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**A DESCRIPTION OF ANCHORAGE  
SUBSIDIZED HUMAN SERVICES**

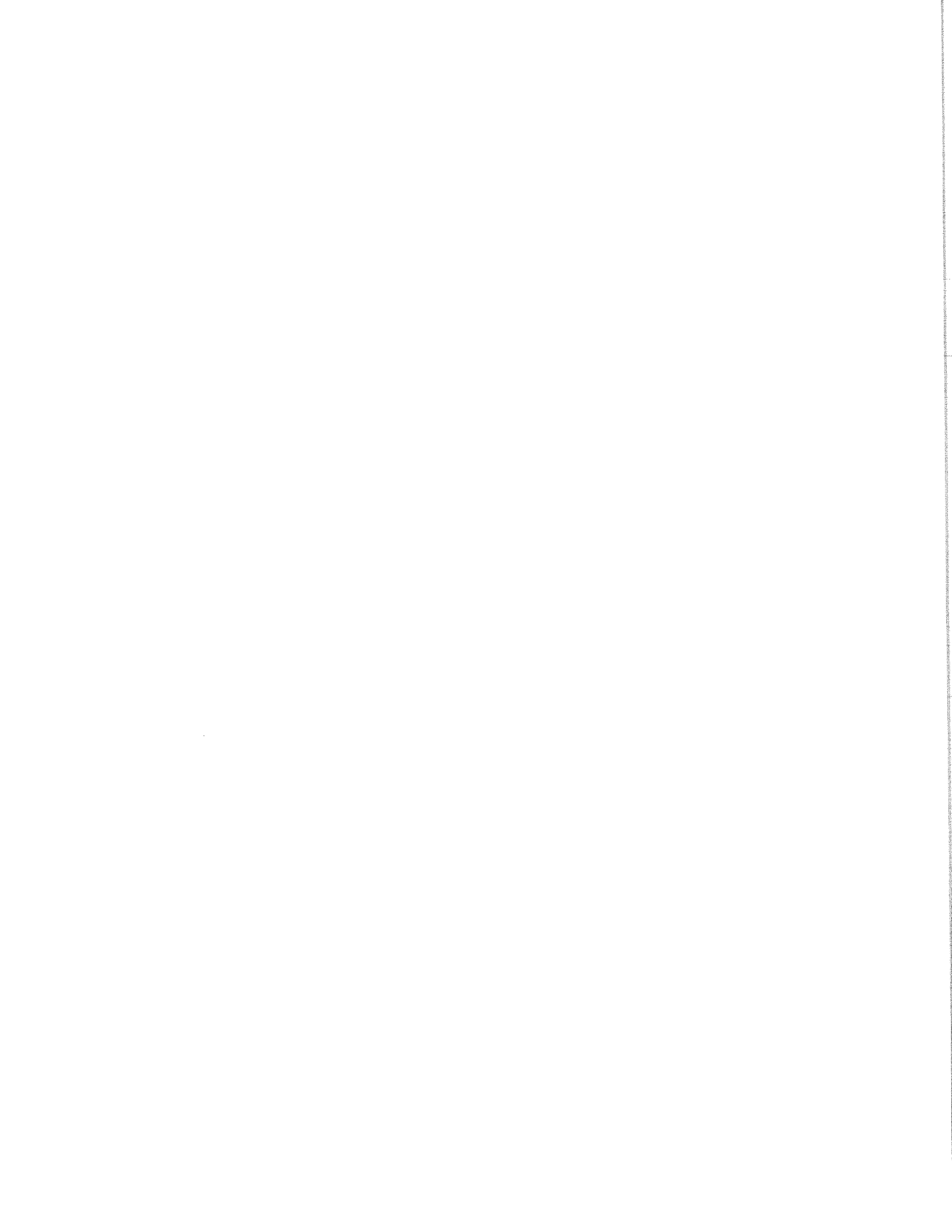
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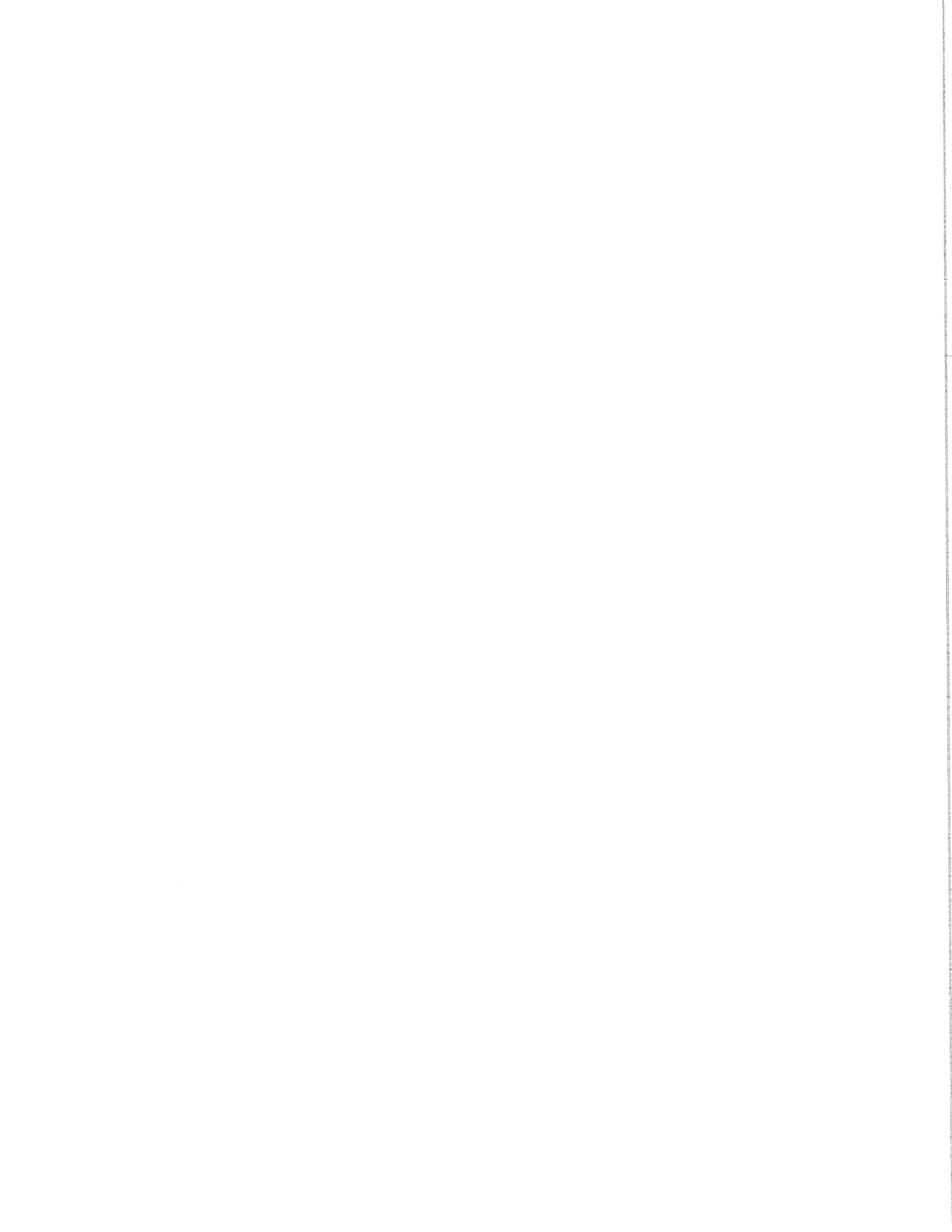
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**June 22, 1984**

