services provided, personnel, caseloads, budgets, and how services could be coordinated with other agencies to prevent duplication and unnecessary expenditure of public funds. In addition, public officials wanted human service agencies to clearly demonstrate their need for funding through the use of statistics, reports and cost estimates. For example, one group of county commissioners recounted being mystified by an agency report with complex tabulations of duplicated and unduplicated client counts. Many commissioners were deluged by a series of individual agency requests which they did not understand. They wanted requests to be coordinated and prioritized.

#### Responses to New Roles in Providing Human Services.

Although they did not want direct involvement in planning and implementing human services, most public officials wanted (1) a means to coordinate information and requests for funds and (2) evaluation of locally supported programs. There were several models developed in the DHHS-study areas which served

this purpose. In line with the emphasis on county responsibility for human services, all were county-level models.

In Utah a state-wide unification strategy for the organization of human services was developed in the early 1970's. The basic unit of organization is a social services district, usually comprised of several counties. County commissioners within districts have two resources to assist them with reviewing and prioritizing funding requests and recommending actions regarding human services needs and funding. First, the commissioners appoint a District Human Services Council composed of one-third public officials, one-third service providers, and one-third service consumers. Second, the Associations of Governments in Utah have human service planners who provide staff support to the District Human Services Councils and county commissioners. In Emery County, public officials reported that they successfully relied on the District Human Services Council for information and decision-making assistance.

In Garfield County, Colorado, the county commissioners created a twelve-member Human Service Commission in 1980, upon the recommendation of the State Impact Coordinator. Appointed by the commissioners, members were primarily health and human services providers. The charge to the Commission included responsibility for reviewing applications for county funding, assisting human service agencies in the coordination of services, and preventing duplication of services and unwarranted expenditures of government funds. Soon after the Human Services Commission was appointed, the State Impact Coordinator provided a block grant to Garfield County for human services. The only state requirement for these funds was that the county develop a comprehensive human services plan. A portion of the block grant was set aside to hire a human services planner responsible for the plan development. At the time of the DHHS study, Garfield County Commissioners

were extremely pleased with the assistance they were receiving from the Commission and planner in reviewing and prioritizing human services funding requests.

In Wyoming, state legislation exists which allows county commissioners to appoint Community Boards which are responsible for human services funding decisions, evaluation and comprehensive planning. Although no county had exercised this option, several factors led to the formation of a Community Board in Uinta County, where the DHHS-study community of Evanston is located. First, community meetings conducted by the Overthrust Industrial Association (OIA) identified a need for coordinating human services. In addition, the OIA provided technical assistance to the county and encouraged the establishment of a mechanism for comprehensive county planning. The rationale behind industry's action was that if capacity were built at the local level, impact-mitigation grants for direct services would produce better results and be most cost-effective. Finally, as a result of a controversy between the local mental health center and its regional administrative agency, the county commissioners were increasingly interested in local control of human services.

In 1982 a Community Board was established by resolution of the Uinta County Commissioners. It consists of seven members representing various segments of the community, except that no member may be employed by or serve on the board of directors of an agency coming under the jurisdiction of the Community Board. The Community Board is staffed by a human services coordinator, who was hired with OIA funds. Although the county commissioners have ultimate authority in all human service matters, the Board contracts with human service agencies to provide county funds. In return, agencies have budgetary and programmatic accountability to the Board. The Community Board reviews agency budget requests and makes funding recommendations to the county commissioners. It is also

responsible for evaluating agencies and developing a comprehensive county human services plan. The City of Evanston also relies on the Board for funding recommendations and contracting with agencies for city money.

There are several reasons why these models have worked well in rural rapid-growth areas. Although the make-up of the human services boards differs, they are all appointed boards. In several of the communities, service providers had formed human services organizations that could have provided input to the commissioners. However, commissioners tended to view these existing organizations as advocacy groups. Therefore, the fact that the boards were appointed encouraged trust in this advisory group.

Second, although the county commissioners are ultimately responsible for making funding decisions, a human services board is a mechanism whereby they could obtain pertinent information and coordinate and prioritize funding requests. The comprehensive plans produced by the boards also provide a context for decision-making, as well as a means of evaluating agencies. County commissioners in rural rapid-growth areas hold part-time, poorly paid positions. The demands and complexity of the job, however, grow enormously with rapid population growth. The human services area is just one of many areas of local government where more sophisticated information, planning and management techniques are called for. Human services boards or commissions are not new concepts: they have been developed in several urban areas. However, they have proven to be good models for rural rapid-growth areas as well.

Attitudes toward State and Federal Government. In general, public officials felt that there was too much state and federal regulation of human service programs. Standards and regulations were seen as too strict and not adaptable. State government

was perceived as forcing unwanted programs on both local agencies and county commissioners. Federal programs were criticized for not being geared to rapid-growth or rural areas.

Several state-government funding problems were mentioned. For example, Colorado state law prohibits counties from contributing more or less than twenty percent of the social services funding. Some states also have laws limiting annual increases in local revenues and/or expenditures--and thus the funds available for human services. Or state law may limit local political jurisdictions to providing funds only to human services which qualify as statutory agencies or political subdivisions.

Another funding problem arises due to the fact that, in many cases, the local agency, county, and state budgets are prepared at three different times. The time taken by the budgeting process slows response to the needs created by rapid growth.

Finally, many public officials mentioned problems with distributing state funds for human services. Most rural rapid-growth areas are in the least populated areas of a state. In states where human service dollars are distributed on a per capita basis, the majority of funds go to the populated areas of the state, even though the revenues may have been substantially generated by taxes on industry in the rural rapid-growth areas. More populated areas of the state also have more representation in the state legislature and, therefore, more influence on funding decisions at the state level.

In sum, local public officials desired as much programming flexibility and local control over funds as possible. Of course, this attitude has to be balanced with concerns for quality and uniformity of service addressed by state and federal regulation.

## ***The Local Community: The Agency Context***

Agency interviews were conducted with forty-eight agency personnel (ordinarily, directors). The interview included questions regarding agency and interagency planning efforts. This section reports findings on agency and interagency planning across agencies and communities. The community level of analysis is also used to report findings regarding interagency planning. Finally, a discussion of coping mechanisms in small impacted communities without agency services is presented.

### **Agency Planning**

Planning had become increasingly difficult for local agencies in rapid-growth communities. While agencies increasingly recognized the desirability of local planning efforts, they confronted a variety of factors that made planning more difficult. These factors included a lack of skills, time, information, and unfamiliarity with the actors important to local planning.

Planning Skills. Agency experience with local planning was limited. For the majority of agencies, responsibility for planning was placed at the regional or state level. While the amount and type of local contribution to these area plans varied considerably, local agency personnel were generally unfamiliar with or had exposure to only isolated aspects of the total planning process. The lack of planning skills was compounded by the perception of most regional and state plans as not particularly useful, relevant, or flexible in meeting local service delivery needs.

Time Constraints. The direct service demands experienced by the majority of agencies had eroded any time which might have been available for planning. Some agencies, for example,

had held weekly or monthly staff meetings to address planning for isolated service delivery problems like spouse abuse or coordinated services for the individual client. The administrator who had maintained these activities was rare. Most made this time available for direct service delivery. Many agency personnel expressed a desire for time to meet with other staff to address agency planning, but found the time unavailable or felt it would be ill-spent in terms of having a real impact on the regional and state planning process.

Information. Agencies also reported that they lacked adequate information regarding their own services and projected community growth, which could be used for planning purposes. Most agencies participated in state or regional data collection systems, but found any data summaries returned to the local agency to be inadequate for planning purposes. They also reported receiving inadequate information from industry and public officials regarding projected community growth. Specifically, projections of total growth and population, age, sex, and marital-status distributions specific to phases of energy development were considered essential to good planning. Lacking this information, agencies could not project future staff or facility needs adequately for incorporation in regional or state plans. The protracted planning cycles typical for most agencies left them unequipped to cope with the effects of rapid growth after it was well underway. Agency attempts to obtain additional local information regarding service needs were extremely rare.

Government and Industry. Changes in agency funding patterns, including federal budget cuts, and the new emphasis on increased local control of human service delivery systems precipitated a growing reliance on local sources of financial support for the study agencies. This was accompanied by severe human service needs, recognized by the agencies themselves, and an emerging awareness of human problems on the part of

local public officials and industry representatives. The pressures for officials, industry representatives and agencies to cooperate on planning and funding were intense, but the relationships were not well established and other barriers made productive interaction difficult from the agency perspective.

With the exception of services like public health nursing, most agencies had little familiarity with public officials and had preferred to remain aloof from local politics. Operating in the often highly political arena of these small rural counties and communities was uncomfortable for agency personnel and required new skills. Agencies saw educating local officials regarding the value, cost, and complexity of human services as a major undertaking. Language barriers, confidentiality issues, and officials' concerns about service duplication complicated this task. In addition, the fact that public officials wanted to see the results of local control and of any increases in their financial support of agencies created tensions between local agencies and the regional or state planning and administrative bodies with whom they worked.

Similar problems were encountered in agency interactions with industry. Agencies perceived industry as a potential funding source, either through impact-mitigation efforts, contributions, contractual arrangements or employee assistance programs. Agency personnel, however, were not accustomed to selling their services, including the potential benefits to industry, beyond rallying support for "another good cause." They were reluctant to approach industry and often failed when they did. Part of this difficulty was simply not knowing how to gain entry to the corporate world or what could be expected from industry representatives at different levels of the corporate hierarchy. While energy-related companies vary considerably in their willingness to support human services, it was notable that in at least two of the study



communities human service contacts were initiated by industry.

Planning Mechanisms. Several themes were common across most types of agencies regarding their planning efforts. Agencies viewed planning as more effective when local planning input was maximized. For example, agencies favorably evaluated planning when local data were used, including special needs assessments. Plans were viewed as ineffective when local agencies were not involved in planning decisions or were unaware of the manner in which agency-specific data were used.

It is interesting that some of the most technically impressive and effective plans were encountered in purely local agencies providing child care, preschool, and youth services. Several of these agencies used extensive data bases, formal goals and objectives, regular monitoring of plan implementation, and periodic updates on plan progress through newsletters.

Agencies also felt that using standards (e.g., by caseload or population) was ineffective as a planning technique. They viewed most standards as perhaps adequate for urban areas, but inapplicable to rural settings (which required extensive travel by agency personnel) or to rapid-growth communities (with complex client problems and high turnover rates in clients and staff). In general, workload standards specifying tasks were preferred, if adapted to rural areas.

Finally, those agencies with regional or state planning entities reported growing tensions with the state or regional system. The lag time typical of planning cycles made them unresponsive to rapidly changing local needs. The distant planners were viewed as out of touch with local problems and the distant administration as unsupportive of local service providers. Several agency directors noted that they devoted considerable effort to keeping their regional administrators informed. For some local agency personnel these tensions

had become real personal dilemmas. They felt increasing allegiance to other local service providers, often from other agencies, who shared a commitment to solving community problems and provided needed professional and personal support. Their allegiance to their own service area, as embodied in the state or regional system, was waning.

### **Interagency Planning**

Governmentally sanctioned interagency planning mechanisms operating at the county or district level were found in four of the study communities. An industry-appointed task force functioned at a low level in a fifth study community, primarily providing education regarding human service problems and some program funding. In the case of the two study communities served by distant service centers, an organization of concerned citizens and service providers addressed interagency concerns and service needs in one service center; in the other distant service center, service providers organized three task forces to address gaps in the service delivery system. The existence of these attempts at coordinated planning speaks forcefully to the need for interagency planning in rapid-growth areas. However, the history and efficacy of the interagency planning endeavors varied considerably.

The impetus for interagency planning arose from several sources:

1. Human service providers recognized a need for coordinated planning. The breakdown of local informal referral mechanisms and major gaps in the service delivery system, which could not be addressed through the efforts of a single agency, were often the initial foci for groups of service providers.
2. County governments, overwhelmed by impact-related problems in many areas, wanted some mechanism to

prioritize human service needs and cope more efficiently with time-consuming agency funding requests.

3. Industry wanted to develop appropriate mitigation plans, addressing several growth-related needs as a single package, and to avoid repeated requests from numerous individual agencies.
4. State government, for a variety of reasons, exerted pressure on the counties to plan comprehensively for meeting human service needs. In several states this pressure appeared unique to rapid-growth communities. In Utah, the Unification system emphasizing coordinated district-level planning, had been in place state-wide for some time.

Regardless of the ultimate effects of interagency planning, service providers in all communities dealt with a number of difficult issues. These included the protection of agency "turf"; professional value conflicts; friction between "old" and "new" service providers; threatened loss of power and control to regional and state systems; and the politicizing of human service networks. In some communities the human service providers were able to work through some issues, transcend others, and momentarily put others aside. In other communities, these issues deadlocked the human service network or were avoided to preserve the status quo.

Local government and, to a lesser extent, industry, also assumed critical roles in interagency planning. Interaction with these entities was necessary to accomplish planning goals. Government and industry, however, had their own concerns with respect to human services, and were also responsible for addressing a broader range of needs generated by rapid community growth.

Interagency planning thus involved a number of issues specific to the agencies themselves and their relationships. It also involved interacting with external political systems, resolving issues relevant to those systems, and establishing viable relationships between groups for planning purposes. Consequently, effective interagency planning was a time-consuming process, with progress usually accompanied by the emergence of new issues requiring resolution.

Most interagency planning efforts in the study communities grew out of human service groups which had been established originally for information sharing and advocacy purposes. Impacts on the human service delivery system due to rapid community growth changed the nature of these groups. They became support networks, helping service providers to deal with the problems of stress and burnout. They also became forums for indentifying and prioritizing human service needs. Frequently, volunteer leaders emerged with both the time and skills to mobilize overworked service providers to action. Community colleges, area planners, and/or the agencies themselves gave these leaders staffing and planning assistance. Suggestions evolved for creative solutions to community human service needs (often including the co-locating of human service agencies). With considerable unity of purpose, these groups became active advocates for human services.

In some instances, the groups were recognized as leaders by industry or government, both of which wanted a comprehensive picture of needs and priorities and hoped to avoid repeated and competing agency funding requests. In other instances, the human service agencies initiated contacts with government and industry. However, initial interactions, particularly with public officials, were not always ideal. Public officials tended to perceive the human service group as somewhat pushy and overly committed to their cause. They saw the groups as attempting to usurp their decision-making powers and not

sufficiently concerned about issues such as service duplication, the efficiency of agency operations, and accountability for use of local funds. Human service groups felt rebuffed, but persevered.

In several communities where industry put emphasis on human service needs in mitigation deliberations, the human service groups were indirectly supported. In some cases, state governments pressured county commissioners to consider human service needs in developing mitigation plans and managing county growth. For example, in one county a state grant was tied to the development of a comprehensive human service plan. In another state, county commissioners were encouraged to implement, for the first time, state legislation increasing local control of human services and mandating comprehensive planning. Ultimately, county commissioners responded to their own concerns about human service problems as well as to pressure from agencies and other groups, by appointing their "own" planning bodies and charging them to make recommendations regarding human services funding.

It should be noted that coordinating efforts had not reached this degree of evolution in some study communities. For example, towns without human services information-sharing groups appeared to have more difficulty organizing coordinating mechanisms under the stressful conditions associated with rapid community growth. This situation was exacerbated by state and federal human service budget cuts, which increased reliance on local funding sources and competition for those funds.

The human service system also mirrored local political upheavals, where the old power structure was threatened by newcomers to the community. Attempts to address identified human service needs were regularly stymied by dissension within the human service community, as old providers fought new

providers for control. For example, in one community two referral networks (one old, one new) developed; agencies were divided on the ethical merits of using paraprofessionals; and industry refused funding of needed programs which lacked the consensual support of human service providers.

Both for these reasons and because they lacked leaders, service providers simply avoided the issues and conflicts in other situations. Sometimes groups of service providers that had been approached by industry for assistance in developing human service mitigation priorities would not respond.

Planning struggles of some of the study communities contrasted sharply to the Utah communities where district-level interagency planning had been in place for some time. Human services planning expertise was used and the history of smooth functioning of both the delivery system and planning procedures appeared to help the human service system respond to rapid growth-related needs.

Following are three examples of how the membership of the county- or district-level planning bodies (appointed by county commissioners) appears to have influenced subsequent planning efforts:

1. One group maintained agency "turf" in the plans they developed by including representatives from every major human service agency. In other words, previously existing agencies helped develop all service expansions and new programs, including those staffed by paraprofessionals. Preserving agency turf has also reduced conflict with state and regional service systems.
2. At the insistence of the county commissioners, another planning group excluded all human services agency

personnel and members of agency boards. Though existing services were expanded, all new services were established as independent organizations or subsumed under county government. Regional and state service systems felt their control of local agencies was threatened and their planning functions were usurped; therefore, they were reluctant to comply with some information requests from this local planning group. Local agencies reported discomfort in their relationships with the local planning group and with their regional and state administrative offices.

3. A third district planning group had equal representation from public officials, agency directors, and consumers. Plans developed by the group included (a) expanding existing services, (b) establishing new services to be administered by existing agencies, and (c) establishing new services (such as a domestic violence program) as independent organizations. This group seems to have weighed with special care the arguments for and against granting independence to new services. They recognized the potential cost savings of subsuming new services under existing agencies; but they also realized that such savings were less important than the benefits gained by establishing some new services as independent organizations. Balanced representation on this district-level planning body plus the track record for effectiveness of the existing system minimized turf concerns and conflict between state, regional and local components of the delivery system.

Each of the planning groups described above is staffed by a human services planner. In two instances, the planner

is a county employee. In the third, the planner staffs the planning group but is employed by a multi-county Association of Governments. The latter arrangement has given the planner the greatest independence. As county employees, the other two planners expressed some discomfort in balancing the interests of the county commissioners (who paid their salaries), the interests represented in the planning boards they staff, and the interests of the human service community. Several themes were common to the more successful interagency planning efforts in the study communities. Ordinarily, new efforts emerged from an organization of service providers and interested citizens which had been functioning already for information-sharing or advocacy purposes. Volunteers, with skills in mobilizing service providers to action, frequently assumed leadership roles. These persons also had more time available for planning and organizing activities than service providers. Co-locating human service agencies was a big priority in each of the communities. Ultimately, coordinated planning activities were sanctioned by county or (in the Utah case) state governments. Finally, these efforts developed to a level of complexity requiring the full-time attention of an outside human services planner. (For a case study illustrating county-level comprehensive human services planning, see the conclusion of Chapter IV.)

### **Communities Without Agency Services**

Communities without local agency services also encountered new and/or more human service problems with rapid growth. While problems were similar to those found in larger communities, the small community developed means of coping with them without the benefit of formal agency services and with minimal financial resources. These communities thus provide some indication of the utility of informal services and helping mechanisms in addressing the human consequences of rapid growth.

Perceived Human Service Needs. In these communities, perceptions of human service problems were similar to those found in the other study communities. Community leaders and residents were concerned about the increasing visibility of family disturbances, including marital conflict and child and spouse abuse. Alcohol and drug use by both adults and youth was a concern. The communities felt that the absence of adequate recreational facilities contributed both to adult use of alcohol in bars and to the problems of unsupervised youth, including increasing vandalism. Separation between old and new residents was also a problem. In contrast to the tax base of counties, the tax base of impacted small towns was very inadequate. As a result, the increased cost of expanded municipal services was passed on to town taxpayers, which the elderly considered especially unfair. The elderly also lost the benefits of small town services, like grocery delivery by the local store, and independent living became more difficult.

Attitudes toward Human Services. While aware of their problems, residents of small communities were unaware of human services available elsewhere in their county. All services were equated with "welfare," and few residents understood the distinctions between types of services, or where they might be available. Some public officials expressed resentment that county or regional agencies did not provide more accessible services to their communities. Other officials did not know the agencies had a responsibility to serve the community. When presented a list of services and asked which were most needed locally, public officials and community residents indicated the priority services were for alcohol and drug abuse, day care, and social services, particularly protective and emergency assistance services.

Community Response to Human Service Needs. The burden for response to needs fell upon key persons in the community.

Clergy, for example, were visible and became involved in marital counseling, providing aid to transients, and attempting to integrate newcomers into their congregations. Law enforcement personnel, by virtue of their jobs, were increasingly expected to handle alcohol and drug abuse, family disturbances, child abuse, and youth vandalism. Their ties to distant agency services were strengthened and increasingly utilized. They became involved in family problems and often attempted to "help the kids." One police officer started a local AA chapter. Other natural helpers emerged in the community. A cafe owner sympathized with the loneliness of newcomers and attempted to involve them in community networks and activities. A housewife in a trailer court served coffee and listened to the problems of neighbors.

Other preventive actions, providing support and integrating newcomers to the community, involved community groups. The Lions Club or Chamber of Commerce directed membership drives toward new residents. Greeters or Welcome Wagon organizations developed along with homemakers' clubs or other special interest groups. A church held a weekly potluck supper open to all community residents. Volunteer and informal services were started, including Big Brothers/Big Sisters, day-care programs, AA, and parent groups. Community facilities were used for multiple purposes. Recreational programs, like a basketball league, were started using the school gymnasium. Churches allowed their classrooms to be used for day-care programs or community meetings.

Desired Agency Assistance. Small communities also identified several areas where they desired assistance from human service agencies. Local public officials wanted to learn more about human services, including what they were and how they could refer residents to these services; they especially wanted to know the people who delivered these services. An agency representative visiting a city council

meeting would answer this request. Key persons in the community (e.g., clergy, law enforcement and natural helpers) were inundated with requests for help, many of which they felt to be beyond their helping competence. Agency-provided training, through a workshop in basic intervention and referral skills (including who and how to refer), would greatly ease their concerns and provide the back-up resources they wanted. In several instances, communities requested a multipurpose human service worker in the community. They also requested agency consultation in addressing specific needs, ranging from how to set up a day-care center to developing an alcohol and drug education program. One alcohol counselor rode with law enforcement officers to provide assistance and training for substance abuse calls. Another community developed a lengthy consulting relationship with a university to provide local medical services.

The resourcefulness of communities without formal agency services in coping with human service problems was encouraging. It is significant that the communities were small and public officials and other key persons in the community were aware of many of the individual problems of long-term residents and newcomers. There were, however, limits to their capacity to respond. These limits included rapid burnout, particularly when individuals or the community faced problems that pushed them to the limit of their helping competence. It was also clear that at these points minimal training and back-up resources were critical. Lack of agency visibility and accessibility contributed to helpers' feelings of being overwhelmed with problems that were too big. In reality, requests for agency time and resources were small, but such consultation and educational services had the potential to contribute immeasurably to the community's competence in coping. Human service planners should be especially aware of this fact.

## ***The Role of State and Federal Government***

Federal—state—local relationships are important influences on human service delivery in rapid-growth rural communities. There were two major areas in which these linkages occurred in the DHHS study communities. First, there was the relationship between local human service agencies and their state and federal counterparts. Second, there were special impact-mitigation mechanisms established within the states to assist human services.

Information on the role of state and federal government was obtained through interviews with personnel in Federal Region VIII agency offices and in state agency offices in the five states involved in the study. These interviews were structured to gain insight into the agencies' administrative structures and their methods of relating to communities undergoing rapid growth due to energy development. The services involved in the assessment were aging, developmental disabilities, mental health, public health nursing, social services, substance abuse, and vocational rehabilitation. A survey of impact-mitigation programs within the states was also conducted, and appropriate state personnel in these programs were interviewed.

### **Federal—State—Local Agency Relationships**

In line with the budgetary and programmatic decisions of the U.S. Congress, federal-level human service agencies allocate federal funds, develop policies, promulgate rules and regulations, and monitor human service programs. The closest federal link to the state and community is the federal regional office. Federal Region VIII, a six-state region, encompasses the five states in which the DHHS-study communities are located.

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For the most part, the federal regional offices supervised their counterparts in the states. Their primary source of control lay in their review and approval of state plans, their monitoring of state programs to assure compliance with regulations, and their allocation and auditing of federal funds. The regional offices were also available for consultation and technical assistance.

Although the funding and regulatory decisions of federal agencies greatly affect service delivery at the local level, the relationship between federal and local agencies was generally indirect and weak. The major linkage was between the federal office and the corresponding state agency, which acted as an intermediary to the local level. However, even the strength of the federal—state relationship varied greatly, ranging from approval of the state plan to a much closer working relationship.

The state agency—local agency connection was the strongest. A very important reason for the strength of this link was that state agencies were responsible for supervising the allocation of both federal and state funds for local human services. Other functions of state human service agency offices included developing state plans, making budget recommendations to the legislature, setting policies and standards, and establishing rules and regulations. State agencies also monitored programs at the local level, audited local use of federal and state funds, approved local plans, coordinated trained personnel, and provided consultation and technical assistance. The services of the state agencies can be characterized as administrative rather than direct. In very few instances were direct services provided by a state agency.

The autonomy of local agency offices was influenced by a variety of factors. In general, local agencies had more autonomy if they were substantially supported by local funds.

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For example, Campbell County (where the study community of Wright, Wyoming, is located) totally funded its public health nursing service. Since the service took no state funds, they were not obligated to conform to state regulations in this area. Another set of organizations with considerable autonomy are those local mental health services which are private, nonprofit, governed by local advisory boards and receiving substantial funding from the local level and client fees.

Regardless of funding sources, the organizational structures of agencies can also influence the degree of local autonomy. Although many senior citizens' programs are federally funded, the service has a grassroots organizational structure. After receiving their federal allotments, state aging offices make grants to sub-state (usually multi-county) area agencies. The area agencies in turn subcontract to local private, nonprofit senior centers and nutrition sites to provide services to seniors. The Unification strategy employed in Utah provides another example. In this case, planning and operations for social services (which are primarily federally-funded and state-administered) are decentralized to the multi-county district level.

If human service providers are state employees, the autonomy of local offices is usually decreased. For example, vocational rehabilitation counselors are state employees who are placed in communities according to state staffing decisions. The state pays the salaries of public health nurses in most counties in Wyoming, and public health offices also have little autonomy at the local level.

The degree of autonomy that a local agency has can affect its ability to deal with rapid-growth problems. The more responsibility a local agency has in determining its programs and policies, the better able it is to meet the immediate

needs of the community. This, of course, assumes that adequate funding is available.

Planning was an important function of state agencies. Planning was federally mandated by service area (e.g., Title XX social services, mental health, and developmental disabilities), with the state being the responsible entity. In a few cases, states also required plans by service area. In general, input to the state plans in terms of budgets and program plans came from multi-county areas. Some services (e.g., aging and social services) had federal requirements for local public hearings and needs assessments. However, planning was frequently quite removed from the county and community level.

Ideally, planning is used to set priorities and project needs, to identify program objectives, and to allocate resources. The difference that planning actually made to the study communities depended on whether or not funds were available to implement needed programs. It also depended on whether plans were developed to meet the needs of communities or to meet state and federal priorities. Many times plans were viewed by state agency personnel as documents which assured expenditure of state and federal funds according to state and federal requirements, rather than as strategies to meet local needs. Because of the inflexibility of state and federal program and funding requirements, state human service agency personnel generally felt that their planning process was not responsive to rapid-growth communities.

These generalizations about state planning could be modified somewhat for the state of Utah, where two factors influenced the planning process. First, the Unification strategy decentralized planning for unified services to the multi-county district level. As a result, local planning ability and the capacity to respond to local needs was being



developed. Second, Utah was one of the ten states participating in the U.S. Department of Health and Human Services Planning Requirement Reform Demonstration Project. The purpose of the demonstration project was to consolidate federally required planning for seven categorical programs (drug abuse, mental health, alcohol abuse, child abuse, aging, child welfare, and Title XX). Goals of the project were (1) to involve local government in the planning process, (2) to increase the coordination and flexibility of administering human services at the state level, and (3) to encourage publication of local consolidated plans.

In order to address the service needs of rapid-growth communities, state agency personnel believed that more funds and more flexibility with funds were the most essential needs of state agencies. However, they reported that state agencies allocated funds no differently to impacted communities than to non-impacted communities. Usually funds were allocated by the states to localities on the basis of present population rather than on the basis of projected population. The time required for governmental budget decisions compounded this problem: by the time funds from the most recent budget cycle were made available, population in rapid-growth areas might have far exceeded the population figures used as a basis for the funding allocations. The State of Utah again provided an exception because several agencies were developing plans based on population projections for the year 2000.

Although additional funds from state or federal agencies were generally not available for impacted areas, state agencies used several other strategies to meet the needs of rapid-growth communities. In some cases, funds could be reallocated among existing programs. If staffing decisions were made at the state level, personnel could also be reshuffled to increase staff in rapid-growth areas. Responsibilities of local agencies could also be changed. For example, in Wyoming's vocational

rehabilitation program, responsibility for an outreach area was shifted from an overworked office in an impacted community to an office in a non-impacted community. Several state agencies reported that they had changed policies or developed new program objectives in order to improve state response to and funding for impacted communities. Some state offices also developed special technical assistance efforts for human service agencies in rapid-growth areas. In Utah, the Department of Social Services formed a growth management committee which crosscut a number of divisions, such as mental health, alcohol and drugs, and children, youth and families. The committee suggested ways of dealing with growth to local areas. Funded by the U.S. Department of Energy, a task force was also formed to develop a local human services planning process for the Uintah Basin area of Utah, which was targeted for oil shale development.<sup>1</sup>

State agency personnel were asked to identify policies and programs that facilitated or hindered service delivery in impacted communities. Most responses focused on fiscal issues.

Facilitating Factors. The availability of discretionary or emergency funds (which give agencies flexibility to respond to unique needs or emergency situations in impacted areas) was viewed as an important facilitating factor. As an example, the social services program in North Dakota had a \$150,000 emergency fund earmarked for seven energy-impacted counties. The state legislature's understanding of impact problems and willingness to fund human service programs for rapid-growth localities were also cited as facilitating factors. Another

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<sup>1</sup>Results of this project can be found in Bureau of Policy Planning, Utah State Department of Social Services, Uintah Basin Oil Shale Planning Project, "Managing Growth Impacts: A Planning Process for Human Services," (n.p.:n.p., 1982).

policy mentioned frequently as facilitating service delivery was relaxed income eligibility requirements, allowing clients employed in high-paying industry jobs to receive services. This is important in rural areas where an alternative private service system usually does not exist. In addition, economic well-being of the area can mean more revenue for agencies that charge fees or contract with industry for services.

Hindering Factors. Heading the list of factors hindering service delivery was lack of money. Inflexible state and federal fiscal requirements were also mentioned, as well as the time lag involved with the government budgetary process. Inflexible programmatic requirements were another hindrance. For example, federal and state priorities for care to the chronically mentally ill in Colorado were felt to be inappropriate to rural energy-impacted areas. Planning that occurs after the fact, disjointed planning, and lack of adherence to plans were further mentioned as factors which hinder service delivery in rural rapid-growth areas.

State agency personnel had several thoughts on the role of state agencies in relation to impacted communities. They felt the state should continue its planning function, although planning could be improved if it were proactive, preventive and involved local planners to a greater extent. They felt state agencies should assist them with information and resources, such as helping local agencies obtain grants, secure more legislative funding, and work with energy companies. The state role was also seen as one of coordinating agency services, providing technical assistance, consultation, and training. Finally, respondents felt that state agencies should take on educational and advocacy roles to enhance public awareness about human service problems in rapid-growth situations.

## State Impact - Mitigation Mechanisms

The five states involved in the DHHS study had a variety of funding mechanisms for assisting energy-impacted localities. Since some of these funds were used for human services, this was another area of important state-local linkage that could influence planning. A description of the major types of impact-mitigation mechanisms existing at the time of the study follows:

- o Severance tax funds: In some states, funds from severance taxes on natural resources such as coal, oil, gas, or oil shale were used for impact assistance. For example, in Colorado a proportion of gross receipts of severance tax funds is channeled to a Local Government State Severance Tax Fund. The fund is disbursed by the Impact Assistance Program within the Department of Local Affairs. Fifteen percent is paid back to local municipalities and counties in proportion to the number of resource industry employees living in that locality. The other eighty-five percent is disbursed as grants to specific programs, a number of which are human service programs.

In North Dakota coal severance taxes fund the Coal Development Fund, which is administered by the Energy Development Impact office. Loans and grants to coal-impacted counties are made from this money. Although recreation, law enforcement, health and school projects were funded, a 1979 addition to the enabling legislation prohibited grants to human services such as mental health or social services.

A portion of coal severance taxes was used in Montana to provide grants to coal-impacted localities. The money was allocated by the gubernatorially-appointed Montana Coal Board. Traditionally the money had been used to fund school construction and other public capital facilities projects. At the time of the DHHS project, the Board was beginning to consider requests in areas such as substance abuse, mental health, public health, and juvenile probation services.

- o Federal mineral lease and royalty payments: The federal government returns a proportion of lease monies and royalty payments from industries developing resources on federal lands to the states in which the development occurs. In Utah these funds are channeled to the Natural Resources Community Impact Board within the State Department of Community and Economic Development, which assists communities impacted by mineral resource development.