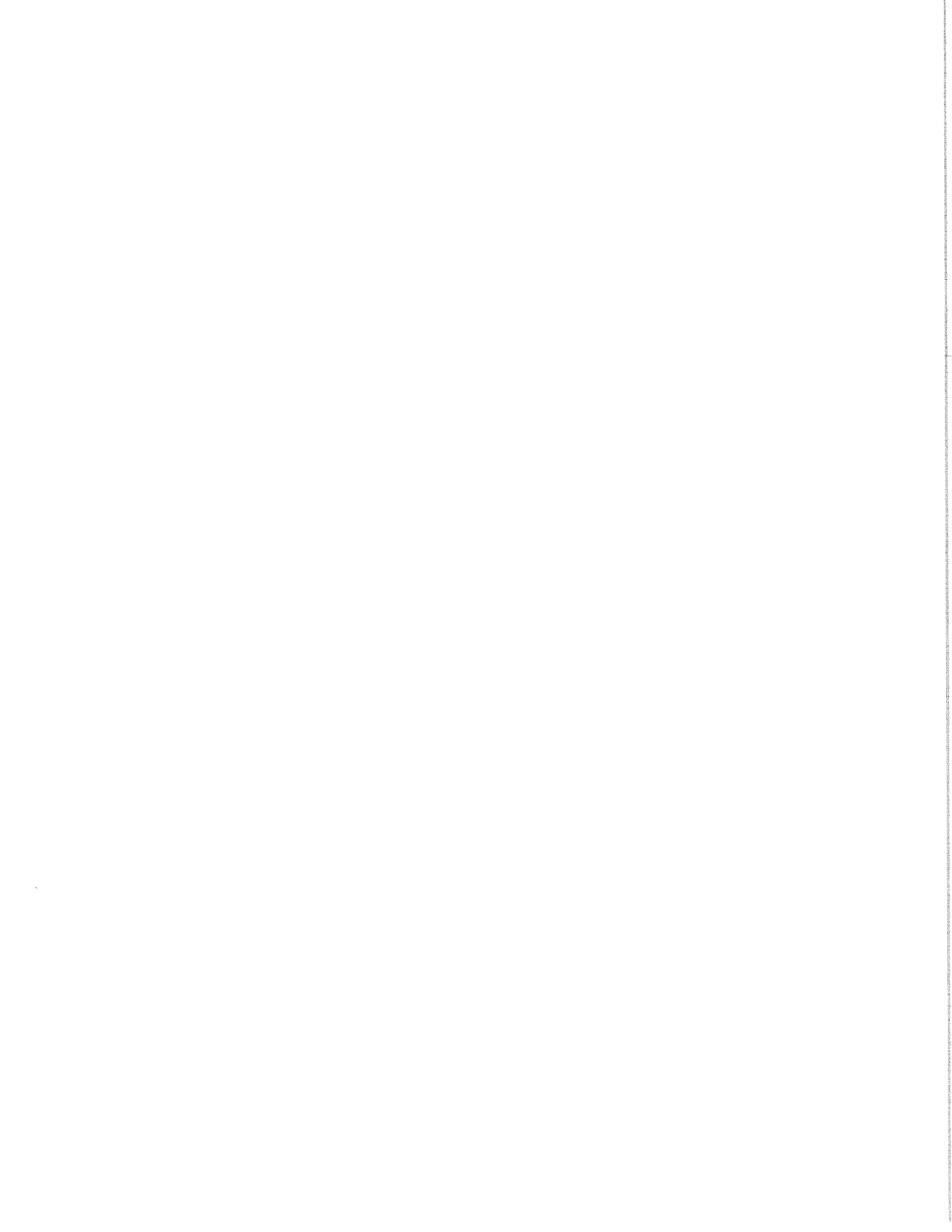


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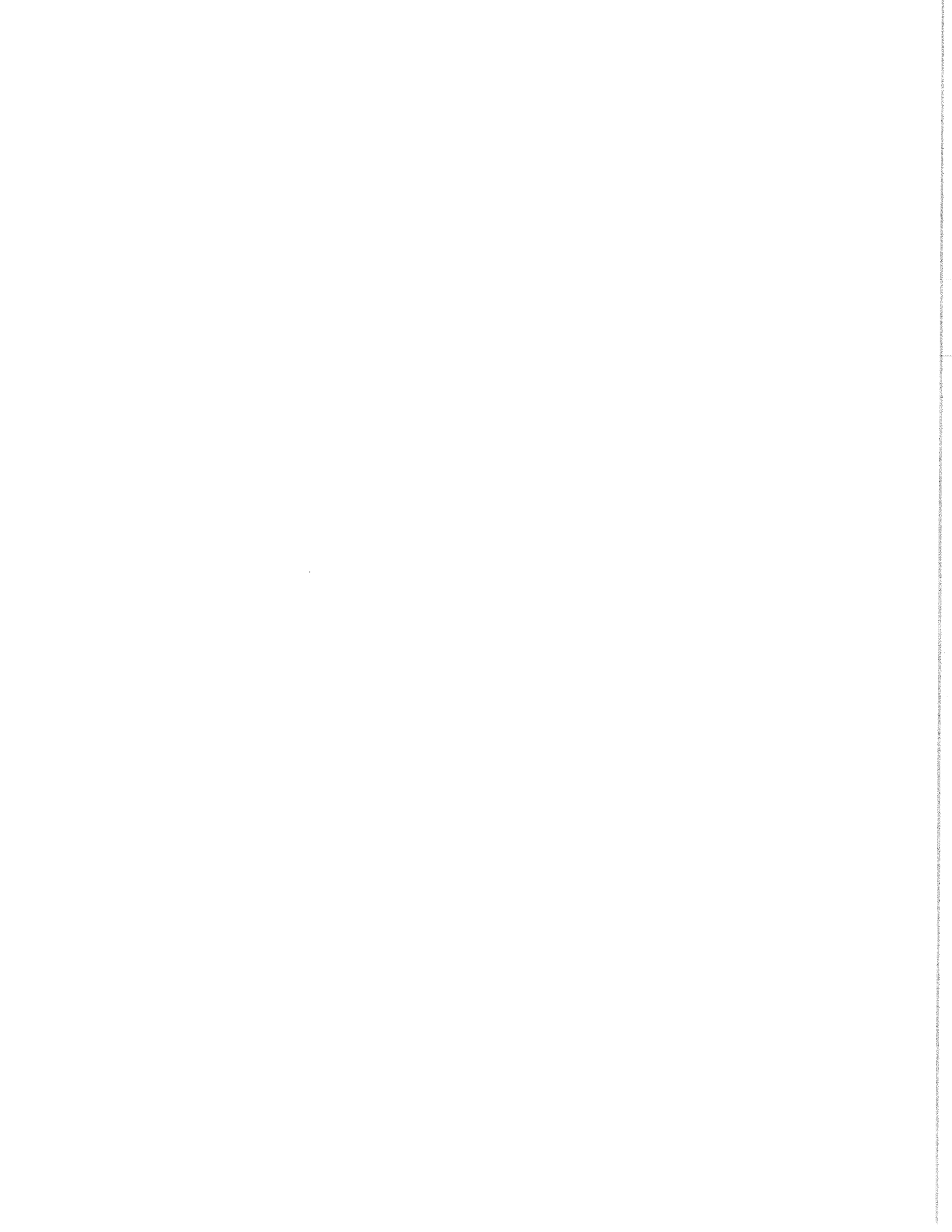


## ACKNOWLEDGEMENTS

This report is truly a cooperative effort of all Anchorage human service providers. We estimate that representatives of over 150 private and public agencies in total contributed over 1,000 hours of their time, responding to our requests for information. In addition, United Way generously helped to staff our research team, and we received valuable advice and support from the Human Services Coalition. We hope that these substantial contributions will be acknowledged in the form of opportunities for continued involvement of the entire human service community in the next phases of human service planning in Anchorage.









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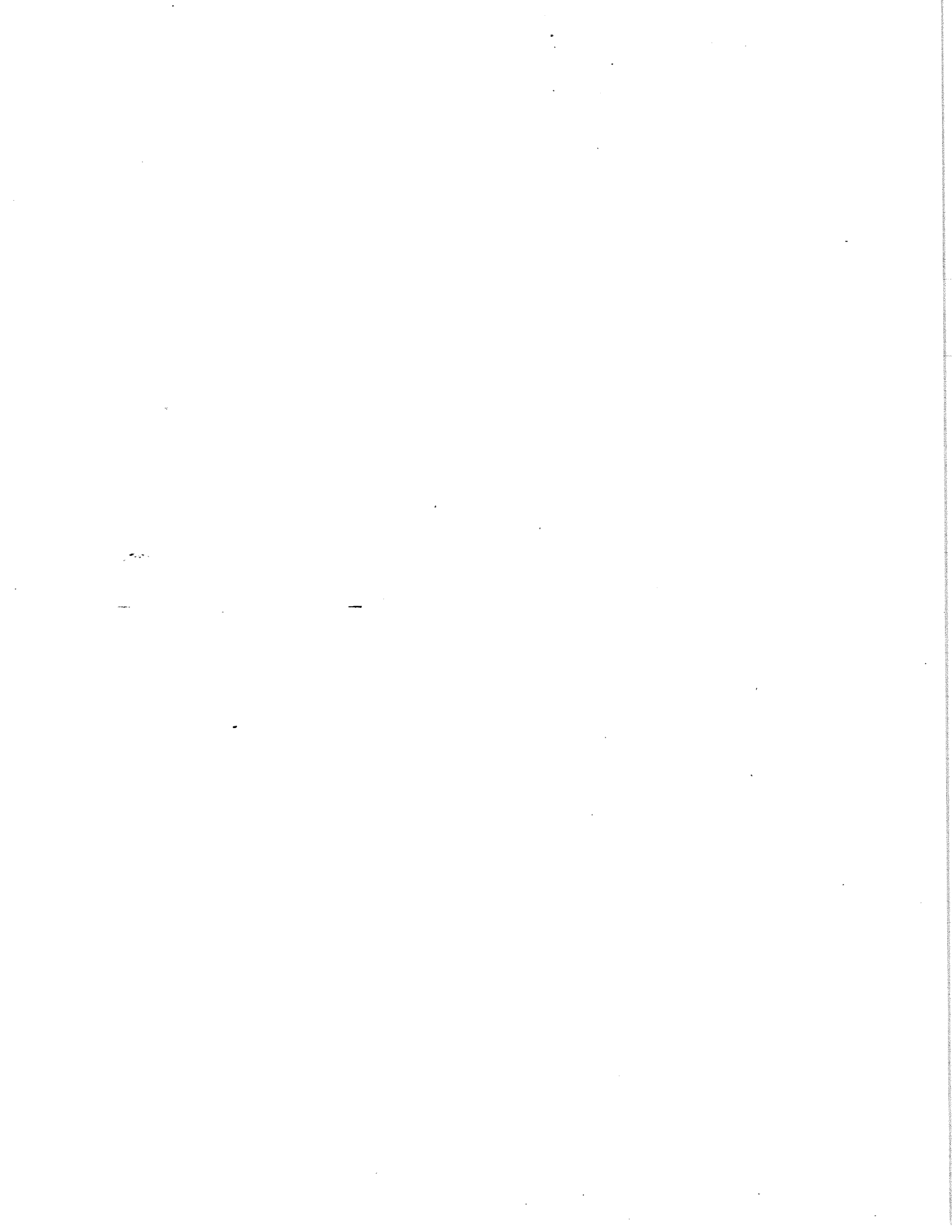