The Board makes both grants and loans. Water and sewer projects were the main priority during the study, with less than ten percent of the funds going to medical facilities, recreation, education or public safety.

In Colorado an Oil Shale Trust Fund was established with a one-time royalty payment on federal oil-shale lease tracts in the state. The Trust Fund is for impact prevention and mitigation in communities impacted by oil shale development. All appropriations must be approved by the Joint Budget Committee of the Colorado legislature. Grants have been made to communities for a number of human service programs, including some large capital facility grants for seniors' centers and a complex for co-located human services.

- o Prepayment of taxes: In some states industry is allowed to prepay taxes in lieu of financing mitigation efforts up front. These tax revenues are then used for impact mitigation. Colorado allows prepayment of ad valorem taxes on natural resources (as approved by the Department of Local Affairs) to be credited against the first mineral severance tax payment. The prepayment goes to the Local Government State Severance Tax Fund for mitigation, including human services. In Montana the law allows for prepayment of three times the property tax due to the county the year a major facility is completed for mitigation purposes. Utah also allows payments to government agencies for mitigation purposes in the form of annual fees in lieu of ad valorem property taxes. The requirement to pay these fees begins the year in which construction of a project commences.
- o Industrial siting requirements: Three of the five states in which the DHHS-study communities were located had passed laws requiring major facilities such as power plants, gas processing facilities, or pipelines to obtain state permits for construction and operation. The practice of attaching socioeconomic stipulations was becoming more common. Historically these were in the areas of housing, transportation, schools, and monitoring requirements. However, human services stipulations could be made and were in a few cases.

In North Dakota the Energy Conversion and Transmission Facility Siting Act requires industries proposing to construct major facilities to describe the impact of the facility and proposed mitigation measures. After the application is complete, public hearings are held in the affected counties. Permits are issued by the Public Service Commission, which must by law consider the effects of the proposed facility on health and welfare. Although the law is general enough to include human

services mitigation funding, requirements have been limited to communication or technical-assistance measures. For example, industry has been required to provide workers with a directory of local human services.

Montana has a Major Facility Siting Act which covers facilities that cost more than \$10 million to construct. A joint siting application is filed with the Department of Natural Resources and Department of Health. The Department of Natural Resources is responsible for completing an environmental impact study (as required by the Montana Environmental Policy Act), which is included in the application. A monitoring plan and annual long-range plans must be submitted. Evaluations occur at the time of application and at five-year site reviews. There is no reason why human services stipulations could not be made during the siting process, but few had been.

The Wyoming Industrial Development Information and Siting Act provides for an industrial siting council, appointed by the governor and responsible for reviewing permit applications for facilities costing over \$79.6 million. The permit application must include a description of impacts and plans for alleviating impacts. To obtain a permit, the facility must demonstrate no threat of serious injury to the social condition, including but not limited to recreation, mental health, and social services. Public hearings are also required in the affected counties. Some human services have been funded as a result of the siting process. For example, in Wyoming a five-person human services team was funded in Platte County, and funds were granted to a spouse abuse program in Rock Springs.

- o County authority: In some states counties are empowered to exercise control over energy projects through local permitting processes, although counties vary in their willingness and technical ability to exercise such control.

Colorado law allows local governments to regulate the use of land on the basis of impact on communities and surrounding areas. Garfield County, in which the DHHS-study community of Rifle is located, issued conditional use permits to major oil shale developers on the authority of a county zoning resolution. Stipulations were attached to the permits requiring assistance for housing, schools, monitoring of impacts, medical services, and law enforcement.

Rio Blanco County in Colorado passed a County Impact Regulation based on a state law providing for impact statements to be prepared where developments of any type have significant environmental impacts in a county. The

county regulation requires that applications for projects be filed with the planning commission. The commission may attach mitigation stipulations to the application. The largest and most recent settlement in Rio Blanco County was reached in 1981 with Western Fuels regarding the proposed construction of a power plant and mine. The agreement calls for payment of more than \$15 million to local government for impact mitigation. It covers such areas as housing, roads, schools, capital improvements, hospitals, recreation, monitoring, water and sewer, fire, library, and seniors' housing. The project is literally paying its own way.

A Utah state law, which applies only to electrical generating and transmission facilities, allows local governmental entities to require projects to assume financial responsibility for alleviating direct impacts. Millard County used this law and county ordinances as the basis for issuing a permit to the Intermountain Power Project. Socioeconomic stipulations in the permit included a safety program, project security, monthly meetings with the sheriff, project fire prevention, on-site medical services, housing for singles, monitoring of transportation volume, and quarterly monitoring reports on worker numbers and profiles.

- o Special use of taxes and fees: While not designed specifically for impact mitigation, there were two examples of the use of taxes or fees dedicated to human service programs needed in impacted areas. North Dakota used marriage license fees to fund domestic violence programs. And in Montana liquor taxes were returned to counties on a per capita basis for substance abuse programs.

While the state mechanisms described above were those used for mitigation of impacts resulting from natural resource development, they provide examples of strategies that states and local governments can apply in other rapid-growth situations and that human service planners should be aware of. The use of severance taxes and lease and federal mineral royalty payments for mitigation are obviously limited to natural resource development. On the other hand, prepayment of taxes, siting processes, county authority to regulate growth, and the use of taxes or fees for special purposes are strategies that could be applied to other types of developments creating rapid growth.

In conclusion, the preceding section examined the role of federal and state governmental influences on human service delivery in rural rapid-growth communities. The state-local relationship was found to be the strongest linkage. With regard to both state human service agencies and state impact-mitigation mechanisms, awareness of human service problems in impacted areas has come only recently and relatively little has been done.

Once aware of the problems, state agencies have been constrained by inflexible federal and state programmatic and fiscal requirements. Although in many cases human services mitigation could be required by state mitigation programs, the state personnel making decisions about impact funding typically have little knowledge of human services and are reluctant to address this area in impact programs. The critical role of the state legislature in (1) passing legislation enabling the state and localities to regulate growth and (2) funding human services and impact-mitigation programs is also evident from this discussion. Yet there are problems because legislators are not educated to human service needs in impacted areas. There are also problems regarding strength of representation of rural interests in state legislatures. The crux of the problems and the answers seems to lie in organizing and coordinating those concerned with human services. Effective education and advocacy for human services in rural rapid-growth areas should and can occur with public officials and decision-makers at all levels of government.

### *The Role of Industry*

Local and regional industry representatives were interviewed regarding the role of industry in socioeconomic impact mitigation. Questions focused on mitigation decision

processes, types of programs supported, and evaluation criteria. Industry representatives were also queried regarding the significance of human service problems to industry, employee human service needs, and the role industry should play in meeting human service needs in impacted communities. Eighteen regional representatives were interviewed from coal, oil and gas, drilling, and oil shale companies. They were division managers or area vice-presidents or held other management positions with responsibility for mitigation activities (e.g., directors of public and government affairs). The nineteen local representatives held such positions as general and office manager; district administrative, operations and production supervisor; and public relations and personnel officer. At the local level, companies were involved in coal, oil and gas, oil shale, coal-fired power plant, and synfuels developments. Results of the industry interviews are reported across types of energy development. Local versus regional distinctions are also made when appropriate.

### **Reasons for Socioeconomic Impact Mitigation**

Both regional and local industry representatives cited four major reasons for their involvement in socioeconomic impact mitigation. These included concerns for their employees, concerns for the community, establishing good public relations, and meeting permitting requirements.

The most frequently mentioned reason for mitigation activities, particularly by local representatives, was the desire to create a decent environment for their employees, thereby allowing the company to attract and retain a good work force. Retaining a good work force benefited companies because it reduced absenteeism, turnover, recruitment, and training costs. Industry representatives deemed it necessary to help build communities which could

provide the services employees desired, to meet the needs of employees' families, and to address employees' safety concerns such as long commuting distances.

Concerns for the community were second in overall frequency. Companies recognized that energy resource development could create problems, and they wanted to avoid these disruptions in community life. As good neighbors and as members of the community, they wanted to help preserve local values and the quality of life. For example, employees in many companies were encouraged to become active participants in community life. Industry representatives mentioned, however, that this was a joint process, that community involvement was critical to successful mitigation efforts.

Establishing good public relations with the community was also of concern in impact mitigation. Companies wanted to enhance their acceptance, and that of their workers, by the community. They were sensitive to political pressure and community opinions, and saw community problems as, ultimately, company problems. In the long run, company acceptance by the community influenced their ability to work in other areas.

A final reason cited for socioeconomic impact-mitigation activities was the necessity to obtain government permits and conform to permitting requirements and other government regulations. Industry representatives indicated that the ease of obtaining permits seemed linked to their sensitivity to and ability to deal with community problems. Successful voluntary mitigation efforts were also perceived as preventing further regulatory legislation. One respondent noted that voluntary public responsibility was "institutionalized" by the permitting process and, in some instances, had become "blackmail."

## Mitigation Decision-Making

Few companies had explicit policies as to what management considered appropriate mitigation programs. There was some consensus, however, that housing, capital facilities, transportation, and municipal services were far easier to support than human service projects. Human service needs were seen as difficult to quantify, plan for, fund, evaluate, and sell to management, sometimes for moral or political reasons. For example, industry representatives stated they were reluctant to become involved in family problems or other areas where they could be perceived as meddling.

Many companies indicated that mitigation decisions should be responsive to problems identified by the community, not just by industry. Because human services such as mental health or alcohol abuse programs are sensitive, they preferred the community to take the lead in identifying the need for human services mitigation. A working relationship between industry and the community was central to establishing final priorities. In some instances, priorities were set by local governments. Therefore, industry mitigation of human services problems depended primarily on local identification of human services needs and clear support of industry involvement in this area by citizens, service providers, and public officials. It is thus essential that those concerned with human services organize and advocate effectively, early in the community growth process.

Regional mitigation efforts were most often initiated at the local level by an industry project manager or team. The results of socioeconomic impact assessments (developed voluntarily or to respond to state or federal regulations)

also influenced mitigation decisions. Large mitigation projects in large companies (e.g., the development of the new community of Wright by ARCO) typically involved a project staff with expertise in community development, engineering, design, and planning. Final mitigation decisions for large projects were made by the corporate executive board, after review by the regional office, division and corporate budget office. Depending on the dollar amount involved, decisions on smaller mitigation programs might be made at the regional or divisional level.

Smaller companies lacked specialized staff in-house at the regional level. Sometimes consultants were utilized, but more often local personnel recommended an action and a company vice-president or president made the decision. One drilling company noted that it had only recently made enough money to return something to the communities in which it operated. They wanted to "say thanks," but had no mitigation or contributions budget. Field supervisors suggested that the vice-president approve support primarily for recreation programs. Some small companies expressed a preference for mitigation through membership in an industrial association through which expertise in mitigation was available and industry resources were pooled.

At the local level, company representatives typically functioned with a contributions budget, and sometimes a committee with employee representatives was involved in the decision-making process. The company reviewed local requests and charities favored by management and/or the contributions committee. Local contributions budgets were quite modest. Larger requests for major mitigation efforts were reviewed locally, and, if considered worthwhile, forwarded to the appropriate decision-making level within the company. Where no local contributions budget existed, local company representatives forwarded all requests to

the corporate headquarters or division management. Frequently, these were rejected.

Industrial associations handled mitigation requests in two of the DHHS-study communities. Both of these groups relied heavily on community advice to establish mitigation priorities and both considered human services important to mitigation efforts. One group functioned with a budget previously approved by executive boards of the companies represented on the associations' board of directors. The association board then approved funding mitigation priorities within the previously established budget guidelines. The second group did not have an established budget or mitigation funding guidelines. Its activities focused on providing technical assistance and work-force monitoring. When priority mitigation needs were identified by localities, technical assistance such as identifying alternative funding sources, grant-writing, or lobbying were ordinarily provided, rather than monetary assistance.

### **Human Service Needs and Industry Roles**

Industry representatives strongly agreed that human service problems such as family conflict or substance abuse affected company operations, particularly productivity. Only five of the thirty-seven industry representatives reported that human service problems had no effect on company operations. Several noted that problems were greater when the company operated in remote areas or the community lacked adequate housing.

Human service problems were also felt to be more prevalent and of greater concern among temporary employees than among the permanent work force. In several situations the work force at the local level was predominantly temporary. For example, major oil and gas companies whose

employees were permanent professional and support staff subcontracted their drilling operations near two of the DHHS-study communities. The drilling companies also had a permanent supervisory and support staff, but the workers they hired on their drill rig crews were highly transient. Some drilling companies indicated that turnover on the rig crews ranged from 300 to 600 percent per year. The major oil and gas companies building gas processing facilities near Evanston also subcontracted the actual construction. Similar to the drilling companies, the construction companies had a permanent supervisory and support staff, but the construction labor they hired was transient. It was estimated that only fifteen percent of the construction crew remained on the job for as long as one year. The distinction between a permanent and temporary work force can be important in terms of local human service needs.

The problem of temporary employees that prompted the greatest concern was alcohol and drug abuse. This was viewed as a particularly critical problem because it so adversely affected safety on the job and employee turnover. Most companies had clear policies regarding the use of alcohol and drugs on the job. Ordinarily, employees were terminated immediately. Several of the companies had instituted training programs for their supervisors and foremen to help identify substance abusers. One company had a policy of total abstinence for all employees.

Permanent employees had more options in dealing with human service problems. Most companies had benefit packages for their permanent work force which provided assistance with alcohol, drugs and mental health problems, either through treatment programs maintained within the company itself (typically at corporate headquarters, however), through contacts with human service agencies, or through insurance

programs. Access to treatment, however, was frequently not available in the DHHS-study communities.

When asked which agency services company employees were likely to need, regional and local representatives selected alcohol and drug abuse services most frequently. This finding was consistent with industry concerns and also the perceptions of needed services by public officials, human services providers, and community residents. Other needed services mentioned were (in order of frequency) day-care, mental health, social services, vocational rehabilitation, public health nursing, and employment services. Services infrequently cited were developmental disabilities, family-planning, and seniors' services.

Despite acknowledging the impact of human services problems on industry productivity, most industry representatives felt that industry should not take a major role in human services planning, funding or implementation. They tended to see support of human services agencies and programs as a government or public sector responsibility. As a result, they preferred to fund human services through prepayment of taxes or use of severance tax funds, as decided by local officials. Support of human services was also considered an appropriate activity for state and federal government.

Regional representatives indicated that direct human service support by industry was acceptable under certain conditions. These included demonstration in socioeconomic impact statements that existing human services were inadequate; information from community residents and public officials that supported human service needs; documentation of problems resulting from the lack of human services in other impacted communities; and the absence of other funds to meet human service needs created by energy resource

development. Industry wanted to avoid making human service decisions independent of local input and thus assuming a "benevolent dictator" role. Many representatives saw human services involvement as a step toward the company town of the past--which they clearly wished to avoid. Regional representatives felt that planning and other technical assistance to human services were the most acceptable industry roles in human services mitigation, with industry funding being less acceptable but possible. They did not want to be involved in implementing human service programs.

Because they were closer to the problems of the work force, local representatives were generally supportive of industry involvement in planning and funding for human services. Again, they emphasized the importance of their own companies--as well as other employers who profit from energy resource development (such as local retailers)--working with the community in the human service area. They also wanted to avoid the paternalistic company town and cautioned against 100 percent funding of human services by industry. However, they recognized the frequent need for front-end financing to cover the lag period between the initial stages of development and the time at which tax revenues generated by the development become available to localities.

### Mitigation Programs and Their Evaluation

Industry representatives at the regional and local levels reported on socioeconomic impact-mitigation programs implemented by their companies. The most frequently mentioned programs at both levels involved housing. The actual nature of the programs varied considerably, from building construction-worker camps to providing front-end financing for housing, to constructing housing developments, to facilitating favorable mortgage loans for employees.



Providing housing was especially critical because it was impossible for companies to recruit workers in a highly competitive labor market to remote rural areas that lacked housing, such as the DHHS-study communities.

Regional representatives reported frequent socioeconomic assistance to local governments through financing of needed public facilities, including schools, libraries, roads, sewage treatment plants, and municipal water systems. Planning and administrative assistance to local governments was also frequently mentioned, as was donation of equipment to public services (e.g., ambulances, fire trucks and police vehicles). Companies sometimes provided financing for these facilities and services directly; in other instances, they underwrote municipal bonds or used mechanisms like prepayment of taxes to achieve the same goals.

Regional representatives seldom reported involvement in human services. Companies occasionally provided direct funding for mental health, substance abuse, and other health programs. More frequent were charitable contributions to United Way or a national charity. Several communities received industry support for construction of recreational facilities.