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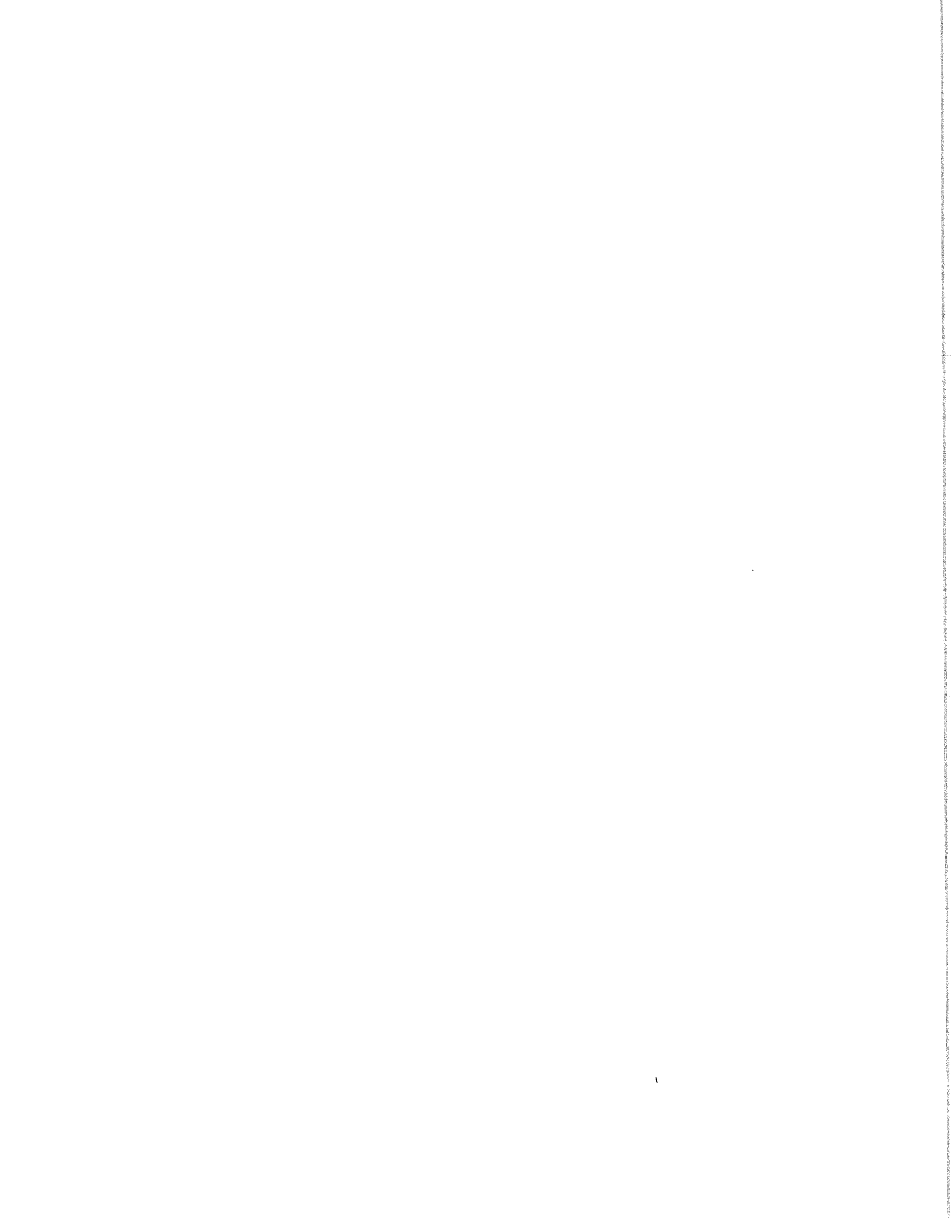
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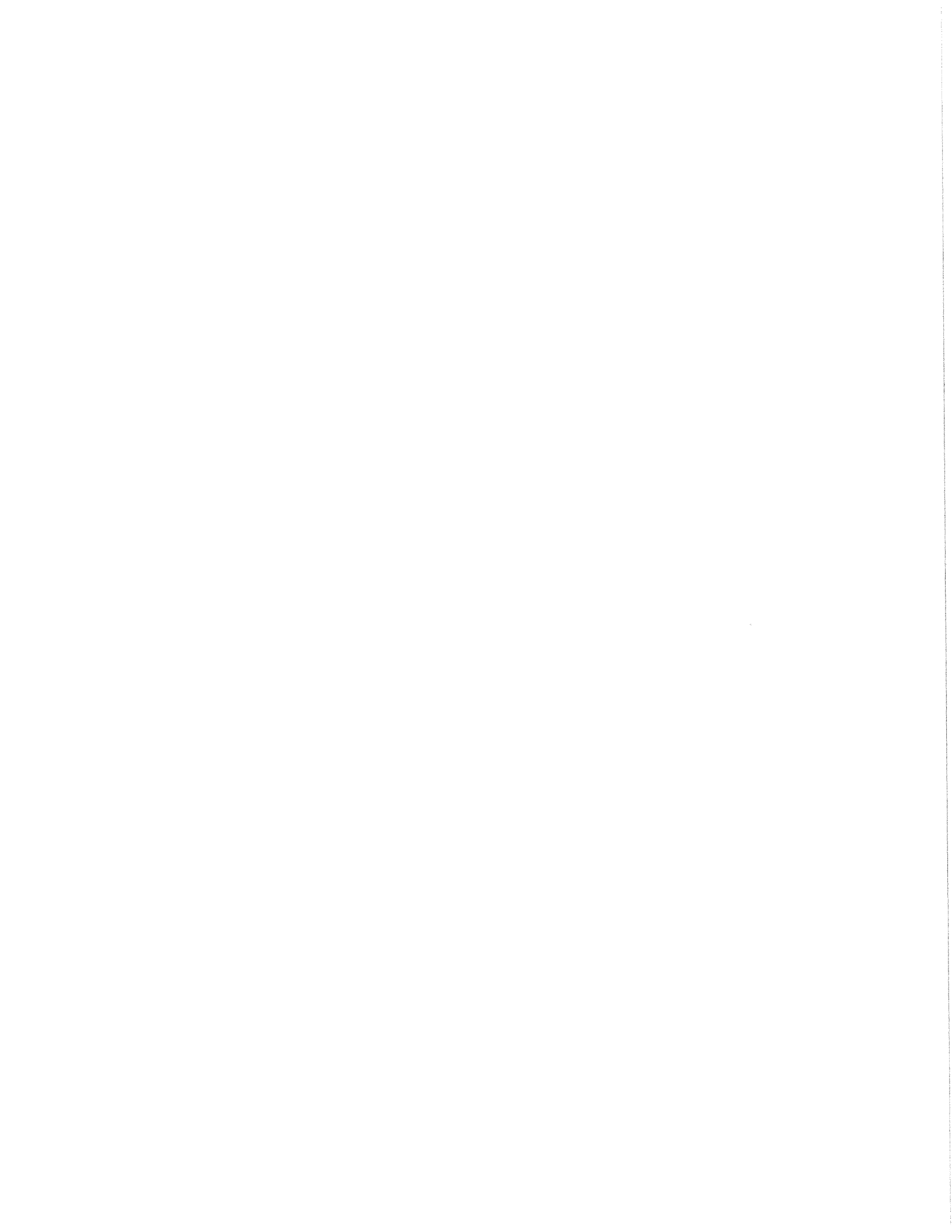
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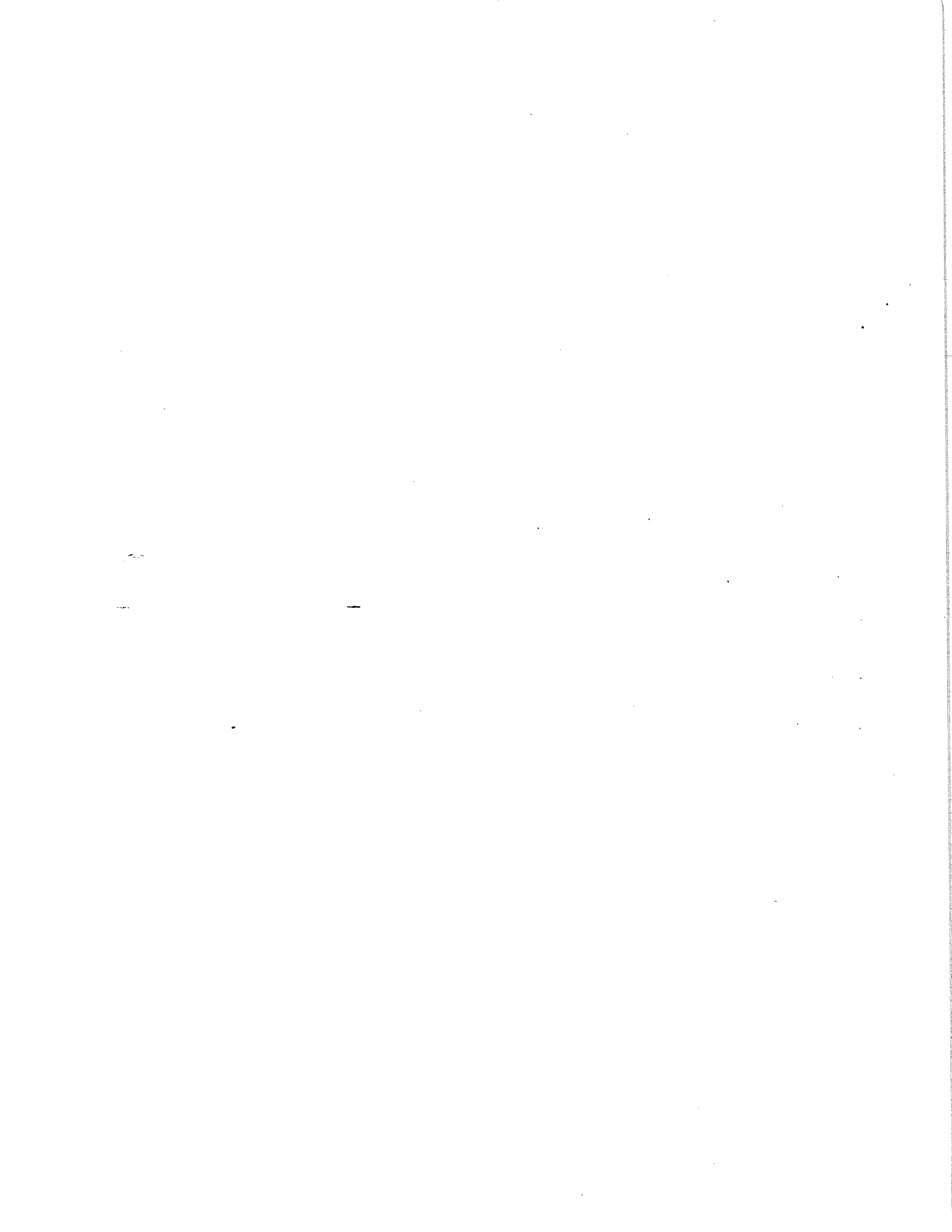
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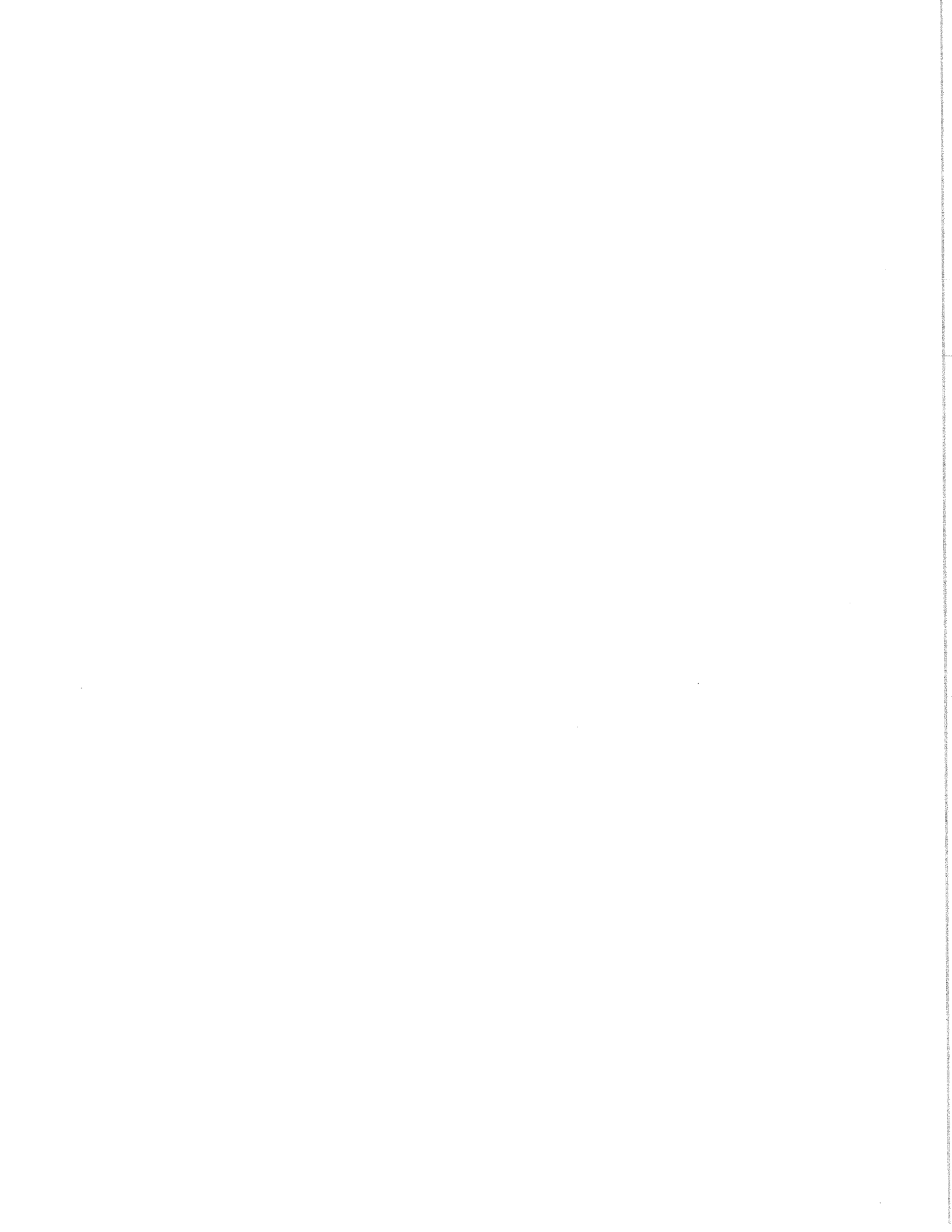