Local representatives reported more mitigation activities in human services and related areas. Local industry frequently donated equipment and/or labor for construction of ball fields or parks, bought needed sports equipment and uniforms, or sponsored local teams in community recreation programs. Local industry also supported human service agencies through their contributions budgets, donated office space for agency services, and donated equipment (such as a senior citizen's bus). Local representatives also mentioned industry programs which benefited employees, including busing workers to the job site, supporting employee

education programs (ranging from safety and job-skill training to seminars on stress or alcohol and drug abuse), and sponsoring recreational activities.

While the actual dollars involved were small, mitigation measures by local industry were responsive both to human service needs identified for their employees and to concerns regarding the availability of community resources such as recreation facilities. Both local and regional industry representatives supported employee participation in community affairs, including human services. For example, employees were encouraged to become members of agency boards.

Two communities in the DHHS study included industry-organized industrial associations as a mechanism for mitigation activities. The Overthrust Industrial Association, active in Evanston, Wyoming, was unique in several respects. First, it brought together the numerous actors involved in oil and gas developments. Included in the Association's membership were thirty-six major oil and gas, pipeline, drilling, seismic, and oil field service companies active in a five-county area in three states. This mechanism functioned well in uniting several diverse companies--each with only a few employees--to deal with the impacts created by their collective activities. Second, some of the companies involved developed totally new policies with regard to mitigation, such as major funding of a wide range of human services programs. Also noteworthy is the fact that the OIA was a voluntary mitigation effort.

The Association's mitigation strategy included a socioeconomic impact assessment and extensive community input through public meetings to establish final mitigation priorities. These priorities included human services. As a result, for a twenty-month period the OIA funded programs and supported technical assistance to human service

agencies that emphasized planning and cost-effective delivery of quality services. OIA's funding was earmarked for a number of specific purposes (e.g., a mental health worker, a shelter for domestic violence victims, and a human services coordinator) and was contingent on assurances of ongoing funding from other sources. Local officials agreed to continue to support new positions or facilities once OIA start-up funds terminated. The Association also provided partial financing (in the form of a \$550,000 grant) for a co-located human services complex, with the state providing the remainder of the construction costs through a low-interest loan. In all, approximately one million dollars was provided for human services mitigation.

When asked about their evaluation of mitigation efforts, a number of industry representatives reported that their mitigation programs were not formally evaluated by the company. However, most indicated that the community's response to the company and their employees, and the opinions of local residents regarding mitigation efforts were important in assessing the effects of company mitigation programs. Success in recruiting and retaining good employees was another key indicator of the efficacy of mitigation efforts. Another important measure of success was whether mitigation programs stayed in line with project economics. Finally, they perceived a link between their success in future development efforts (such as receiving a state permit for new development) and the efficacy of past company mitigation programs.

In conclusion, resource development industries in the 1980's are aware of their responsibility for socioeconomic mitigation in rural rapid-growth areas. Some have developed innovative mitigation efforts. Although they are aware of the extent and impact of human service problems on their employees, their company operations and

their communities, they are reluctant to become involved in mitigation activities in this area without clear support from local citizens, service providers and public officials. Therefore, it is especially important that initiative on human services needs and mitigation come from the impacted area.

## Chapter IV

### The Planning Process

The preceding chapters present the results of the DHHS-sponsored research project in energy-impacted communities in five Western states. This chapter draws on study findings, as well as the experience of the authors working with human services in rural rapid-growth communities over the past nine years. It synthesizes this information by focusing on a methodology for comprehensive human services planning at the county level. The desirability and scope of county planning is initially considered and followed by a discussion of the major steps in the planning process. The latter include organizing a planning group, assessing needs and establishing priorities, developing implementation plans, and monitoring and evaluation. Finally, a case study illustrates human services planning in one rural county in the DHHS study.

#### *Why County Planning?*

Planning capacity in the rural Western states considered in this study has been built primarily at the state level as the result of federal and, at times, state mandates for categorical human service plans. If solicited, local planning input in terms of needs assessment, program goals and objectives, and budgets typically came from the multi-county regional level. County-level planning was rare in most agencies and, consequently, county-level planning capacity was poorly developed.

Since the study, sweeping new legislation has consolidated categorical programs and allowed states to receive block grants for human services. Where previously there were twenty-five federal programs separately administered by the U.S. Department

of Health and Human Services, each with its own set of rules, there are now seven block grants to each state. For example, the Social Services block grant consolidates Title XX Social Services, Title XX Child Care, and Title XX State and Local Training Grants. Simultaneously, federal regulations and reporting requirements were reduced. Thus states now have much more flexibility regarding their administration of federal human service dollars. Planning, however, remains centralized at the state level. As before, local input comes primarily from multi-county areas within the states.

There are strong arguments for the multi-county regional organization and regional planning input designed for most human service agencies within the DHHS study states. The states all have geographically large, sparsely populated rural areas. It is most cost-effective to pool the resources of several counties in order to provide a wide range of services to a relatively small number of clients. It is interesting to note in this regard that in Utah the Unification strategy (involving comprehensive human services planning at the multi-county level) was first implemented and was most successful in the rural areas of the state.

The existing state planning process has provided some substantial benefits to human service delivery such as assurance of quality and uniformity. However, from the standpoint of the local service provider and, increasingly, local politicians in the impacted areas, there are some shortcomings. These include:

- o Lack of responsiveness to rural impacted counties: State and multi-county regional planning can ignore differences between counties. For example, if, in the same region, one county is urban and another rural, their needs will be quite different. Traditionally urban counties have prevailed in terms of appropriation of resources. Or a region composed of three rural counties, one of which

is impacted, may not address the needs of the impacted county because the other two will have more representation on the regional planning entity, thus outvoting the impacted county.

- o Inflexibility in dealing with county and community needs: State-level planning has generally been designed to meet state and federal programmatic and fiscal requirements rather than community needs. Categorical planning ignores issues of duplication and gaps in services, unwarranted expenditures of government funds, and delivery of appropriate services. Certainly, if resources are limited, as they are in many rural areas, coordination is imperative.
- o Lack of comprehensiveness: State and regional planning has dealt only with formal human service agencies. Yet it is evident from the Regional Profile analysis and the DHHS-study communities that most rural rapid-growth communities and their counties have very few formal services. Thus, it is particularly critical in a meaningful planning process to examine a continuum of interventions, from preventive to informal and formal agency services.

The Western energy impact experience has focused attention on the need for grassroots planning at the county level. The fact that human problems escalate so dramatically in impacted communities highlights the unresponsiveness of the existing planning and related resource allocation systems. Although states may have more flexibility as a result of the federal block grant procedure, they have been reluctant to pass on this flexibility to the county level. Lack of experience in county planning contributes to this reluctance. Sound local planning efforts will encourage state (and federal) governments to foster programmatic and fiscal flexibility at the local level. Accelerated growth also emphasizes the broader context of the planning environment. Relationships with regional and state human services agencies, with state impact mitigation offices, with industry and with politicians--from county commissioners to state legislators--must be considered in a meaningful planning process.

Another reason for the need to develop county-level planning processes is the trend toward shifting responsibility for human services to the local level. In Minnesota, for example, state monies for mental health, alcohol and drug abuse programs, child care, developmental disabilities and social services have been block-granted to county commissioners since 1979. County commissioners decide which local agencies will receive contracts for services and how much funding the agencies will receive. The state provides fifty percent of the total funding for services, and the county provides fifty percent through a property mill levy. Federal and state cuts in human services funding are accelerating this trend toward local responsibility by forcing localities to assume new roles in providing human services. This pressure is particularly acute for counties rich in mineral resources because resulting tax revenues increase county capacity to financially support human services. From the standpoint of the local level, a good county planning process provides a framework for decision-making, a mechanism for public accountability, and a means of evaluating local programs.

In conclusion, it should be emphasized that comprehensive planning at the county level is complementary--not antithetical--to regional and state planning efforts. It should be a grassroots planning effort that coordinates with and enriches planning at higher levels to ensure provision of high quality, appropriate and cost-effective services.

### *The Scope of County Planning*

The scope of county-level human services planning should be broader than planning accomplished at the state level. State agencies, often with regional input, plan for the direct service programs they fund and monitor. Even when coordinated plans are developed, they focus on formal agency services; an example

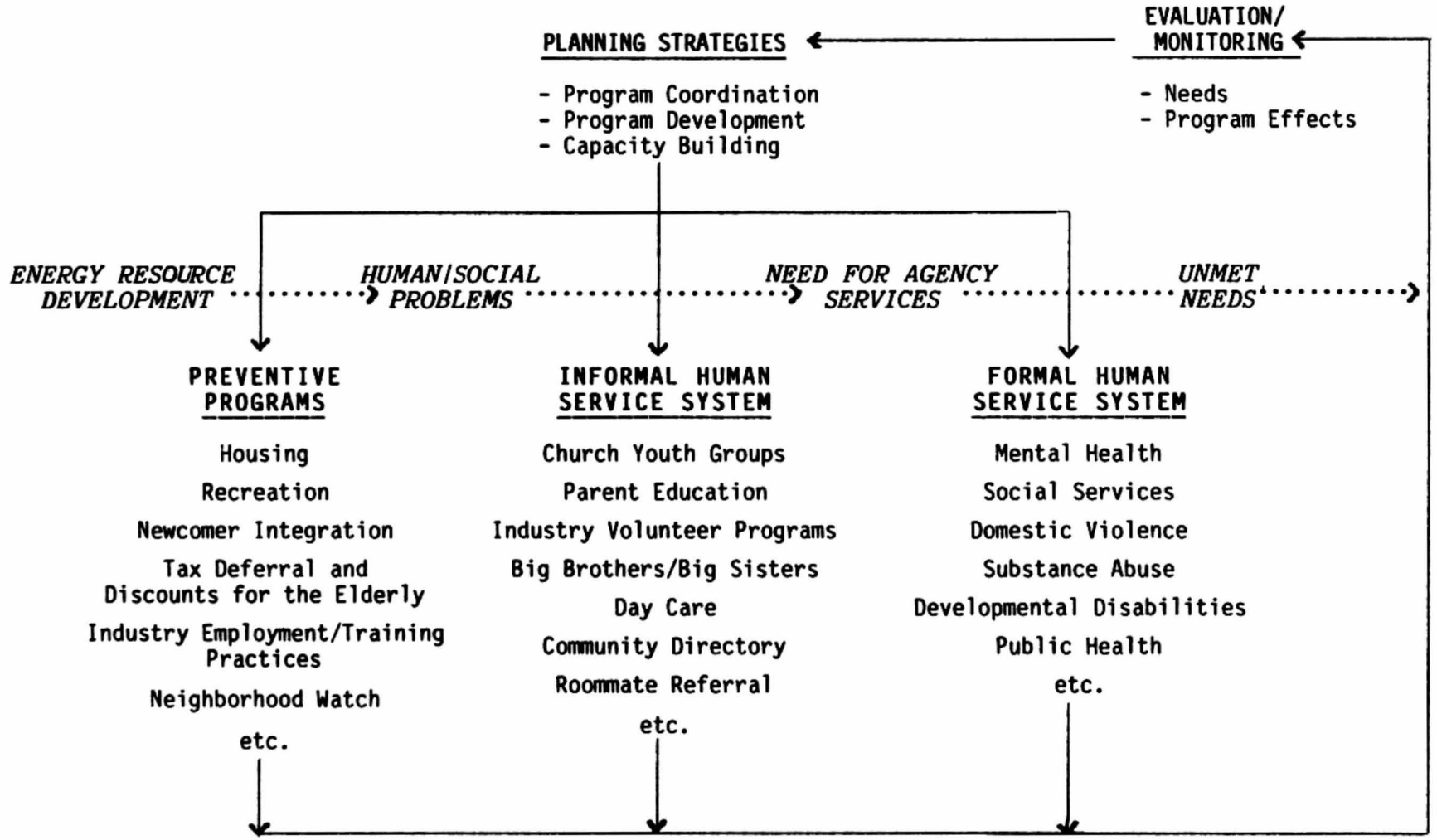
is the 1982-1983 North Dakota Department of Human Services plan integrating social services, child welfare services, mental health, and alcohol and drug abuse services in response to the new federal legislation. However, rural areas do not have many formal human service agencies. Consequently, planning for meeting human needs at the county level must have a much broader scope. Other means of meeting human needs such as preventive programs and informal means of service delivery can and should be considered at the grassroots planning level. This point was particularly emphasized by the results of the DHHS study in rural rapid-growth communities where several factors dictated a planning approach that considers all local resources. Those factors include the five-year lag in the availability of agency services, the frequency of multi-problem agency clientele, and the breakdown of service referral mechanisms.

Figure 1 presents a planning model developed for human services in energy impacted communities. It illustrates county-level planning with a broad scope. Planning strategies--which include program coordination, program development, and capacity building--are products of the planning process which will be discussed later in this chapter. These proactive strategies are developed to accommodate a continuum of interventions appropriate to increasing degrees of problem severity. In the model, the development of natural resources precipitates community growth and change and the emergence of human problems. These problems, if unaddressed, worsen, culminating in the need for agency services, or--if agency services are unavailable or ineffective--in unmet needs.

As illustrated in the model, the planning strategies are applied to a continuum of interventions which can prevent or short-circuit problems. First, planning should address preventive programs. As reported by residents in the DHHS-study communities, providing recreation and housing in energy-impacted

FIGURE 1.

PLANNING MODEL FOR BOOMTOWN HUMAN SERVICE PROBLEMS



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communities was viewed as particularly critical to reducing community stress. Planning strategies should also address informal mechanisms for human service delivery. These are organizations or resources which meet human needs, but the problem addressed is not severe enough to require formal services. Frequently they are groups (such as church groups, 4-H clubs, or service organizations) that individuals voluntarily choose to join for social, religious or philanthropic reasons. At the end of the continuum of interventions, are formal human service agencies whose major purpose is to provide direct services addressing more severe problems. If preventive and informal interventions have been successful, the need for direct services will lessen. However, direct services will always be necessary to meet the needs of some proportion of the population (e.g., the developmentally disabled, indigent and chronically mentally ill). Planning must consider and coordinate all three of these types of interventions in order to meet community needs, avoid duplications and gaps in service delivery, and provide cost-effective services.

Communities--and, consequently, human needs--always change whether at a rapid rate of growth/decline or at such a slow pace that the change is almost imperceptible. Therefore, planning is best thought of as an ongoing process. Plans, the products of the process, should be adapted to changing circumstances. This is accomplished by evaluating program effects and monitoring community needs, as illustrated in the model.

The planning model described above can be applied to a variety of rural situations. Other types of community growth which may precipitate human problems include industrial development other than that attributable to natural resources, recreational-community development, retirement-community development, defense system construction, or suburbanization

of rural areas. Other factors, including a declining economy (such as that which occurs in the "bust" phase of natural resource development), may also precipitate problems covered by the model. A good county-level planning process should be generic, allowing localities to utilize resources and meet local needs in the most effective way in situations of growth, stability or decline.

### *Planning Steps*

The following discussion of planning steps is intended to be a guide for developing locally appropriate county human service plans. The outcome of the process (i.e., the plans) will vary according to the needs and special circumstances of each county. However, all steps are necessary for a complete planning process. It should also be emphasized that planning is a dynamic process. There is no such thing as the perfect plan. Plans are working documents which should be regularly revised to accommodate changing circumstances. Some of the many benefits of successful county level planning include:

- o Developing clear goals which give direction to human service decision-making and resource allocation
- o Identifying and prioritizing local needs so that the human service system may best be designed to meet these needs
- o Coordinating services and preventing duplication or gaps in service delivery
- o More cost-effective delivery of services
- o Establishing mechanisms to evaluate local human service programs
- o Assuring public accountability because decisions are made within a public framework and have been developed with public input
- o Grassroots citizen participation in the development of plans

- o Demonstrating the county's competence to plan and deliver human services, thereby generating confidence at the state level to permit local flexibility in programming and budgeting

Finally, it should be noted that the county-level planning steps discussed are also applicable to planning within a single local agency, community, region or state. While the steps, or processes, are similar, county-level planning obviously involves different concerns than single-agency planning. The level at which planning is undertaken determines the specific information required to make planning decisions, the planning options available, and the scope of the final plan. Because agency planning tends to improve when county-level planning is initiated, individual agencies will find the planning steps discussed useful for internal planning purposes.

The planning steps which will be discussed below are summarized in Figure 2.

FIGURE 2. SUMMARY OF PLANNING STEPS

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PLANNING STEPS

1. ORGANIZE A PLANNING GROUP
  2. DEVELOP A COUNTY MISSION STATEMENT, GOALS AND OBJECTIVES
  3. ASSESS NEEDS AND ESTABLISH PRIORITIES
  4. DEVELOP IMPLEMENTATION PLANS
    - Inventory County Human Service Resources
    - Recommend Actions to Address Prioritized County Needs
    - Select Service Providers to Implement Recommended Actions
    - Write the Comprehensive County Human Services Plan
  5. MONITOR AND EVALUATE
-



## Organizing a Planning Group

The first step in the planning process is designating a group which will be responsible for developing and implementing the county human services plan. Although various interests within the county should be represented, the exact composition of the group may vary according to local option. For example, in Garfield County, Colorado, where the DHHS-study community of Rifle is located, members of the county planning group, the Human Services Commission, are primarily service providers. In this case, an effort was made to represent the different types of service providers within the county. However, in Uinta County, Wyoming (Evanston), no member of the Community Board may be employed by or serve on the Board of Directors of a human service agency. Representation on the Community Board is determined by political jurisdiction and geographic locale within the county, and includes representatives from the business community and the major impacting industry. In Emery County, Utah (Castle Dale and Huntington), the Human Services Council must be composed of one-third public officials, one-third service providers, and one-third service consumers. The DHHS study experience suggested that including a public official (preferably a county commissioner), an industry representative and a human service provider in county planning groups facilitated their functioning. Direct representation of human service providers was important to maintaining good working relationships with local, regional and state agencies.

Another consideration in selecting members of the planning group is their ability to work well with each other. The size of the group clearly affects members' abilities to work together. Seven to twelve members is optimal.

Members of the group must also be able to work with the

various parties interested in providing human services in the county. They must have the confidence of and be able to establish appropriate relationships with politicians, agency and informal service providers and their governing boards, service consumers, and business and industry at the local level. In addition, the group must interact with regional and state human service agency personnel and, in impacted areas, with state personnel administering impact mitigation programs.

As the DHHS study has shown, educating politicians, state agency decision-makers, and industry representatives to understand and respond to human service needs is critical. Although some progress has been made, human services have been given an extremely low priority in impact-mitigation planning in rural rapid-growth areas. Certainly much more could easily be done. It is thus essential that a local planning group be able to effectively educate and advocate for human services at both the local and state level.

The DHHS study also suggested that a primary requirement for forming a county-level planning group is that the group be appointed by the county commissioners. Since the commissioners are responsible for most local human services funding decisions, it is critical that they have confidence in the board or commission formulating the plans upon which resource allocation decisions will be based. It is interesting to note that the many comprehensive planning groups which have developed in urban areas are also adjuncts to local government, thus reinforcing the findings of the DHHS study.<sup>1</sup>

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<sup>1</sup>For a discussion of other models of (primarily urban) planning and coordinating groups, see Coordinating Human Services at the Local Level, Proceedings of the First National Network Building Conference, 23-24 June 1980 (Falls Church, Va.: Institute for Information Studies, 1980).

Once the group is constituted, the lines of authority and scope of its responsibility should be clearly delineated and approved by the county commissioners. The Western energy-impact experience, as well as experience in other locales, suggests that the most successful arrangement is one in which the county commissioners retain final authority over the planning groups' actions. The specific scope of responsibility may be delineated in a county resolution and/or in the group's by-laws. In addition to producing a comprehensive plan, planning groups may be charged with responsibility for functions such as (1) conducting needs assessments, (2) soliciting citizen participation, (3) coordinating services, (4) reviewing funding requests and recommending actions, (5) contracting with agencies for provision of services within the county, and (6) evaluating services. In Uinta County, Wyoming, the county resolution establishing the Community Board specified that the Board shall:

- o "Review and evaluate human service programs operating within the county
- o "Submit a plan to the county commissioners for the establishment, development and promotion of human service programs
- o "Insure that human service programs authorized by the County, State, or any other public or private funding source through contract with the community board are executed and maintained
- o "Insure that clients are charged fees for services as specified by the Division of Community Programs of the state Department of Health and Social Services."

In delineating the scope and functions of the planning group, it is also important to differentiate their responsibilities from those of local and regional agency boards and from the responsibilities of the agencies themselves. To avoid potential conflict and establish essential positive working relationships, the separate responsibilities and points of interface must be clear to all parties.

Finally, when organizing a planning group, thought should be given to staff support for the group. Members of the group will be volunteers. Since in most cases the tasks undertaken will be quite involved, assistance will be essential. Again, different models will be developed as appropriate to local circumstances. For example, in Garfield County staff support is provided to the Human Services Commission by a human services planner, who is head of a separate department within county government and in many ways operates independently of the Commission. In Uinta County, a human services coordinator is hired directly, as a county employee, and supervised by the Community Board, with approval of the county commissioners. In Emery County, the District Human Services Council receives staff assistance from a human services planner who is an employee of the Association of Governments.

#### **Developing a Mission Statement, Goals and Objectives**

An initial and very important task for the county planning group is to develop a mission statement, goals and objectives for county human service programs. This is not a difficult task, but it does require careful consideration.

#### **Mission Statements**

The planning group should prepare a statement of overall philosophy for county human services which will guide the long-term activities of the group. A mission statement is an expression of organizational philosophy that combines values and goals. An example of a mission statement follows:

We believe that as a Human Services Board we must ensure health and social service standards and the protection of human and civil rights for the common good of the entire county. We believe further that we should stand as an advocate and model for human treatment in the delivery of human services.

We believe our programs should be responsive to people's needs with a priority given to those who can least cope for themselves. We expect our programs to be of exceptional quality. We support integration of program efforts and the work of other community providers. These efforts will be conducted with responsible efficiency within the county's financial capabilities.<sup>2</sup>

Because mission statements are such broad statements of philosophy, some might think that this step in the planning process is not useful or necessary. However, it is vital that the planning group and county commissioners reach consensus on a statement of overall philosophy to ensure successful functioning of the group. The root of many problems in organizations experiencing conflict is lack of agreement on the organization's overall mission. The statement above, for example, would give clear guidance for difficult funding decisions under conditions of scarce resources. Preventive and other programs would not be supported as highly as programs for the disadvantaged or disabled because "priority is given to those who can least cope for themselves." Other planning groups may see prevention, service coordination, planning or service quality as higher priorities. Mission statements may be incorporated into a county resolution establishing the planning group or into its by-laws.

#### Goals and Objectives

The goals developed by the planning group also guide long-term activities. They will be less generalized than the mission statement. However, like the mission statement, goals are usually not very specific or measurable. They state

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<sup>2</sup>Association of Minnesota Counties, "Community Social Service Act: A Guide to Planning" (n.p.:n.p., 1980), p. 11. This handbook describes the requirements of the Minnesota legislation authorizing block-granting of human service funds to county commissioners and gives a detailed treatment of planning, which is highly recommended.

in a general way what the planning group wants to accomplish.

Goals may be developed that relate to the planning group's function. Other goals may focus on service and systems issues, such as prevention, service coordination, public participation, education, advocacy, or systems management. Some goals may also be mandated by federal, state or local legislation or regulation. For example, Wyoming legislation authorizing formation of Community Boards, as well as the county resolution establishing the Board, mandated human services planning and evaluation.

Objectives are specific statements of what a county intends to accomplish in relation to its broad goals. An objective specifies results and should be quantifiable and measurable and have a specific time frame. Objectives will focus on internal operations of the planning group and the operations of the human service system. Objectives answer the questions: "What do you want to accomplish?" and "Over what period of time?"

Goals and objectives should be clearly stated and brief. An example of a goal statement and related objectives from the Uinta County Community Board is given below.

"Goal: Educate and cooperate with elected officials and other funding sources as to the functions of Human Service providers in Uinta County.

"Objectives:

1. Ask for by-laws, presentations and budgets of all grantees so that the Community Board is well versed as to what the agency does, and how much it costs to do it. (Immediate)
2. Attend County Commissioners' meetings to discuss programs, concerns or new proposals from human service agencies. (Monthly)

3. Ask Coordinator to prepare a concise directory that can be updated yearly as to what is available in terms of human services in Uinta County. (December 1982)"

Specific, measurable objectives should also serve as evaluation criteria so that the planning group and county commissioners know if and when objectives have been achieved. The objectives will imply evaluation criteria if they have been written so that they are quantifiable and measurable and designate a time frame. An example of a goal statement, related objectives, and evaluation criteria follows.

"Goal: Prepare a comprehensive plan for human services in Uinta County.

"Objectives:

1. Hire a Human Services Coordinator to do such plan and have it completed by June 1983.
2. Utilize this plan in preparing a budget and in planning for human services in Uinta County by July 1983."

The evaluation criteria implicit in the above objectives are as follows:

Evaluation Criteria:

- o Hiring a Human Services Coordinator by June 1983.
- o Completing a comprehensive plan for county human services by June 1983.
- o Making budget decisions in accordance with the goals, objectives, and needs identified in the plan, by July 1983.

It should be emphasized that the goals and objectives discussed above refer to the county planning group's functioning. Goals and objectives should also be developed covering the functioning of the human services system. The group might establish, for example, a goal to develop an accountability system for county human service funds. Objectives would address what should be included in the

accountability system, how it should be established and maintained, and when this task would be accomplished.

In conclusion, developing a mission statement, goals, objectives and related evaluation criteria provides a road map for providing county human services. This step in the planning process also enhances public accountability. Because specific statements about the county's top priorities have been enunciated, interested citizens, service providers, and agency governing boards will understand the framework for decision-making. Thus, the planning group and county commissioners will not be open to charges of allocating resources arbitrarily. The public, county officials, and planning group will also have a means for evaluating whether or not the county has accomplished its goals.

### Assessing Needs and Establishing Priorities

Needs assessment is a critical component of the planning process. It facilitates planning in several ways. First, it provides information on current community needs that can aid the county planning group in making decisions about the design of the human service system and, consequently, resource allocations. Needs assessment can also be used to evaluate attainment of county goals and program planning efforts. Once needs are assessed, it is equally important that the planning group establish priorities. Counties have limited resources and cannot address all identified needs. The needs assessment process and the development of priorities will be discussed in this section.<sup>3</sup>

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<sup>3</sup>For a more complete treatment of the needs assessment process, see Judith K. Olson in "Needs Assessment and Program Evaluation in Impacted Communities," The Boom Town: Problems and Promises in the Energy Vortex, Joseph Davenport, III, and Judith Ann Davenport, eds. (Laramie, Wyo.: University of Wyoming, 1980), pp. 123-138.

## Needs Assessment Design

As discussed in Chapter II, needs assessments have greater validity if one uses several techniques for gathering data and several data sources. For example, key informant interviews with agency directors will yield certain information that a survey of the general population will not. Where consistency in identified needs occurs, the planning group will have more confidence in the results of the needs identification process.

It is essential that the planning group commit themselves beforehand to actually using the needs data collected. If there are no options for responding to identified needs (such as restructuring programs or developing new services), needs assessment can be an expensive and futile exercise.

The specific information obtained through a needs assessment should reflect the mission statement, goals and objectives previously established by the planning group. These goals and objectives help determine (1) the types of needs assessments that would be most useful to the county, (2) who should participate in the need assessment process, and (3) the actual content of the needs assessment instruments. If prevention were an important goal, for example, community forums involving the general public would be appropriate. If service coordination were a goal, data on agency referrals should be examined.

Assessing needs should be an ongoing process, conducted at regular intervals. Care should be taken that any data collected are in a form that can be used in the future rather than only for the current year. Thus, a comparative base will be established and trends over time can be examined.

Time and manpower considerations are critical in defining the scope of a needs assessment and evaluating various

assessment techniques. Cost is also a factor: the typical county planning group has limited resources, and needs assessments can be very expensive. The planning group can reduce costs by reviewing existing information, such as social-indicator data or agency service-utilization data. In rapid-growth areas, human service needs data should also be available in environmental impact statements or siting applications; however, it is important that those concerned with human services planning and provision actively encourage the collection and inclusion of human services information in these documents through attendance at initial scoping meetings or public hearings. Costs may also be reduced by selecting techniques that can be implemented using county staff and volunteers.

Finally, it should be noted that the data needs of the county planning group are likely to be more general than data that would assist individual agencies in their planning efforts. The planning group should avoid putting resources into collecting data which would be useful at the level of agency operation. For example, detailed information on the need for a youth specialist in a specific agency is of less utility to the county than the comprehensive identification of needs for the continuum of preventive, informal and formal agency services interacting with troubled youth and their parents.

## Needs Assessment Methods

There are a number of approaches to needs assessment, none of which is infallible. Some of the more frequently used types (including their advantages and disadvantages) are discussed below.

- o Community Forums: Citizen involvement should be integral to the planning process. The needs assessment phase is a particularly appropriate time to seek this

involvement. One approach that is cost-effective and generally satisfactory is the community forum, a meeting or series of meetings to assess needs. The meetings should be advertised widely and held in a neutral place at a convenient time, to encourage participation of a wide range of citizens. It is important to assure that all in attendance have the opportunity to express their opinions. A good technique for encouraging input is to have the participants break into smaller discussion groups for part of the meeting.

One advantage of the community forum approach is that it is a low-cost method for providing public input to the planning process. If conducted so as to assure that all participants have an opportunity to express their views, citizens usually feel a high level of involvement and satisfaction with the experience. Community forums can also be a vehicle for identifying leaders or volunteers who are willing to assist with future programs. In general, results of this approach are highly satisfactory.

Disadvantages include the possibility that the meetings will not be attended by an unbiased cross section of the community. If not organized correctly, they may also be monopolized by a vocal minority or turn into gripe sessions. One of the most common fears of public officials is that community meetings will raise citizens' expectations that the county will meet needs that are beyond its resources or capabilities. Finally, data from community meetings is impressionistic and should be cross-validated by other techniques.

- o Focused Group Discussion: Another method for soliciting input from the general public is use of focused-group discussions. This approach involves gathering together small homogeneous groups (not more than twelve members is recommended) to identify needs. For example, as described in Chapter II, the DHHS project conducted focused-group discussions with groups of youth, seniors, single adults and families in the seven study communities. An effort should be made to insure that the participants represent their population category. It is also important to insure equal participation, through a technique such as The Nominal Group Technique used by the DHHS project.

Like the community forum approach, focused-group discussions are a cost-effective means for gaining public input. Although some bias may be introduced, groups are fairly easy to assemble through existing organizations such as schools or seniors' centers. Participants also gain a high degree of satisfaction from the experience if everyone's ideas are considered. The needs identification resulting from focused-group discussions is impressionistic and should be cross-validated by other

techniques.

- o Key Informant Approach: This is a method designed to elicit needs information from influential community members such as public officials, industry representatives or agency directors. Either personal interviews may be conducted or questionnaires mailed with phone follow-ups.

This is another technique which is quick, relatively uncomplicated and inexpensive, especially the mailed questionnaire with phone follow-up format. Key informant interviews have a number of public relations benefits. They can improve communication between those concerned with human services and key persons in the community, as well as develop support. If some time is taken to provide interviewees with information, the interviews can also increase understanding of human services issues.

Disadvantages of the technique include the fact that key informants represent special interests and may not know fully other segments of the community. Biases may develop if those who are most concerned about human services are selected for interview or are the ones most likely to respond. Finally, as with the two previous methods, results are impressionistic and should be cross-validated.

- o Survey Research: Another method of gaining general public input to the needs identification process is through survey research. In order of methodological "purity," this method involves administering questionnaires through the newspaper, mail, phone, or personal interviews to obtain information on citizen perceptions of needs.

Surveys are potentially the most scientifically valid means of obtaining information if they are well designed, pre-tested and administered to a random sample, and the response rate is high. If all these criteria are met, however, surveys can be the most expensive method of needs assessment. Advanced research skills are needed to design and analyze the survey instrument and to select the sample. Interviewers must be hired and trained; quality control must be maintained throughout the data collection process; and data must be analyzed by a computer.

Phone surveys in rapid-growth areas will be biased toward long-term residents because many newcomers, including temporary workers or workers living in construction camps, may not have phones. As an example, in Garfield County, Colorado, a telephone needs assessment was skewed toward long-term residents, residents over sixty, and females. Mailed surveys and newspaper surveys are also subject

to response bias, as well as to low response rates. In conclusion, surveys can be expensive and technically demanding if methodological compromises are not made. Their benefits must be weighed carefully in relation to their costs.

- o **Social Indicators:** The social indicators approach involves the use of public records and reports such as census data, vital statistics, economic indicators, or crime reports. These data are then examined for incidences of social problems and related characteristics. It is best to have data in a time series, so that trends can be identified. These trends (e.g., increasing juvenile district court caseload) may indicate areas for prevention or new programs. The advantage to this approach is that the data are already collected.