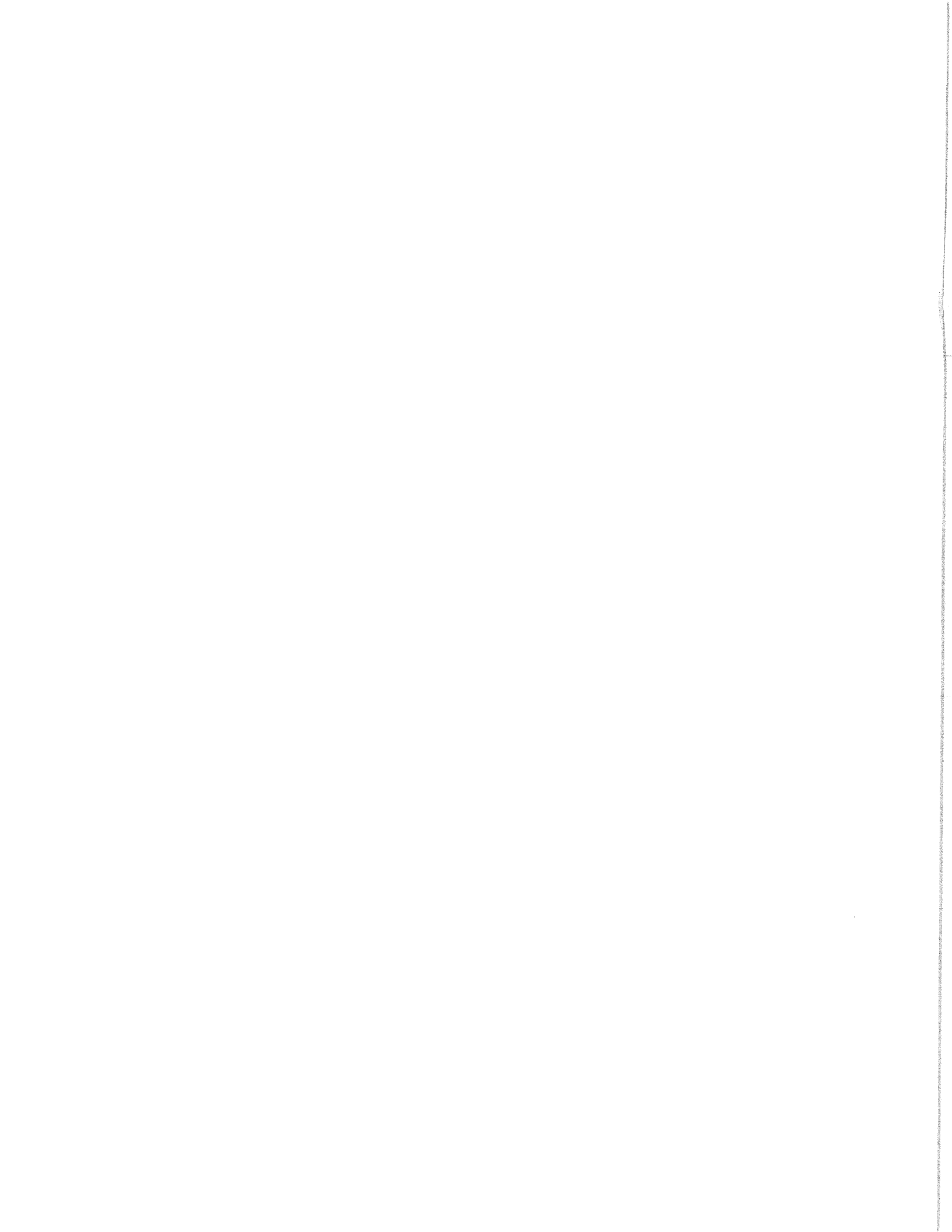
## PREFACE

This report contains the first products of a six-month-long study of the Anchorage human service system. Two additional products will soon be available. These are (1) a listing of populations identified by one or more service providers as groups not currently receiving particular services and (2) a listing of human service programs which one or more service providers identified as being needed but not available in Anchorage.









## A DESCRIPTION OF ANCHORAGE SUBSIDIZED HUMAN SERVICES

### Introduction

The purpose of this report is to describe the existing Anchorage subsidized human services. The report represents a preliminary step in the establishment of a comprehensive human services planning process.

During the last year, there have been several independent efforts to describe the human service provider community in Anchorage: the Suicide Prevention and Crisis Center updated their computer file of service providers and published a new Community Resource Directory; the State Department of Health and Social Services compiled a directory of human service providers receiving state grants, contracts, or provider agreements; Senator Faiks sponsored a mail survey of Anchorage human service providers; and the Anchorage Human Services Coalition has conducted two mail surveys of the Anchorage human service provider community. Each of these efforts has been in response to the lack of comprehensive information on the existing human services system. Together, they have produced a fairly comprehensive list of the agencies currently providing human services in Anchorage, along with information concerning each agency's programs and revenues.

The present study addresses two limitations of all previous efforts to describe the Anchorage human services system. First, the mail surveys conducted have not generated a complete response from

the service provider community. Second, the information produced by these previous efforts can only be reported by agency, not by type of service. The latter limitation results from the fact that agencies often provide multiple services. Unless information is collected by individual services within each agency, it is not possible to aggregate data across agencies to develop summary statistics by type of service.

To address the above two limitations, we designed a study in which we personally interviewed the executive directors or administrative heads of 152 Anchorage human service providers (both public and private) to obtain the following information for each type of human service offered by the agency:

- (1) Expenditures on Anchorage and non-Anchorage residents
- (2) Revenues by source
- (3) Unduplicated count of persons served
- (4) Hours of direct service received by clients
- (5) Direct and support hours of all paid staff
- (6) Direct and support hours of all volunteer staff
- (7) Alternative measures of program products where appropriate
- (8) Persons in need of service
- (9) Persons served by at least one provider
- (10) Characteristics of population groups currently not receiving service

In addition, we asked each agency's executive director or administrative head for their ideas on how a human services planning process might best be structured.

### Scope of Study

The scope of this study can be principally defined in terms of the range of human services to be included. Ideally, this range would have been determined as one of the first steps of a human services planning process. Since no such process is currently in place, however, we wanted to be sure that the information assembled now would not preclude the involvement and consideration of human service organizations in any planning process ultimately chosen. Therefore, we wanted to include the broadest possible spectrum of human services.

At the same time, however, we recognized that the time and money available for the study were not sufficient to adopt an unrestricted definition of human services. In addition, we believed that an unrestricted definition would not fit most people's view of human services as activities which enhance the welfare of people who are disadvantaged, either due to personal characteristics (e.g., the handicapped) or personal circumstances (e.g., rape victims).