On the other hand, social indicator data becomes rapidly outdated, making the data particularly difficult to use in rapid-growth areas. Census data are the obvious example. The DHHS project found that many relevant social indicator data were unavailable or difficult to obtain, not reported at the county level, and not collected over a sufficient time period to be useful. In addition, the time lag involved in reporting and collecting data at the state level is often a year or longer. When available, social indicator data were helpful in substantiating other more impressionistic methods of needs assessment with "facts." The DHHS project also required indicators which were consistently collected across five states. If a county planning group were collecting data, however, it would only need to ascertain which relevant data were available within one state. Consequently, the availability of data might improve. Appropriate and timely information may also be available locally.

Although seemingly simple, identifying data sources and collecting and interpreting social indicator information can be time-consuming and costly. It is recommended that only those indicators which can be readily obtained be used in the needs assessment process. Careful decisions should be made about the time, manpower, and money that will be devoted to the social indicator analysis.

- o **Agency Data:** This approach involves an analysis of data collected by human service agencies regarding client characteristics, patterns of utilization of agency services, interagency referrals, or agency operations. This information is usually required by funding sources or collected by agencies in order to monitor internal goals, objectives and operations. The basic assumption underlying the use of the data for needs assessment is

that need is reflected by information on clients and the services they have received.

There are a number of problems with this approach. Individuals in need of service may not be using the service. New problems are not likely to be identified (although high utilization of certain services may indicate prevention needs). In rapid-growth situations, service needs may vary before, during and after rapid growth; therefore, agency records may not be useful for projecting future needs. Agency records may also be of questionable accuracy and/or not comparable across agencies. Confidentiality of client records may be an additional issue.

This technique can provide limited needs information with reference to agency services and the people who receive them. It may be of use for county planning and resource allocation with regard to specific agencies, such as decisions regarding service expansion or the funding of a new position. On the other hand, this is an area where the distinction between agency-appropriate and interagency-appropriate data collection must be clearly made. Finally, agency data should be used only in conjunction with other means of needs identification.

The use of at least two needs assessment methods that include both qualitative and quantitative data is recommended. Choice of the methods will depend on the resources the planning group has available for needs assessment. The methods vary considerably in the investment of time, money, and personnel required. Cost of the methods employed should reflect the utility of the information obtained. In general, it was the experience of the DHHS project that the less costly methods (community forums, focused-group discussions, and key informant interviews) were the most satisfactory. They are dynamic, easy to use, and yield appropriate information.

#### Implementing a Needs Assessment

It is the responsibility of the county planning group to define the scope of the needs assessment in relation to county goals and resources. Once these decisions are made, staff assistance will be required for implementation.

Activities will include designing the instruments used, organizing and coordinating data collection, and analyzing results. It is highly unlikely that needs assessment activities can be conducted solely by the volunteer planning group on any kind of regular basis. Therefore, the county planning group should have at least one staff person available to direct needs assessment activities. Volunteers may be used effectively for implementation if a staff project director is available. The planning group may also be involved in certain activities such as facilitating focused-group discussion.

An example of planning group and volunteer involvement is provided by Garfield County, where the Human Services Commission decided that a telephone survey of residents would be conducted as one of several needs assessment techniques. The questions for the telephone survey were developed by the Commission and the Human Services Planner. The survey was conducted by members of the Retired Senior Volunteer Program, with the support and assistance of the local community college.

#### Establishing Priorities

Once needs data have been gathered, the next step is to examine the results of the various techniques for consistently identified needs. Needs that are identified consistently across data types and sources have a certain amount of priority by virtue of that fact alone. Needs that were not consistently identified should also be reviewed, however. Some may be pertinent to a small proportion of the population and represent essential service needs, such as the needs of developmentally disabled persons. Others may be considered irrelevant by some segments of the community, for political or religious reasons. Day care and family-planning services were controversial in some of the DHHS-study communities, for example.

Prioritizing needs is accomplished by establishing a set of criteria and then ranking needs on the basis of these criteria. The most important consideration is that the criteria should relate to the goals and objectives previously established by the county planning group. For example, if prevention were a county goal, a ranking of needs would give a higher value to prevention than to treatment, for a specific problem.

Additional ranking criteria may be developed, such as:

- o Severity of the need
- o Cost of addressing the need (or the cost of not addressing it)
- o Number of persons affected by the need
- o Degree of public concern or political support for dealing with the need
- o Urgency for meeting the need, i.e., degree of threat to health, welfare and safety.

The above are examples of some criteria which could be used for ranking. Each county should develop its own criteria based on the unique characteristics of the area. It is essential, however, that they relate to county goals and objectives.

The actual ranking systems used may vary. Needs may be ranked high, medium or low on each criterion. A numerical scale which is then averaged may also be used. Or the Nominal Group Technique (a variant of which was described for the DHHS focused-group interviews) may be used to establish priorities. Finally, rankings for each need on the several criteria should be summarized and an overall set of priorities established.

It is inevitable that the needs assessment process will identify more needs than the county will be able to handle



in a year--or several years for that matter. The prioritizing process essentially takes the many needs identified and ranks them in an order of importance, so that planning and resource allocation decisions can be made in as logical and defensible a manner as possible. Ultimately, priorities are a matter of values.

#### **Examining County Goals and Objectives in Relation to Needs Data**

Planning should be an ongoing process that is based on constant feedback and adjustment. Therefore, prioritized needs data should be used to reexamine the goals and objectives previously developed by the county planning group. Has information emerged which indicates that new goals should be developed? Were some goals established to address presumed needs that were not substantiated by the needs assessment? The county planning group should take some time at this point to evaluate these questions and, if necessary, adjust the county goals and objectives accordingly.

#### **Developing Implementation Plans**

Once prioritized needs have been established, implementation plans must be developed. Implementation plans specify which actions will be taken to address priority needs. A written human services plan is the major product of this phase of the planning process. Since action planning includes specifying individuals, organizations or agencies which will provide services, resource allocation recommendations are also frequently made in conjunction with this phase of the planning process.

Developing a county human services plan responsive to prioritized needs is not an easy task. The planning group must immediately grapple with limitations imposed from a number of sources. These include:

1. Local financial resources from government, industry and other private sources available for developing new services or expanding current programs are finite.
2. Local agencies may have limited flexibility regarding the services they deliver and the use of funds they receive from other sources. Many services are mandated with state and federal funds currently allocated for specific purposes.
3. It may be unfeasible to deliver certain high-priority services (e.g., detoxification) because of their high cost.
4. External funding sources will be limited for certain high-priority needs such as youth services or prevention programs.
5. The uncertainty involved in many types of rapid-growth situations, especially resulting from energy resource development, may limit county ability to support needed services and facilities over the long term.

These and other limitations must be considered as the planning group begins to develop implementation plans. Following is a discussion of the steps involved in implementation planning, culminating in a written plan.

#### **Initial Considerations**

A key issue to consider is the scope of services that will be addressed by the plan. Many human service plans focus on formal agency services. However, as previously emphasized, in rural rapid-growth areas with few formal services, it is especially critical that the scope of the plan be broadened to include preventive and informal services as well. It is likely that in some county areas these will be the only available services.

A related consideration is how to organize descriptions of services within the plan. Numerous human service taxonomies have been developed for this purpose. The common element

is that the taxonomies are based on broad service areas rather than specific agencies or organizations. A variety of preventive, informal and formal agency organizations may address each area. For example, service areas designated in a plan can range from "adoption" to "mental health therapy" to "unwed parent counseling." Under the category "adoption," a publicly-funded social service agency, a Catholic Social Services agency, and a lay parent group may all provide adoption services. Another possibility would be to organize services according to target populations, such as youth, the elderly, families, etc.

When deciding upon a classification, counties should select service areas appropriate to the local area. Factors which may influence the decision are local needs, human resources and mandated areas of human service planning responsibility. The Garfield County Human Services Commission decided that pertinent areas to be included in their 1983 plan were aging, alcohol and drug abuse, community health, developmental disabilities, family and youth conflicts, mental illness, poverty, and unemployment.

An additional consideration in plan development is the necessity for a strong working relationship between formal and informal service providers and the county planning group. Agency resources will be limited in most rural areas. Informal resources are also frequently inadequate. However, the ability of the county planning group to develop effective plans addressing priority needs will depend largely on their capacity to mobilize existing resources to meet those needs. In some instances this may involve restructuring current services; in other instances it will involve working with formal, informal and prospective service providers to develop new services.

Finally, the planning group will require staff assistance when developing an implementation plan. Staff and county

human service providers will be involved centrally throughout the process. The county commissioners will be responsible for ultimate decisions, especially with regard to resource allocations.

#### Taking an Inventory of Resources

To compare identified county needs with county resources available to address those needs, an inventory of organizations that provide formal, informal, and preventive human services is usually compiled. Typically, information is requested on topics such as program purpose, organizational structure, services provided, clients served, staffing and budget. Frequently, this data is collected as part of the needs assessment process. This information is recorded on service description sheets, which are incorporated into the human services plan. Another important potential use of the county resource inventory is for compiling a human services directory for the public.

An example of a plan service sheet is provided by the 1979-80 District 7-A Comprehensive Human Services Plan prepared by the Southeastern Utah Association of Governments. The plan is organized according to service chapters, such as alcohol and drug counseling, corrections, and home management. Within each chapter, service information is recorded by agency. Thus, if five agencies provide alcohol and drug services, each will record the following information with regard to the service:

AGENCY NAME  
PROGRAM YEAR COVERED BY AGENCY PLAN  
AGENCY SERVICE TITLE  
AGENCY SERVICE DEFINITION  
ELIGIBILITY REQUIREMENTS  
TARGET POPULATIONS AND NUMBERS TO BE SERVED  
RESOURCE ALLOCATIONS  
STAFF ALLOCATION IN FULL-TIME EQUIVALENTS  
PRIORITIZED INTERVENTION STRATEGIES  
PROBLEM TO BE ADDRESSED

OBJECTIVES TO BE ACHIEVED  
METHODS TO BE USED  
EVALUATION STANDARDS

Of note in the District 7-A service sheet is that evaluation and monitoring mechanisms are built into the plan through the use of the Utah "POME" model (i.e., "problems, objectives, methods and evaluation"). With reference to adoption, for example, the Southeastern Utah Social Services Agency, Family and Children Services Unit, stated that one of its objectives was "to provide permanent placement of at least twelve children during FY80." The related evaluation standard was that "twelve children in the district available for adoption would be placed in permanent homes."

Although the District 7-A service sheets are oriented toward formal agency services, the approach could be adapted for inventories of informal service providers as well. The specific information requested will have to be tailored to local circumstances and requirements.

#### Recommending Actions

Before developing specific action recommendations, the county planning group should compare the prioritized county needs to the resource inventory. This is done in order to identify needs which are unaddressed, partially addressed, adequately served, or perhaps overserved. There may also be areas where services are provided that address needs extraneous to county priorities. An understanding of the relationships between county resources and priority needs obviously is important in terms of planning and resource allocation decisions.

It is at this point that negotiations between the planning group and existing and prospective service providers become important. The formal and informal service systems will not

be equipped to meet all high-priority needs identified. It is also unlikely that "new" service providers will suddenly appear in the county with the capability of meeting all unaddressed priority needs. Consequently, representatives of existing resources must work with the planning group to develop appropriate ways to meet these priority needs. For example, in Garfield County the planning group used task forces to brainstorm ways to address priority needs and then negotiated an agreement on service delivery strategies. At this point, recommendations for specific actions became possible--including what will be done, who will be responsible, how it will be accomplished and funded, and within what time frame.

Program coordination, program development and capacity building represent three key strategies which the planning group should consider when developing action recommendations. Program coordination includes such possibilities as co-location of human services; improving the interagency referral system through techniques such as case management; or developing mechanisms such as a child protection team to coordinate case planning and treatment for clients served by multiple agencies. Some Unified Utah Districts and the North Dakota Human Services Centers have organized their services on functional rather than categorical lines as a program coordination action. One example of functional organization would be a counseling unit that mixed staff from separate mental health and social service agencies, to provide counseling to both agencies' clients. The placement of multipurpose human service workers in small communities represents another coordination alternative. In rural areas factors such as distance, small populations, and caseload diversity frequently do not justify restricting professional staff to serving categories of people determined strictly by funding source. Program coordination issues such as these are extremely important in terms of designing a cost-effective human service delivery system.

Capacity building is another important area that should not be overlooked when developing action plans. Capacity building refers to the training, education and technical assistance needs of service providers, managers (such as the planning group itself), volunteers, public officials or other involved residents. It enables local resources to be used to the fullest extent possible to address local needs and is likely to improve cost-effectiveness. Capacity building should also involve preventive programs that reduce costs by solving problems before they require expensive treatment.

Two examples of capacity-building action plans come from the Garfield County 1983 Human Services Plan. One planned action was to train local medical personnel, law enforcement officers, lawyers and teachers about alcohol and substance abuse through a series of workshops designed for these professionals. The other proposed capacity-building action was to hold a series of workshops for community residents on family issues as an educational and preventive aid. The workshops were to be sponsored jointly by human service agencies and the ministerial alliance.

Finally, program development focuses on decisions about the need for new services or expanding or redirecting already-existing services. The needs assessment and resource inventory will provide insight into necessary actions in this area. In the experience of the DHHS study, a need for new programs presented the more difficult program development problems in rural rapid-growth areas. In one community, for example, funding was not readily available for a needed substance abuse prevention program. State funds for the local alcohol and drug abuse program were restricted to direct services. Ultimately, liquor-tax funds returned to the county were given to the agency to be used solely for prevention activities.

After considering the above issues, the county planning group should develop a list of recommended actions guided by county priorities. A useful format for clarifying thinking and guiding the development of action recommendations is the POME model:

PROBLEM  
OBJECTIVE  
METHODS, Including:  
    Actions to be Taken  
    Time Frame  
    Responsible Person/s  
    Resource Person/s  
    Cost  
    Funding Sources  
EVALUATION

#### Selecting Service Providers

Once county needs are prioritized and recommended actions are designed, individuals and organizations that can carry out the recommended actions must be identified. The selection of service providers is, of course, related to resource allocation decisions. County planning groups may be involved in resource allocation decisions determining use of city or county funds, industry grants, or state human services block grants or impact-mitigation grants. A discussion of this phase of implementation planning follows.

In order to insure that all service providers, whether public or private, informal or formal, have an opportunity to be considered for funding, proposals for county-administered funds should be solicited publicly. Interested parties should be notified that funds are available to address prioritized county needs and asked to submit proposals on a standard form. Notification may be by mail and through the newspaper and radio. Information on the time frame for submission and

acceptance, the mechanics of submission, and the review process should be included.

The county planning group may be responsible for developing the proposal format. A standard form insures that proposal information is consistent and that a fair evaluation of organizations requesting funds can be made. Typical information requested includes the following:

o Organizational Description

Program purpose, goals and objectives

Organizational structure

Services provided by the organization

Service policies

Target populations and number of clients served

Staff

Current budget

o Proposal for County Funding

Rationale for funding request

Actions organization will take to address county needs, including objectives and methods to be used

Cost of providing the proposed services

Amount requested from the county and how these funds will be used to implement the proposed service

Other funding sources or in-kind contributions supporting the proposed service

o Evaluation Plans

Evaluation of proposed services

Evaluation of use of county funds

It is significant that monitoring and evaluation mechanisms are built into the sample proposal form. By comparing service

objectives and evaluation criteria at the end of the funding period, the county planning group will be able to determine whether or not the services it funded achieved their planned outcomes.

If alternative proposals are received in one service area or funding requests exceed available resources, the planning group must choose service providers and programs that they will recommend to the county commissioners for funding. This is usually done by ranking the proposals for funding. The ranking process is analogous to the process used to prioritize needs assessment data. Criteria for ranking are established, proposals are ranked, and then final decisions are made. As with needs assessment, the criteria for ranking and selection should relate to county goals and objectives, as well as to prioritized needs. Additional criteria may also be established, which answer the following questions:

- o Is the service mandated by law?
- o Will the proposed project provide an appropriate and cost-effective response to the need?
- o Is the service duplicated?
- o Is the quality of service (including service availability, accessibility and coordination) adequate?
- o What is the ability of the service to forestall future expenses or lessen the need for continuing services?
- o What ability does the service have to affect more citizens of the county than just the client?

Once the county commissioners approve resource allocations, the final activity is contracting to purchase services. A contract is a vehicle for assuring that residents of the county will be provided designated services at a specified level of quality. A contract should spell out the mutual responsibilities of the county and the service provider. For

example, the county may agree to provide funds, and in return the service provider may agree to perform the work specified in the proposal and to submit to programmatic and financial review by the county. Contracts should conform to general contract law of the state. Thus, the county attorney's assistance in developing contracts should be obtained. The contracts will require the approval of the county commissioners and appropriate officers of the organization providing the service.

#### Writing the County Human Services Plan

The final phase of developing implementation plans involves assembling the decisions of the county planning group into a comprehensive human services plan document. Planning is a dynamic process, the outcome of which is a written plan. The most important consideration in producing a "good" plan is that the steps in the process are followed in a consistent manner. The written plan is simply a working document describing the ongoing process. Thus, it will constantly be modified as the process continues through future planning cycles. In addition, the specific contents of the plan will vary according to the needs and circumstances of each locale. A sample plan format that is based on the planning process described in this chapter is given in Figure 3. It also includes elements which are common to many comprehensive human services plans.

Once the plan draft is written, it is **absolutely essential** to provide an opportunity for public review before it is finalized and approved by the county commissioners. This can be accomplished in several ways. The fact that the plan is available to any citizen who requests a copy should be widely advertised in newspapers and on the radio. Review copies should be distributed to service providers and their governing boards. Finally, a public hearing can be held.

FIGURE 3. SAMPLE PLAN FORMAT

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COMPREHENSIVE COUNTY HUMAN SERVICES PLAN

SECTION I. INTRODUCTION TO THE PLAN

- County Mission Statement
- Purpose of the Plan
- Explanation of How the Plan is Organized

SECTION II. DESCRIPTION OF THE COUNTY

- Demographic Characteristics
- Economic Characteristics
- Geographic Characteristics
- Organization of the Human Services System

SECTION III. DESCRIPTION OF THE PLANNING PROCESS

- Description of Local Procedures Used in Each Step of the Planning Process

SECTION IV. GOALS, OBJECTIVES AND EVALUATION CRITERIA AND COUNTY HUMAN SERVICES NEEDS PRIORITIES

- List of Goals, Objectives and Evaluation Criteria Developed by the Planning Group
- List of Prioritized Human Services Needs

SECTION V. INDIVIDUAL SERVICE SHEETS

- Description of Individual Service Providers Based on Resource Inventory

SECTION VI. RECOMMENDED ACTIONS TO ADDRESS COUNTY NEEDS

- List of Recommended Actions in Relation to Each Prioritized County Need, Specifying Problem, Objective, Method and Evaluation

SECTION VII. BUDGET INFORMATION

- County Human Services Budget
- List of Funds Available for Each Service Area from All Sources

SECTION VIII. EVALUATION

- Achievement of County Goals and Objectives As Stated in Previous Plan
- Achievement of Service Provider Goals and Objectives As Stated in Previous Plan

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Citizen participation is necessary and valuable throughout the planning process.

### Monitoring and Evaluation

Monitoring the effectiveness of the county plan and county human services programs is accomplished through the use of evaluation procedures. Evaluation, as the term is used here, refers to formal, systematic and pragmatic judging of activities or services according to selected standards. Evaluation allows the county to judge whether or not it has been successful in implementing its plan and in achieving desired outcomes. In addition, evaluation of individual service providers allows the county to determine whether or not the services it has funded are proceeding according to plan and meeting needs in the most cost-effective manner. Some uses of evaluation information which are relevant to the county planning group follow.

- o Policy-Making: Evaluation can provide feedback that influences the development of future county mission statements and goals.
- o Needs Assessment: Evaluative and monitoring data can indicate areas where needs have changed or new needs have arisen.
- o Service Decisions: Evaluative information can be used to guide decisions about establishing new services or changing existing services.
- o Budgeting and Resource Allocation: Because it identifies needs, service costs, and the efficiency of program operations, evaluative data also affects fiscal decisions.
- o Securing and Justifying Funds: Evaluative information can demonstrate the value of programs to prospective funding sources, such as public officials or industry representatives.
- o Public Education: Evaluative information can also be used to inform the public about the operations and benefits of county human service programs.

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### Circumstances Influencing Evaluation Activities

Evaluation is an essential ingredient of planning. It is integrated into several steps of the planning process described in this chapter. However, evaluation may not always be viewed as a disciplined means of obtaining information on plan effectiveness in rural rapid-growth areas. Rather, the motivation for undertaking evaluation activities and the response to those activities may be highly tinged with emotion. Public officials may demand evaluation of human service programs out of concern for cost-effectiveness, service efficiency, and service accountability. Evaluation may also be initiated in response to funding cuts and used to determine which services should receive reduced funding or be discontinued. Evaluation is frequently viewed by those being evaluated as highly threatening. Evaluations hastily performed in response to political or funding pressure may portray the service in unfavorable terms, may not include data that are useful to the service for improving internal operations, and may place an additional burden on already overworked staff.

Some of the anxiety surrounding evaluation activities can be dispelled by involving service providers in the design of evaluation activities from the beginning, giving them some ownership in the evaluation. For example, when service providers develop goals and objectives as part of a proposal for county funds, they will determine the evaluative criteria that will be used later by the county. Before the evaluation is conducted, it is also helpful to spell out clearly how evaluation data will be used. Finally, the persons responsible for conducting the evaluation (frequently, staff of the planning group) should have good rapport with the staff of the organizations being evaluated.

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## Methods of Evaluation

Evaluation procedures can be very complex methodologically. Highly sophisticated evaluations are not financially or technically feasible for most counties, especially in rural rapid-growth areas. The value of such evaluative information for county-level planning is also questionable. For example, rigorous experimental methods can be used to determine whether one treatment modality is more effective than another. The major purpose of this type of evaluation is to assist internal agency functioning. The example also illustrates the need for the planning group to distinguish clearly between appropriate or inappropriate evaluative information to be requested from agencies.

At a somewhat lower level of sophistication are evaluation procedures that depend on the availability of computerized human services management information systems. For example, if data on clients, staff time and service costs were available from a management information system, a county planning group could evaluate the functioning of a specific service, such as a homemaker assistance program. Data on (1) the number of persons requesting homemaker assistance, the number utilizing the service, and the number denied service; (2) the cost of the service; and (3) staff time expended providing the service could be analyzed. This information could then be used by the county planning group to make decisions, first, about whether to expand the homemaker assistance program and, then, about resource allocations.

For purposes of county level planning, effective evaluation does not require, however, the sophisticated and detailed procedures discussed above. Rather, what is sufficient are clear statements of objectives and simple measures of the extent to which these are met. The procedure is analogous to that described previously for the development of goals and objectives. An example of an evaluation report based on

this procedure is given below.

Service: Family Planning

Objective: To inform at least 150 persons of the availability of family-planning resources in the county, in order to allow them to make informed decisions about the number and spacing of their children. Objective to be achieved between July 1, 1981, and June 30, 1982.

### Activities Completed:

- 175 persons were reported as receiving family planning information on staff caseload reports between July 1, 1981, and June 30, 1982.
- staff conducted educational sessions explaining county family-planning resources to ninety students in high school classes between July 1, 1981, and June 30, 1982.

Evaluation: Objective Met

## Integrating Evaluation Procedures into the Planning Process

There are a number of points at which the above evaluation procedure is built into the planning process described in this chapter. First, the county planning group can evaluate its own functioning and the functioning of the human service delivery system by analyzing the achievement of goals and objectives it set previously for itself and the system. Actions recommended for addressing prioritized county needs can also be analyzed at the end of the planning cycle to determine whether actual accomplishments matched planned accomplishments. The needs assessment phase of the plan also provides potential evaluative data. For example, if key social indicators (e.g., the incidence of reported child abuse) are tracked, the data can be used as one means of evaluating the effectiveness of county programs. In this example, an increase in the incidence may indicate that programs planned to reduce child abuse should be altered or expanded to increase their effectiveness. Agency-specific evaluation data can be found in the county



plan since it includes information on (1) goals and objectives requested during the resource inventory and (2) the proposal for county funding.

The final distinction that should be made is between programmatic and fiscal evaluation. The evaluative mechanisms integrated into the planning steps deal with programmatic evaluation. However, the county may also wish to establish mechanisms for fiscal evaluation. This can be done by periodically comparing projected expenditures with actual expenditures, by budget category and funding source.

Uinta County, Wyoming, provides an example of evaluation procedures used in a rural rapid-growth county. In this case, the county human services planning group concentrated a great deal of their effort on developing evaluation procedures. This was a response to the county commissioners' concerns about cost-effectiveness, efficiency of agency operations, and accountability for the use of county funds. Both programmatic and fiscal evaluation procedures were developed. Agencies prepared a proposal for county funds that included a statement of program goals and objectives and proposed budget, including use of county funds. Agencies receiving county funds were then required by contract to report progress in attaining their goals and objectives and to submit quarterly financial statements comparing actual and projected expenditures. These simple procedures promise to improve agency planning and credibility.

### ***A Case Study: Garfield County, Colorado***

Garfield County, where the DHHS study community of Rifle is located, provides an interesting example of developing county-level planning in a rural rapid-growth area. It also illustrates many of the dynamics of the planning environment,

including actions of human service agencies, local and state government, and industry.

Located in the oil shale area of western Colorado, Garfield County was in the midst of a major population boom at the time of the DHHS study in 1981. Construction of four oil shale facilities in the area was underway and several other projects were being planned. The Council of Governments projected that the county would grow from a population of 22,514 in 1980 to 66,126 in 1985. A new community with a projected population of over 20,000 was under construction. During 1981, the county population increased twenty-five percent and the pressures of rapid growth were keenly felt.

Comprehensive human services planning in this county began as a result of the activities of the Human Services Council, an information sharing and advocacy group. Comprised of public and private service providers and interested residents, the group began to function actively in the spring of 1980. It was formed when the members realized they needed to work together to plan, coordinate services, share information, educate, and act as a political force in the county when dealing with the problems associated with energy impact. The Human Services Council also helped integrate new service providers and offered a support group for dealing with burnout in agency staff.

One of the first priorities of the Human Services Council was to lobby the Garfield County Commissioners to request Colorado Oil Shale Trust Funds for the construction of a human services complex in Rifle, where agencies could be co-located. The county commissioners were irritated by this pressure and saw it as a challenge to their authority. At the same time, the commissioners were strongly urged by the State Impact Coordinator to develop a local planning group to undertake

comprehensive human services planning for the rapid growth occurring in the county. The County Impact Coordinator also urged the commissioners to consider human services planning as a high-priority activity. The commissioners responded by appointing a Human Services Commission, chaired by the Public Health Officer, a physician with whom they had a good working relationship.

The twelve-member Human Services Commission was established by resolution of the county commissioners. Members included three representatives recommended by the Human Services Council, plus nine other representatives from health and human services agencies. The charge to the Commission included responsibility for reviewing applications for human services funding, helping human service agencies coordinate services, and preventing the duplication of services and unwarranted expenditures of government funds.

While some initial tension existed between the Council and the Commission, it was resolved in several ways. First, the membership of the Commission was expanded to include three representatives from the Council, rather than one as was initially proposed. The purposes of the two groups were also differentiated. The Commission assumed planning responsibilities and advised the County Commissioners regarding resource allocation, while the Council continued as an information sharing and advocacy group. The nature of the system which evolved tended to protect agency turf through agency representation on the Commission. This arrangement has also reduced the potential threat to regional and state human service agencies.

After the Human Services Commission was established, Garfield County received a human services block grant from

the State Impact Coordinator for \$175,000. It is noteworthy that this grant represented an experiment by the state Impact Assistance Program in a block-grant approach to human services funding. State human service agencies, on the other hand, continued to respond to Garfield County as they responded to all other counties in the state, by simply continuing categorical funding and not making any special accommodation to needs for increased staff allocations in several agencies.

The only state requirement attached to the human services block grant was that the county develop a comprehensive human services plan. The county set aside funds from the grant to hire a human services planner who would be responsible for plan development. The Human Services Commission then reviewed applications from human services providers and made recommendations to the county commissioners for distributing the remainder of the funds. Thus, funding decisions were made before the first plan was developed.

A human services planner was hired in October, 1981. He was appointed head of a separate department of human services within county government. His job responsibilities included comprehensive planning, providing technical assistance to human service agencies, grantsmanship and program evaluation. He was also charged with making recommendations on resource allocations to the county commissioners. However, his major efforts have been focused on comprehensive plan development.

Two human services plans have been produced in Garfield County. They illustrate very well the progressive development and refinement in the planning process that typically occurs as counties gain experience with human services planning. The first plan, approved by the Human Services Commission in April, 1982, is essentially a report of a broad-based and comprehensive

needs assessment. Information was collected for nine service areas: youth, families, seniors, assistance to the needy, employment services, developmentally disabled, mental health, substance abuse and public health. The plan synthesized information from six different data sources:

- o a telephone survey of 404 county residents
- o a survey questionnaire which was hand-carried or mailed to 471 professionals working in human services (e.g., caseworkers, clergy, educators and law enforcement personnel)
- o an analysis of social indicators
- o agency data on service utilization
- o a review of human service standards
- o a review of research conducted on human service needs in energy-impacted communities.

After the data were synthesized for each service area, the information was used to develop lists of recommended actions for 1982 and beyond.

As mentioned previously, the emphasis was on the needs assessment step of the planning process. Because several methods of data collection and several data sources were used, the needs assessment was methodologically quite sound. It was also relatively sophisticated in that survey data were computerized for analysis. On the other hand, the planning process did not extend beyond the collection of needs assessment data, to active involvement of the Human Services Commission in establishing priorities and developing recommended actions based on these priorities. In addition, it was not used to guide funding decisions. However, for a first-year effort the plan was commendable.

The 1983 Garfield County Human Services Plan shows considerable evolution in the planning process. It was

developed under quite different circumstances. Within days of the publication of the 1982 plan, it was announced that the Exxon Colony project, the largest oil shale project in the county, would close. Over two thousand workers were laid off. Rather than a booming economy, the county reached thirteen percent unemployment. The fact that the 1983 plan was developed during a bust period is evidence that a good planning process is beneficial in a variety of situations.

The 1983 plan was developed specifically to help the county make resource allocation decisions. As before, a block grant was available for human services. This year, however, county revenue-sharing monies and direct grants from five oil shale companies were added to the funds received from the State Impact Coordinator. The total amount available for distribution was \$249,706. The direct participation of industry in human services funding is noteworthy. It reflects the effective human services advocacy of the human service community and public officials.

In place of the surveys used in 1982, the Human Services Commission used a less costly and more dynamic needs assessment technique to develop its 1983 plan. A task force was appointed for each of seven areas: aging, alcohol and drug abuse, community health, developmental disabilities, family and youth conflicts, mental illness, and poverty and unemployment. Those appointed were key individuals, such as human service agency directors and staff, physicians, teachers, ministers or law enforcement personnel, with particular expertise in their task force area. A Commission member chaired each task force, and the human services planner was also available for facilitation. Each task force used a variant of the Nominal Group Technique to develop a final prioritized list of needs for their service area. A written report was given to the Human Services Commission.

The Commission then synthesized the priorities of the seven task forces. They first established three broad priority areas for classifying the specific priorities which had been forwarded to them: (1) coordination and planning, (2) essential services, and (3) supplemental services. The task force priorities were then classified in these three categories, using a numerical ranking system in the case of supplemental services priorities. This completed the needs assessment phase of the planning process.

The next phase of the 1983 planning process involved development of an implementation plan. Several steps were taken:

1. The task forces met to brainstorm about potential programs that might be used to resolve the priority needs of the county.
2. Service providers participating in the task forces developed program concepts and presented them to the appropriate task forces for critical review and comment.
3. Preliminary proposals for county funding were submitted to the Human Services Commission for its review and comment. The proposals were then returned to the service providers for refinement.
4. Proposals were next formalized on a standard application for a second review by the Commission, which forwarded them with their funding recommendations to the county commissioners, for approval or disapproval.
5. At this stage, the Commission developed an "Action Plan." They designated specific measures to be taken and funding sources to address needs in each of the three priority areas. The following is an example:

FIRST PRIORITY: COORDINATION AND PLANNING

Human Services Coordinator and Human Service Commission

Action: Retain Human Service Coordinator as county

staff; retain half-time secretary; support operating costs and computer work.

Funding: Garfield County Human Service Block Grant.

6. The final step was the development of contracts between the county and service providers receiving funds. Each contract summarized the program as it was designed and approved by the county commissioners.

The second year of human services planning in Garfield County was marked by considerable development of the planning process. During this planning cycle, the Human Services Commission became involved in a dynamic needs assessment process, establishing priorities and developing implementation plans. The planning process was also directly tied to resource allocations in the second year.