To narrow the study's scope of manageable size, we first eliminated from consideration human services that are provided at a profit to persons who are willing and able to purchase the service. Next, we excluded services provided within the formal education system since this system already includes integrated policy, planning, budgeting, and administrative functions. Third, we did not consider services provided within the adult judicial or

corrections system. We did not consider police or fire protection services. We excluded agencies which exclusively are engaged in human service planning, research, education, and training of human service professionals, fund raising, or service provider coordination. In most cases, however, these services are pursued in conjunction with direct service delivery and thus were considered as part of the administrative cost of providing one or more direct services included in our study. Finally, we did not consider nonprofit agencies who serve Anchorage residents at or from locations outside of Anchorage.

With a few exceptions, noted below, the remaining Anchorage services are alike in that they are provided at no charge or at some subsidized cost directly to individuals in need who are not able to obtain the service with their own resources (i.e. financial, physical, or mental).

After we had adopted the above guidelines, we found that several agencies which have received public funds as human service providers do not provide services directly to individuals in need. Included in this category, for example, is the Food Bank which collects and stores food distributed by other agencies. Since these agencies are critical supply lines to the direct service providers, we considered them "vital links" and included them in the study.

Our summary presentation of human service activity in Anchorage excludes several programs which were included in our initial scope of human services. Data on these programs appears in the Appendixes to this report. We did not include social security retirement or survivors' insurance payments in our summary statistics since these payments are really a return of monies paid into the social security system by current recipients. We do include the federal supplemental security income (SSI) statistics. We also excluded the loan subsidies associated with Alaska Housing Finance Corporation home mortgages that are not income-related. This public service is not directed at the disadvantaged and the estimated \$57 million in annual subsidy distorts the meaning of the total dollars spent on human services. Finally, we excluded Medicare data from our summary statistics because we were unable to obtain comparable data on the Medicaid program and the activities of the Indian Health Service. These programs clearly should be included in future inventories of human service activity in Anchorage.

In a real sense, all of the human service agencies excluded from our study can be considered vital links in the human service system. The school district provides or sponsors a wide range of services which, if not offered by the district, would have to be picked up by some other component of the human service system. Similarly, education and training programs for human service providers are vital to the effective delivery of services. Broad public education efforts which are not targeted at individuals currently in need also have an impact on the demand for direct human services. Exclusion



from our study in no way means that the type of service being provided does not fit within the scope of services that available resources allowed us to consider.

Applying our criteria for inclusion of a service in the current study, we identified 152 public and private agencies who collectively support some 378 human service programs in the Anchorage Municipality. We fully expect that we have inadvertently omitted agencies which fall within the scope of this study and hope that we will be informed of these errors so that they can be rectified.

## Methods

### Categorization of Human Service Programs

Our principal methodological decision concerned how to classify agency activities into types of human services. This operation is critical if we hope to plan by type of service rather than by individual agency. The only comprehensive taxonomy of human services appropriate to the requirements of this study is that developed by the United Way of America, "UWASIS II: A Taxonomy of Social Goals and Human Services Programs." UWASIS II is the product of six years of development efforts which included repeated reviews by service providers. While it still has significant limitations, UWASIS II is clearly superior to any taxonomy of human services that could be developed in a short time specifically for human service planning in Anchorage.

As stated in its introduction,

The fundamental purpose of UWASIS II remains that of sorting out, on a logical, consistent, and mutually consistent basis, what it is that organized groups do to solve or ameliorate human problems, to satisfy human needs or aspirations or, generally, to enhance the human condition.

UWASIS II is organized under eight human service goals:

- Optimal income security and economic opportunity
- Optimal health
- Optimal provision of basic material needs
- Optimal opportunity for the acquisition of knowledge and skills
- Optimal environmental quality
- Optimal individual and collective safety
- Optimal social functioning
- Optimal assurance of the support and effectiveness of services through organized action

Within each goal, UWASIS II identifies and describes mutually exclusive categories of service at three levels of specificity: service systems, services, and individual programs. United Way recommends that the most detailed, individual program level be used during data collection efforts since it was designed to closely correspond to the actual activities of individual agencies.

A critical component of our study design, then, was to work with each human service provider to categorize their activities into one or more UWASIS II program descriptions. The execution of this task revealed significant deficiencies with the UWASIS II program

categories and descriptions, a fact anticipated by the authors of UWASIS II. The UWASIS II taxonomy provides for the addition of programs as necessary. We developed new program categories as a last resort since we believe it is counterproductive to significantly expand the number of program categories considered in the human service planning process. Our preferred alternative was to rewrite the existing UWASIS II descriptions of program categories to include human service activities sharing the same basic objective as the program originally described. Appendix B contains descriptions of all 190 UWASIS II programs identified in Anchorage, including descriptions of new program categories and revisions of descriptions originally found in the UWASIS II manual.

#### Reporting Units

Service providers participated in the study with the understanding that the program information they provided would be aggregated with comparable information from other agencies. In keeping with this understanding, we report data by UWASIS program, service, or service system and by target population rather than by individual agency. We decided this approach was necessary because much of the data provided by service providers are estimates which could be misleading if used as the principal means of evaluating the performance of individual agencies. In aggregate, we believe the data presents a reasonably accurate picture of the Anchorage human service system.

While UWASIS programs, services, and service systems form our primary reporting units, we also distinguish between services provided to major target populations such as the disabled, the elderly, the military, and persons with low incomes. Based on a combination of UWASIS codes and target population characteristics, we report our results by 113 human service categories.

#### Expenditure Data

Once we had established the UWASIS II program categories corresponding to each direct service provided by an agency, we asked the agency administrator to calculate the total expenditures for each UWASIS II program during the agency's last budget year. This means that the data collected from each agency does not necessarily pertain to the same twelve-month period; however, the alternative of adopting a standard twelve-month period would have proved impractical. Forty-one percent of the agencies included in the survey develop their budget on a calendar-year basis; 37 percent have a fiscal year starting July 1; and 12 percent have a fiscal year starting October 1. Thus, 90 percent of our results pertain to twelve months of program activity taking place between July 1 and December 31, 1983.

Since we collected all agency information by UWASIS II program categories, and since all of these categories correspond to direct service activities, it was necessary for each agency to allocate its support service and overhead costs among the UWASIS II program

categories identified to correspond with the agency's direct service activities. In some cases, this allocation could only be made by making rough estimates.

The reader should also keep in mind that, in many cases, agency data is not collected by program categories which match UWASIS II program categories. In these cases, agency administrators used their data to estimate summary statistics by UWASIS program codes.

The limitations of the expenditure data are particularly significant in the case of state agencies who offer the same service statewide and who do not have offices serving Anchorage exclusively. We did not attempt to estimate support costs for state programs administered entirely from Juneau. In other cases, our estimates include only the support costs of the Anchorage-based state offices. We did not include in any public or private program expenditures the public cost of administering contracts with nonprofit agencies. In sum, the true cost of providing direct human services in Anchorage is greater than our estimate.

We asked service providers to report their total expenditures as well as expenditures made to provide services within the Anchorage Municipality. We then asked them to split the latter figure into two parts: expenditures made on behalf of Anchorage residents and expenditures made on behalf of non-Anchorage residents receiving a service in Anchorage. We defined an Anchorage resident as anyone who

does not have a permanent home outside of Anchorage. Thus, recent immigrants to Alaska and the homeless were considered Anchorage residents. In most cases, service providers could only estimate expenditures by the residency status of persons served.

#### Revenues by Source

Service providers provided revenue estimates for the same twelve-month period used to calculate program expenditures. Since it was possible for agencies to draw down cash reserves, liquidate assets, and/or carry forward revenues, total agency revenues do not necessarily equal total agency expenditures. On balance, however, the revenue data provides a representative picture of the amounts of human service funding received from public and private sources.

We asked agencies which received grants or contracts which did not cover the same period as the agency's budget year to estimate the amount of revenues effectively received during their own budget year. As a result, aggregate revenue estimates do not correspond to a single Municipal or State fiscal year.

#### Unduplicated Count of Persons Served

Service providers were able to give us actual counts of the number of individuals served in the course of twelve months for 37 percent of the 378 agency programs included in this report. They were able to provide estimates in 40 percent of the other cases. In

the remaining 23 percent of all cases, the unduplicated count was listed as unknown (note our treatment of half of this group below).

An unduplicated count of persons served is the most common standard measure of program activity and is most useful when making comparisons of similar programs. It does not, however, indicate quantity, quality, or effectiveness of service, nor does it necessarily indicate the total demand for a service. In many cases, service providers had to estimate the split between Anchorage and non-Anchorage residents served by a program.

We found that some service providers did not or could not keep an unduplicated count of persons served but did keep a duplicated count in 12 percent of all programs. In these cases, we recorded the duplicated count as an alternate measure (see below). However, we also attempted to develop a conservative estimate of an unduplicated count by taking 50 percent of the duplicated count for programs for which there is no reason why a person served once would be relatively more likely to be served again or by taking 25 percent of the duplicated count for programs for which one would expect repeated client contacts. In 6 cases, we used 100 of the potentially duplicated count when the expected amount of duplication was insignificant.

### Hours of Direct Service

This measure is intended to indicate the total quantity of service directly provided to the sum of all persons served in a program during an agency's budget year. Thus, in a group counseling situation, the hours of direct service would be the hours spent on behalf of an individual client times the number of clients. We used a different rule in the case of residential facilities. In these cases, we asked service providers to estimate the number of hours spent on duty by all direct service staff.

Agency administrators were unable to estimate direct hours of service for 87 of the 378 programs identified. Therefore, some of our summary statistics on hours of service are significantly understated. We have identified these instances with footnotes to caution the reader. It is important to keep in mind, however, that hours of direct service is not a particularly meaningful measure of activity for many of the programs in which the measure is missing. In most of these cases, alternative measures are more appropriate indicators of service activity.

### Paid and Volunteer Staff Hours

Paid staff hours and volunteer staff hours both include direct and support service time over the course of the agency's last budget year. As in the case of hours of direct service, a significant number of agencies could not provide staff statistics, and the summary data should be used with caution.