A number of creative human services programs have developed in Garfield County. The Good Neighbor Volunteer Project, administered through the mental health agency and funded with a State Impact Program grant, used volunteers to greet community newcomers, inform them of community resources, and establish initial linkages to community networks. When the bust came, the program changed focus and functioned as a support system for those suffering economic loss and dislocation. The local community college established a Community Resource Center, providing human services information and referral services. Other programs, developed and funded as outcomes of the planning process, included a multi-agency crisis team and multi-agency crisis transportation project. A human services complex where services would be co-located was also funded by Oil Shale Trust Funds.

The comprehensive human services planning that took place in Garfield County is a model of the evolution of an effective planning process in a rural rapid-growth area. It is a tribute to its public officials, human services community, and citizens.

## Bibliography

- Association of Minnesota Counties. "Community Social Service Act: A Guide to Planning." [Minnesota]:n.p., 1980.
- Coordinating Human Services at the Local Level. Proc. of the First National Network Building Conference. 23-24 June 1980. Falls Church, Va.: Institute for Information Studies, 1980.
- Gilmore, John S. "Boom Towns May Hinder Energy Resource Development." Science, 191 (1976), 535-540.
- Industrial Economics Division. Denver Research Institute. "An Appraisal of Human Service Needs and Delivery Systems in Energy-Impacted Communities: A Basis for Planning" (Grant No. IE8048/G26). Denver: University of Denver, 1980.
- Olson, Judith K. "Needs Assessment and Program Evaluation in Impacted Communities." In The Boom Town: Problems and Promises in the Energy Vortex. Eds. Joseph Davenport, III, and Judith Ann Davenport. Laramie, Wyo.: University of Wyoming, 1980, pp. 123-138.
- , and Julie M. Uhlmann. "Human Services Handbook for Rural Rapid Growth Communities--Working Paper #1: Regional Profile Analysis." Denver: University of Denver, 1981.\*
- Slaughter, Ellen, K.C. Taylor, and Julie M. Uhlmann. "Human Services Handbook for Rural Rapid-Growth Communities--Working Paper #3: Social Indicators Analysis." Denver: University of Denver, 1982.\*
- Turshak, Paulette, and Julie M. Uhlmann. "Human Services Handbook for Rural Rapid-Growth Communities--Working Paper #2: Human Service Standards." Denver: University of Denver, 1981.\*
- U.S. Department of Commerce. Bureau of the Census. Current Population Reports, Series P-25, No. 790 (December 1978), n.pag.
- U.S. Public Health Service. "Designation of Health Manpower Shortage Areas." Code of Federal Regulations, 42 Part 5. Washington, D.C.: GPO, 1982.
- Utah State Department of Social Services. Bureau of Policy Planning. Uintah Basin Oil Shale Planning Project. "Managing Growth Impacts: A Planning Process for Human Services." [Utah]: n.p., 1982.

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\*Working papers from the DHHS project may be obtained for cost of reproduction and mailing from:

Human Services Consulting Associates  
519 South Fifth Street  
Laramie, WY 82070

or

Division of Industrial Economics and Management  
Denver Research Institute  
University of Denver  
Denver, CO 80208

## Appendix:

### *Service Delivery Strategies for Rural Rapid-Growth Communities*

A variety of mechanisms has developed in rapid-growth communities to address emerging human service problems. These mechanisms are designed to:

1. Prevent problems and needs for formal services,
2. Address human needs without requiring formal services, and
3. Improve access to agency services and the ability of the formal service delivery system to respond to critical needs.

The distinctions between preventive, informal, and formal agency services are somewhat arbitrary. Many agency strategies discussed, for example, were preventive in nature. Other services were initiated as informal services by paraprofessionals and volunteers but ultimately became part of the formal agency service delivery system. Some domestic violence intervention programs, for example, now function like formal agencies with respect to funding and other criteria, but retain their volunteer staff.

The strategies reported represent a continuum of interventions that enhance community ability to cope effectively and to respond to human needs. Since our concern is human services, housing and other critical elements of community infrastructures are not emphasized. It should be noted, however, that community stress levels, and consequently human service impacts, are related in part to the adequacy of public services and facilities.

### *Preventive Strategies*

1. Integration Programs. A number of mechanisms developed within communities to integrate newcomers in the established community and to prevent the alienation of older residents from their rapidly changing community:
  - o Greeting Programs. These ranged from Welcome Wagon types of programs to more concerted efforts where neighbors met newcomers, shared information regarding the community (e.g., history, lifestyle, and resources, including human services, car repair, and piano lessons) and tried to link newcomers with other residents who shared similar interests. These programs aimed to build support networks and provide opportunities for newcomers to contribute to community life.
  - o Church Programs. Churches provided a variety of settings for residents to meet and develop relationships, including weekly potluck suppers and coffee groups, open to all community members.
  - o Bus Tours for Seniors. Trips through the community and to energy resource development facilities insured that elderly persons, who were frequently alienated and frightened by the radical changes in their towns, would keep abreast of and involved with the community.
2. Cost Containment. The escalating cost of living in rapid-growth communities created particular burdens for the elderly and low-income groups. Preventive programs, designed to reduce this impact, included:

- o Business and Utility Discounts. These programs reduced the cost of essential services and allowed the elderly, disabled, and low-income groups to maximize use of their scarce resources.
  - o Low-Income Housing. Low-income and seniors' housing projects were developed in some communities; in others, landlords agreed to maintain low-cost rental units for persons with low or fixed incomes.
  - o Tax Measures. Homestead exemptions and deferral of property tax payments reduced the burden of high property taxes and allowed elderly individuals to remain in their own homes.
3. Expansion of Community Resources. Communities developed alternate uses for existing resources and expanded or developed other resources to address local needs:
- o Multipurpose Use of Facilities. Schools, churches, libraries, and government offices were used to expand community services without constructing new facilities. Sites for recreation, day care, public meetings, meals for the aged, and community organizations were provided in existing structures.
  - o "Neighborhood Watch." Crime prevention programs addressed concerns of residents, supplementing local law enforcement capability.
  - o Community College Courses. Industrial training programs, a variety of courses in life skills, and courses of interest to women facilitated employment of local residents, increased their coping skills, and provided opportunities for personal and professional development.

- o Community Education. Community-wide education programs were developed in areas such as substance abuse and family violence. Studies and information forums by groups such as the League of Women Voters addressed issues of local concern.
- o Advocacy. Advocacy groups supported use of special taxes (e.g., a liquor tax) and fees (e.g., marriage license fees) for human service programs. Other advocacy efforts focused on the needs of special groups in the community (e.g., youth, the elderly, and women).

### *Informal Strategies*

1. Support Networks. In addressing many problems or needs, individuals and groups may act more effectively than formal human service agencies. Support groups included:
  - o Big Brothers/Sisters. Emergence of this and similar organizations in many of the study communities was a direct response to the needs of children and youth in single-parent families.
  - o Telephone Checks. The elderly were most likely to use this to monitor health and safety needs, in addition to providing regular interaction with others.
  - o Transportation Services. Volunteers and programs like Green Thumb were helpful in providing transportation services for the elderly and other agency clientele.

- o Cooperative Food-Buying and Service Exchange. Again, the elderly developed networks which assured needs were met for continued independent living. Sewing was exchanged for yard work, and aging persons who were not homebound bought food for those who were. Cooperative food buying also developed among younger age groups. Larger distant communities offered better food prices, so neighbors rotated weekly/monthly grocery trips.
  - o Cooperative Child Care. Cooperative child-care arrangements developed among neighbors. In several communities, larger cooperative day-care centers were started.
  - o Youth Groups. Increasing problems of youth, including lack of supervision and inadequate recreational facilities, led to organizing or revitalizing youth groups which offered support, activities, and supervision. These included church youth groups, 4-H, Scouts and ball teams.
2. Peer and Paraprofessional Services. Paraprofessionals and peer service programs were a vital component of the continuum of service delivery alternatives in communities where formal agencies were not able to meet service needs. Programs included:
- o Crisis Lines. Paraprofessionals providing services were trained in crisis intervention and referral skills by agency staff.
  - o Domestic Violence. Programs were usually staffed by trained volunteers. Peer counseling and support groups were available for victims and perpetrators of domestic violence.

- o Tutoring. Paraprofessional and peer tutoring programs were found in several communities where school systems were overcrowded and understaffed.
  - o Parent Groups. Peer counseling groups were developed by parents experiencing difficulties in raising their children.
  - o Alcoholics Anonymous, Synanon. These peer counseling and related groups for family members were common in communities experiencing increased alcohol and drug problems.
  - o Youth. Peer counseling groups and job referral services met needs of troubled youth and provided work opportunities.
  - o Natural Helpers. Natural helpers, frequently business people or housewives, emerged in small communities or neighborhoods and became focal points for information sharing regarding community resources, in addition to helping individual residents with adjustment problems.
3. Other Informal Service Strategies. Several other informal service strategies were encountered which addressed critical needs or facilitated access to the service delivery system:
- o Community Service Directories. Community organizations or church groups were often instrumental in developing directories of community services, including human service agencies, for distribution to residents. Industry frequently supported publication of these directories.



- o Aid to Transients. In several communities a ministerial association provided financial and other assistance to transients (e.g., food, shelter, transportation). Supported by community donations, a food bank existed for transient aid in another community.
- o Information and Referral Services. A formal office was set up to provide information and referral services in one community. In others, the Chamber of Commerce, or similar groups, assumed this responsibility. Government employees (e.g., police, postal, fire or county clerk's office personnel) assumed new information and referral roles in other towns.
- o Industrial Volunteer Programs. These groups provided a variety of services--including engineering and design expertise to plan a day-care facility, labor and machinery for park and ball field developments, and duplicating facilities for publication of a human services newsletter.
- o Foster and Respite Care. Where shelter services or group homes were lacking, community residents volunteered use of their homes or motels reserved space for temporary care of troubled youth and victims of domestic violence.
- o Pastoral Counseling. Local ministers assumed expanded counseling responsibilities in areas such as marital conflict and other family problems. Their role as a counseling resource was particularly important in smaller communities where formal agency services were lacking.

## ***Formal Agency Strategies***

1. Client Access. A number of modifications were utilized by human service agencies to improve client access to services. These included:
  - o Modification of Agency Hours. Hours of agency operation were changed to respond to work schedules in and travel distances to the catchment area.
  - o Seasonal Service Delivery. Services were expanded in central offices or at satellite locations, to reflect increased seasonal demand for services (e.g., increased Job Services client loads during the summer construction season).
  - o Shared Office Space. Costs of satellite or outreach services to small communities were reduced by agencies sharing office space. These arrangements might include daily/weekly rotation of services using the same space.
  - o Human Service Generalists. Small communities requested local access to a generalist who could handle crises, refer to appropriate services, and provide support to community residents.
  - o Co-location. Agencies co-located in the same facility, thus allowing consumers access to all services in the same locale and improving interagency referral procedures for multi-problem clients.
  - o Eligibility Requirements. Income eligibility requirements, in particular, were modified to allow delivery of needed services to high-income clients in high cost-of-living boomtowns. Changes allowed

access to child care for victims of domestic violence in shelters; distribution of emergency assistance funds to families; and a pay scale adequate to recruit personnel for a homemakers' program.

- o Employee Assistance Programs. Contractual arrangements with industry improved employee access to mental health, substance abuse, and other human service programs.

2. Staff. Agencies employed a number of strategies to maintain an effectively functioning staff:

- o General Training. Interagency workshops were used to improve staff skills in problem areas common to clients of all agencies (e.g., alcohol and drug abuse and crisis intervention).
- o Specialized Training. Continuing education activities focused on enhancing staff skills in specialized areas of increasing client needs (e.g., diagnosis of learning disabilities in mental health staff).
- o Hiring Practices. Several agencies expressed a preference for "seasoned" staff who were better able to balance their job commitments and their personal resources.
- o Burnout Prevention. Some administrators were particularly sensitive to staff burnout and tried to provide support systems, "time outs", opportunities for organizational problem-solving; and flexible or individualized scheduling and workloads.
- o Students. University students in professional training programs were hired for summer or longer

practical experiences, thus expanding staff resources. While requiring supervision, lower-cost student labor met a variety of needs from staff shortages to coverage for staff vacations. Students also brought specialized expertise allowing completion of projects which regular staff could not address (e.g., a needs assessment in a mental health center or a nutrition program in a day-care facility).

- o Planning. Preserving staff planning time facilitated regular staff interaction and participation in finding solutions to organizational and service delivery problems.

- o Workload. Agencies used a number of strategies to reduce workloads and role-related stress for staff. These included reducing paperwork or travel time, distributing undesirable work among all staff, flexibility in work roles, limits on hours worked or client loads, and avoiding long-term staff assignments away from home and family.

- o Paraprofessionals and Volunteers. Agencies used paraprofessionals and volunteers to extend service delivery capabilities and carry out in-house support services.

3. Consultation and Education. While these services declined in many agencies, others concertedly maintained or increased consultation and educational activities. Reported here are efforts that affected the community in a broader sense than case-focused consultation and education:

- o Service Development. Existing agencies provided consultation to developing services in a number

of areas (e.g., assessing need for the service, program planning, and budgeting). Day-care centers and spouse abuse programs in larger communities, for example, helped local personnel in smaller towns develop similar services.

- o Skill Training. Agencies provided training for other community services or helpers in a variety of areas:

--Training law enforcement officers in crisis intervention, substance abuse, and domestic violence intervention skills.

--Training, emphasizing basic intervention and referral skills, for natural helpers in communities.

--Agency training of paraprofessionals for a domestic violence program (trainers were personnel from mental health, social services, protective services, and law enforcement).

- o Education. Educational programs, often preventive in nature, were developed by human service agency staff. Examples include:

--A community-wide substance abuse program, involving community meetings and school and media presentations.

--A number of courses offered by agency personnel through community colleges or university extension programs (including courses on parenting skills, creative play, infant stimulation, marital conflict resolution and stress management) were designed to improve coping skills of community residents.

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--Employer education, through agency contractual arrangements, in communication skills; stress management; identification, referral and management of employees with substance abuse problems; etc.

- o Public Relations. Agencies increased activities designed to enhance their visibility in the community, to inform the public of their services, and to educate the community regarding human services problems and needs. Techniques commonly used were local media interviews and news releases, speeches to community organizations, regular meetings with public officials and industry representatives, and special events such as health fairs or fundraising affairs (e.g., a magic show sponsored as a fundraiser by a day-care center).

- o Support of Informal and Preventive Service Strategies. Some agencies actively supported local programs, such as recreation, and alternate service strategies, such as peer counseling, as ways to reduce community stress and provide an adequate range of service alternatives. Agencies recognized their inability to meet all needs and the likelihood that alternatives would lessen their own service demands.

- 4. Special Agency Services. Agencies occasionally developed new services, or methods of service delivery, to meet service demands or special needs:

- o Group Treatment. The Western values of individualism and independence have slowed the use of group treatment methods. However, high service demands encouraged the use of group services in alcohol and drug abuse agencies, public health nursing,

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employment services, mental health agencies, etc. Group techniques became the treatment of choice for many problem areas.

- o Children's Services. Agencies were particularly concerned about the lack of specialized services for children. Several types of programs developed to meet this need:

- A mental health center organized a preschool program for maladjusted children.

- A day-care agency hired a full-time staff person to facilitate the integration of newcomer children and their families to the program.

- Agencies developed contractual arrangements with school systems to help in assessing, placing, and integrating children new to the community.

- Special task forces developed to coordinate and advocate children's services. In some communities the Child Protection Team assumed these responsibilities.

- o Interagency Crisis Intervention. The demands and stress levels associated with constant crisis intervention work were reduced by the development of interagency crisis lines and crisis-response teams staffed by personnel from different agencies on a rotating basis, or by paraprofessionals trained by agency personnel.

5. Service Coordination. Agencies identified a need for improved coordination of services, ranging from strengthened referral networks to interagency and

comprehensive planning. Coordinating mechanisms included:

- o Voluntary Human Services Council. Service providers and interested persons organized for service coordination; advocacy purposes; and information sharing, including identification of available versus needed services.
- o Appointed Human Services Commissions. Government-sanctioned commissions assumed planning functions and made recommendations regarding resource allocation to their appointing bodies. These groups were concerned with service duplication, efficient service delivery, and agency accountability.
- o Human Service Planners. Planners were typically government employees at the county or district level. They served as staff to commissions and the government bodies that appointed them. Planning, service coordination, and funding recommendations were major functions.
- o Interagency Referral Mechanisms. Case managers, special treatment teams, interagency directors' councils, and child protection teams were used to improve the functioning of interagency referral mechanisms.
- o Co-location. Human service agencies co-located to facilitate service coordination and assure easy client access to referral resources.