### Alternate Measures

Alternate measures are used primarily for services which involved a short term and an unknown but possibly repeated number of contacts with the same person. Examples include: free meals, rides, complaints received, referrals, and educational events. In most of these cases, we used the alternate activity measure to estimate our unduplicated count of the persons served. (See above rules for this procedure.) We do not include listings of alternate measures in this report since this would require us to report data by individual agency program, but they are available.

### Number of Persons in Need of Human Service

The number of persons in need probably exceeds the number of people served in most programs. If the amount of public funds available for human services declines, the gap between persons served and persons in need may appear to be of strictly academic interest. On the other hand, justification for retaining or even expanding the aggregate level of funds available for human services will minimally need to demonstrate a continuing gap between the supply and the need for human services. A relatively high or low ratio of persons served to persons in need may also suggest productive resource reallocations. Some programs may be marginally inefficient because they attempt to reach all persons in need while other programs may be ineffective because they reach very few people in need.

Although we think it is important to estimate the number of persons in need of each type of human service, it is extremely difficult to do so. Most populations in need of specific services are as yet unidentified and are relatively small and dispersed. Surveys are usually an inefficient means of locating persons in need or estimating their numbers because the chances of randomly selecting such persons are low. Aside from the school-age population, residents with special needs often are not found in settings where it is possible to quickly identify their needs.

As a preliminary measure of persons in need, we compiled relevant census figures. However, most target populations cannot be estimated with census figures. In these cases, we asked each agency administrator to estimate the proportion of a specified base population (e.g., women 18 years of age or older) that they believe needed each type of human service that their agency provided over the course of the agency's budget year. We then asked them to estimate what proportion of the persons in need actually were served by one or more service providers. Note that we asked for estimates of need with respect to all programs in the same UWASIS II category, not just the particular service provider's program.

Service providers were generally reluctant to estimate the numbers of persons in need of a program. While they are probably the most knowledgeable group to make such estimates, they still perceive that they lack the information required to make reliable estimates.

We believe that the estimates obtained during the study indicate the order of magnitude of need for human services in Anchorage. Thus, we think the true level of need is unlikely to be more than ten times greater or less than the estimate given. However, we have not included summary statistics on estimates of need for each service area in this report as we believe additional review is necessary on a program-by-program basis. In the future, we suggest that agencies be asked just to estimate whether the ratio of persons served to persons in need is below .25, .25 to .49, .50 to .74, or higher than .75.

#### Target Populations

The UWASIS II taxonomy is organized around program objectives (e.g., income security) and program means (e.g., counseling). It is also possible to think of a human service system in terms of the characteristics of the various populations in need. Thus, for example, we talk about the human service needs of the elderly, low-income families, rape victims, and the developmentally disabled. These target populations often overlap and often need similar services. As a result, agency programs falling under the same UWASIS II program category may serve altogether different groups. Target populations, while not a good basis in themselves for categorizing human services, do add an important dimension to our understanding of the actual impact of human services organized under the UWASIS system. Recognizing this, we chose to organize our data collection and analysis efforts on the basis of a combination of

type of program and type of population served. Further aggregations of these reporting categories could be used as a vehicle for establishing funding priorities and developing separate requests for proposals.

## Results

### Expenditures by Place of Residence

Together, Anchorage public and private human service agencies currently spend \$180.2 million each year to provide a wide array of services to the public at no charge or at some subsidized cost. Of this amount, \$23.9 million (13 percent) is spent to serve non-Anchorage residents, either in Anchorage (\$17.5 million) or outside of Anchorage (\$6.4 million) [see Figure 1].

### Expenditures by Population Served

Included in the \$173.9 million spent in Anchorage (including services to residents and non-residents) are the costs for providing services to the elderly (\$17.5 million), nonelderly but disabled persons (\$27 million), and nonelderly-nondisabled persons with low incomes (\$38.6 million) for a total of \$83.1 million (see Figure 2). Two other types of programs accounting for significant proportions of the \$173.9 million total expenditure for human service programs in Anchorage include those directed specifically at the military (\$15 million) and in-patient psychiatric care (\$13 million). Together, these five groupings of human service programs account for 64 percent of all direct human services in Anchorage covered in our study.

Figure 1

# Location of Expenditures and Residency of Client

EXPENDITURES  
RESIDENCE  
RESIDENCE  
RESIDENCE

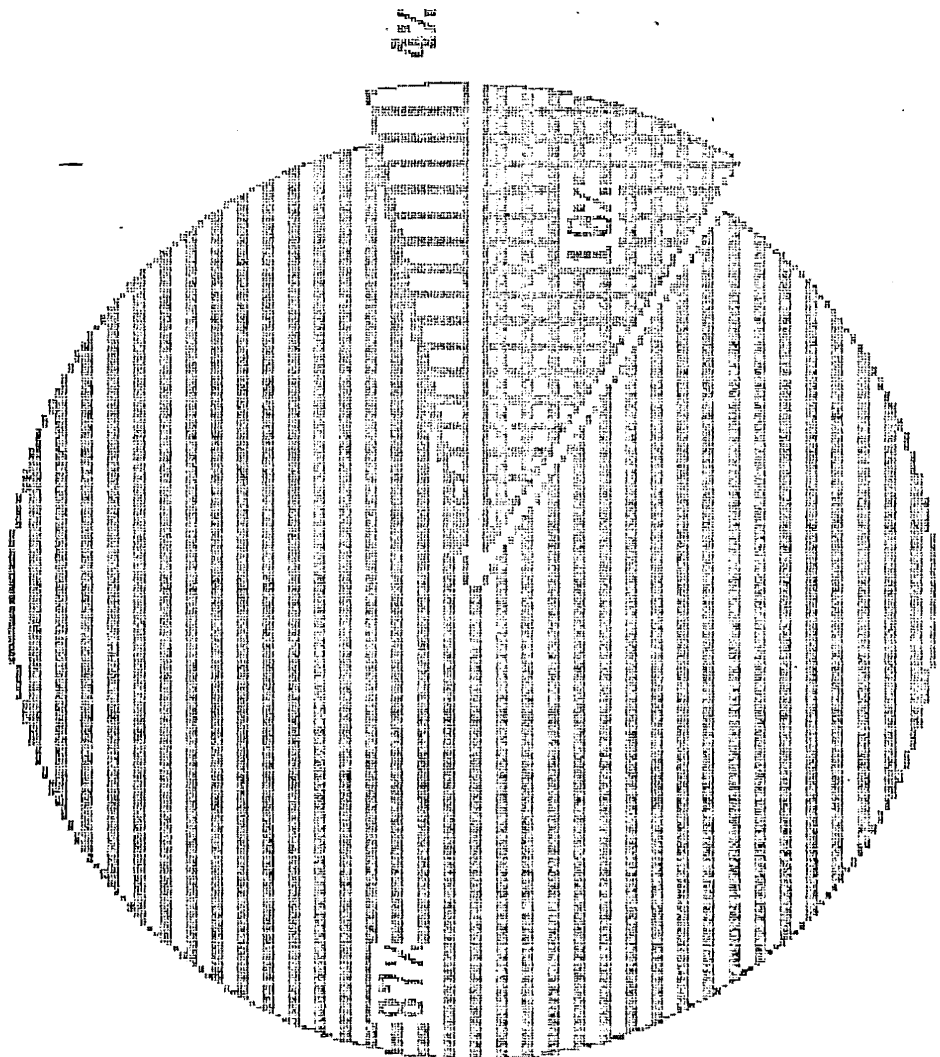
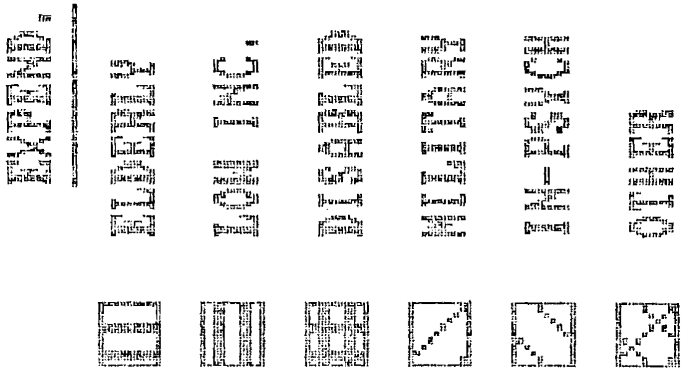
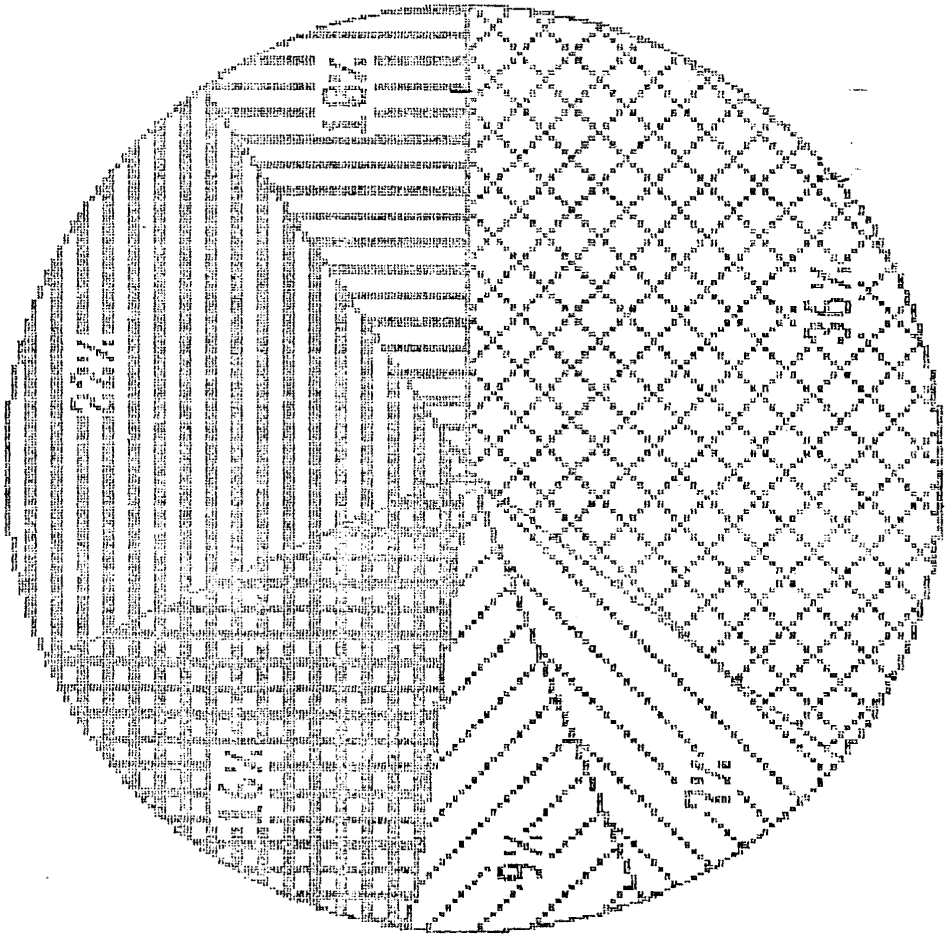


Figure 2  
Major Types of Expenditures



### Expenditures by Type of Service Provider

Direct services provided by state agencies account for 40 percent of all monies spent on direct services. Federal agency direct services account for 20 percent (see Figure 3). Direct human services (as defined earlier) provided by the Municipality of Anchorage account for only 7 percent, or \$11.8 million of the \$173.9 million total expenditures in Anchorage. In comparison, private nonprofit agencies currently spend \$57.8 million to provide direct services, or 33 percent of the total.

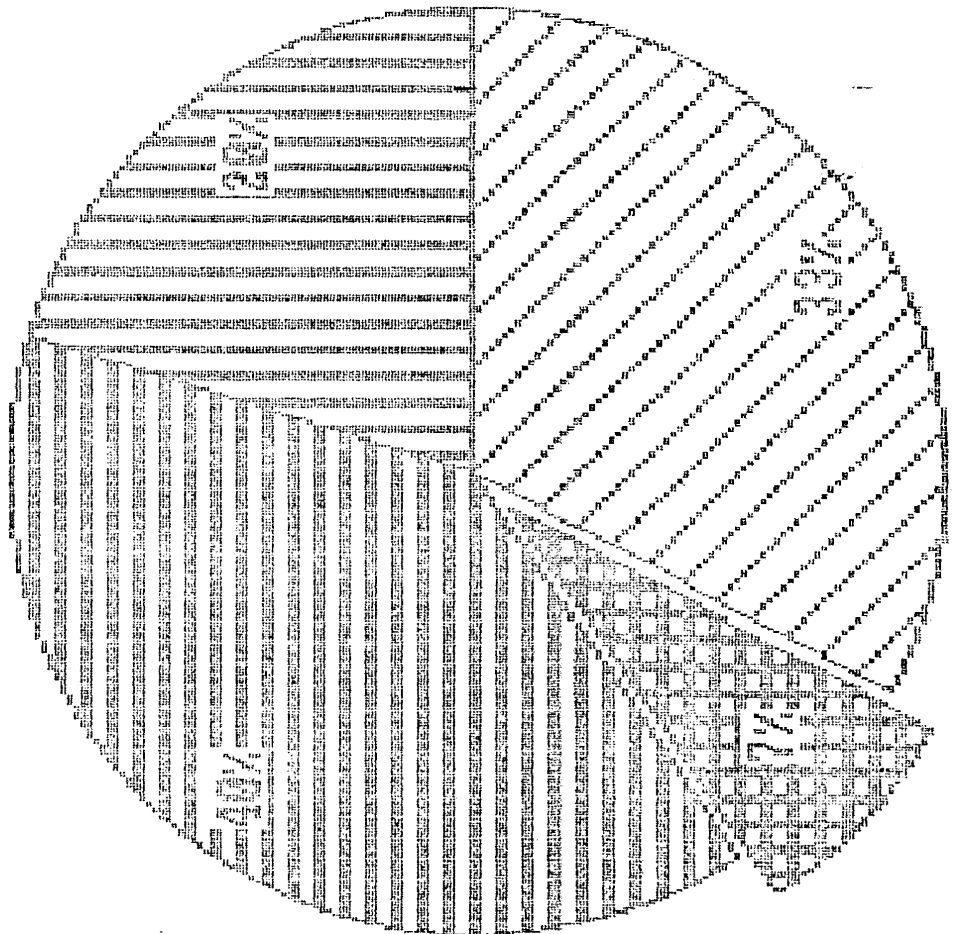
### Expenditures by Type of Human Service

We have already seen that the human service system in Anchorage can be described in terms of serving residents and nonresidents; major target populations such as the elderly and the disabled; and in terms of the type of agency providing the service: federal, state, municipal, or private. A fourth perspective on the Anchorage human service system is provided by examining the pattern of expenditures by UWASIS goal. As we stated in our introduction, the United Way taxonomy of human services (UWASIS) is most broadly divided into eight social goals:

- o Employment and Income
- o Health
- o Basic Material Needs
- o Education
- o Environmental Quality
- o Individual and Public Safety
- o Social Functioning
- o Organizational Support

Figure 3

# Expenditures by Agency Type



EXPENDITURES



STATE



FEDERAL



LOCAL



NON-PROFIT



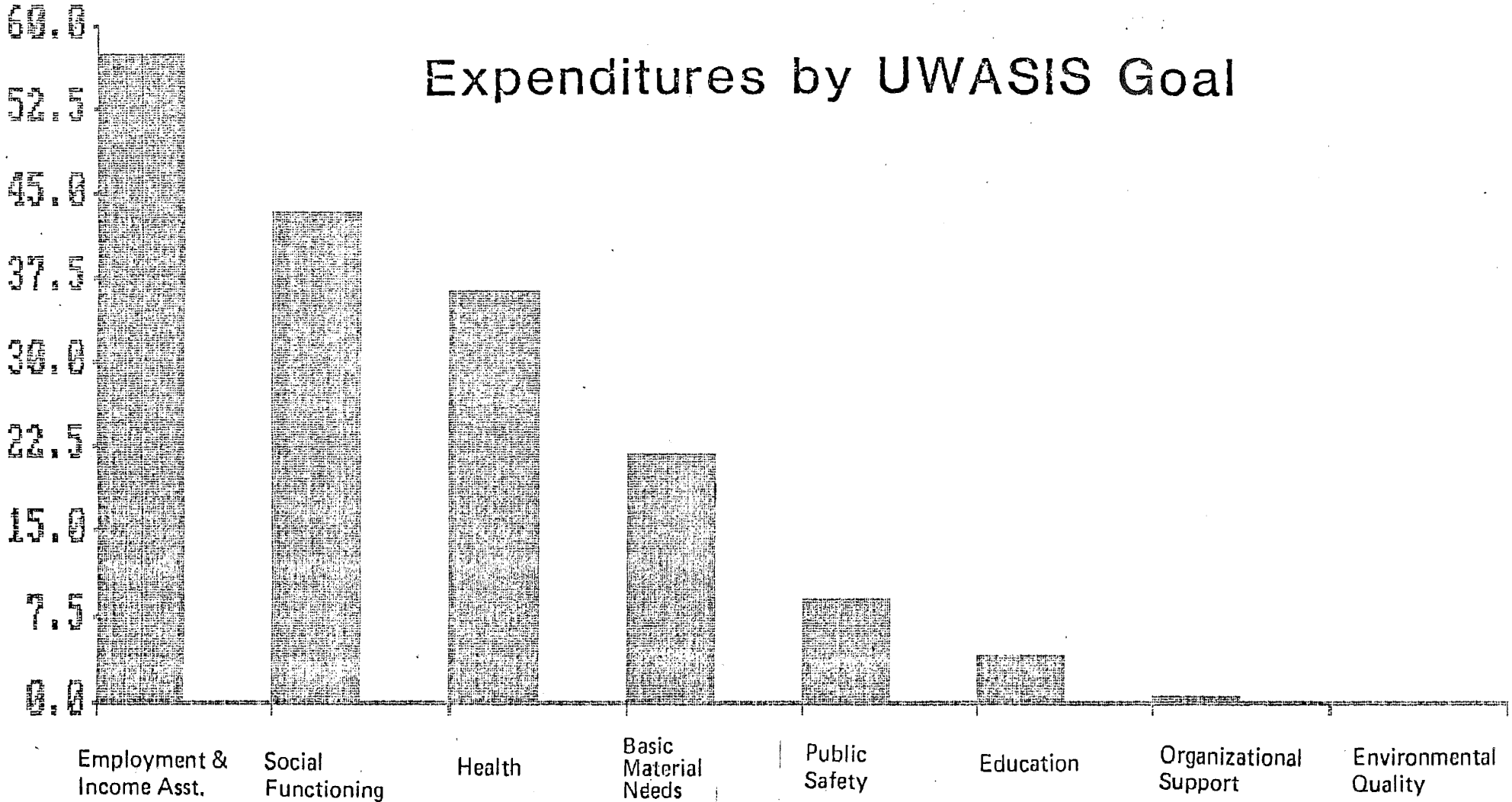
We did not include the full scope of UWASIS services in our study. We excluded many health programs which, while definitely in the public's interest, do not directly serve individual members of the public. Thus, the costs of restaurant health inspections are not reflected in the \$173.9 million total expenditures. We also did not include hospital and private physician care or emergency medical services.

As we mentioned in our introduction, we excluded primary, secondary, and post-secondary school programs. We also did not compile statistics on environmental protection and enhancement programs (with the single exception of the Center for the Environment, which runs public education programs and has received Municipal funding from the Department of Social Services). We did not include the court system, adult corrections, police, or fire protection in the scope of individual and public safety programs. Finally, we excluded agencies which devote their energies exclusively to supporting other agencies (e.g., the United Way).

With the above exclusions in mind, then, we can now turn to an examination of human service expenditures by UWASIS goal. Figure 4 shows the distribution of expenditures. Employment and income assistance programs account for 33 percent of all expenditures. Programs under the goal of optimum health account for 21 percent, or \$36.6 million. A somewhat larger amount is spent working toward the goal of optimal social functioning: \$43.5 million, or 25 percent of all human service expenditures covered by the study.

Figure 4

# Expenditures by UWASIS Goal



UWASIS GOAL  
EXPEND.

Programs related to the provision of basic human needs (excluding housing loan programs with no income limit) account for 13 percent of all human service expenditures and equal \$21.9 million. Finally, the limited scope of education, public safety, environmental quality, and organizational support programs included in our study account for the remaining 8 percent of all human service expenditures, or \$13.3 million.

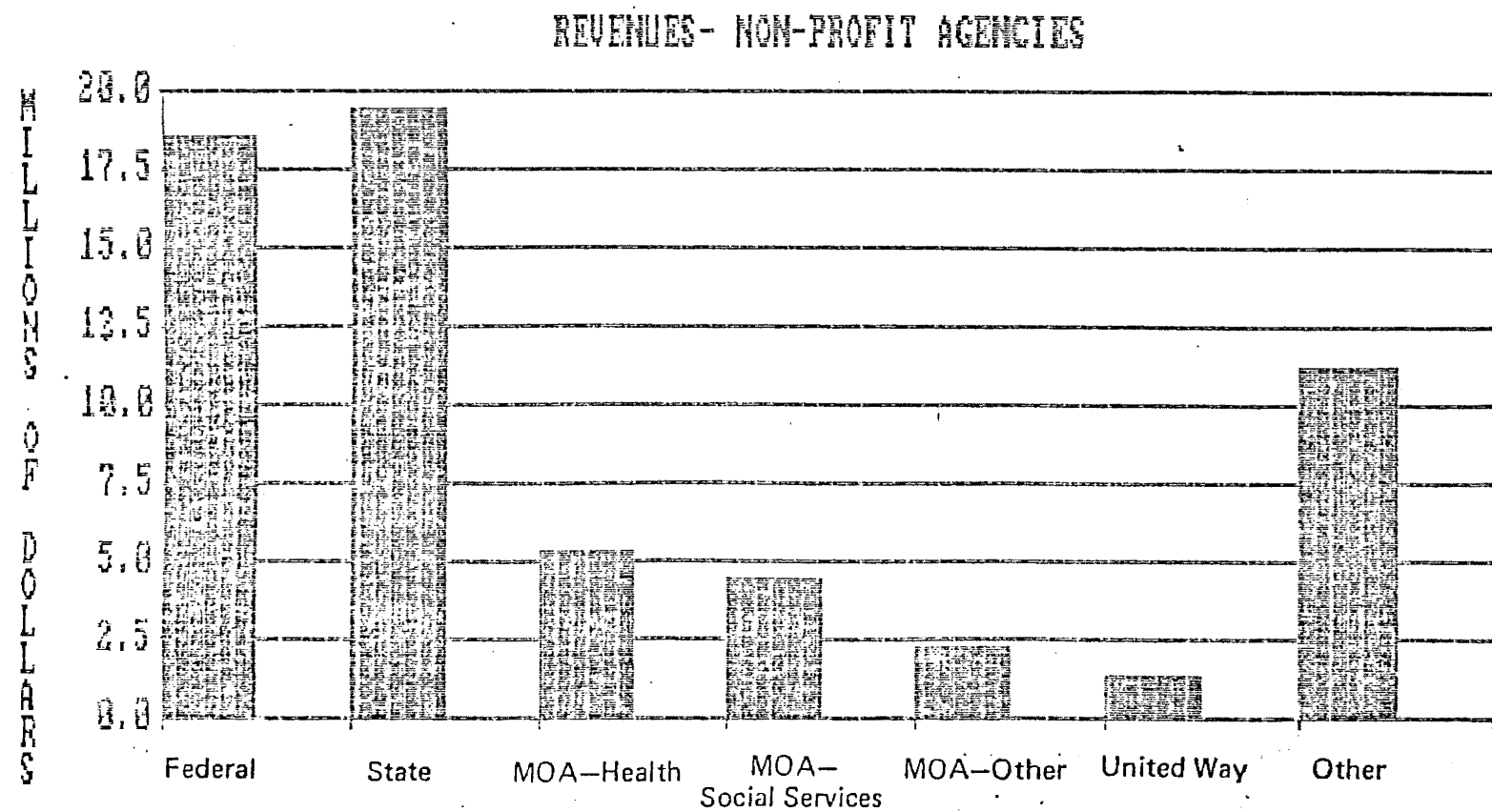
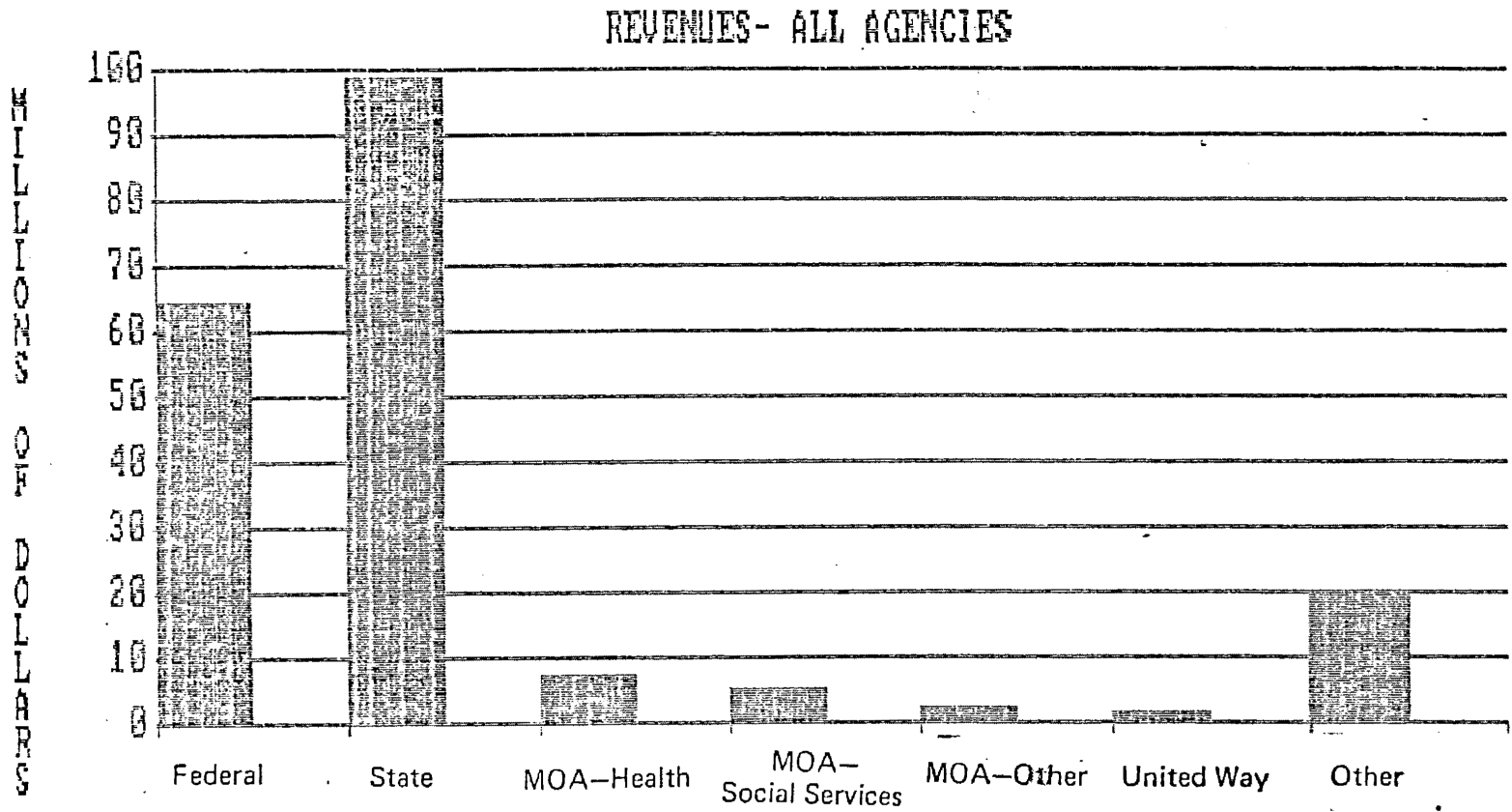
The above statistics are intended to provide a brief overview of the Anchorage human service system. They show that 87 percent of all monies spent by Anchorage human service agencies benefit Anchorage residents; that services for the elderly, disabled, and those with low incomes account for 48 percent of expenditures made in Anchorage; and that federal and state agencies provide 60 percent of all direct services.

#### Expenditures of Nonprofit Service Providers

Now we turn our attention more specifically to the activities of the nonprofit service providers in Anchorage, for they have been the focus of social service planning activities to date. Nonprofits account for 33 percent of all direct service expenditures, but, of course, much of their revenue comes from public sources. Figures 5a and 5b compare the amount of revenues nonprofits received from each major revenue source with the amount of revenues that all service agencies received. Currently, nonprofits, as a whole, receive \$12.2 million (19 percent) of their revenues from the Municipality

# Figure 5

## Total vs. Non-Profit Revenues



of Anchorage. Counting just public sources of revenue, the nonprofits receive roughly an equal proportion of revenues directly from state and federal sources (38 percent each), and 24 percent directly from the Municipality. Table 1 displays nonprofit revenues by funding source and UWASIS goal.

The Municipality of Anchorage directly or indirectly administers funds which provide about 14 percent of all human services falling within the scope of our study. The comparable figures for the state and federal governments and United Way are 51, 31, and 0.8 percent, respectively.

Nonprofit agencies primarily provide services that are directed toward the UWASIS goals of social functioning (\$26 million) and health (\$18.1 million). These two areas account for 77 percent of all nonprofit expenditures. Figure 6 shows that nonprofit expenditures in the area of social functioning comprise over half (60 percent) of all direct expenditures to improve the social functioning of persons in need in Anchorage. In the health area, nonprofits account for 38 percent of all direct service expenditures.

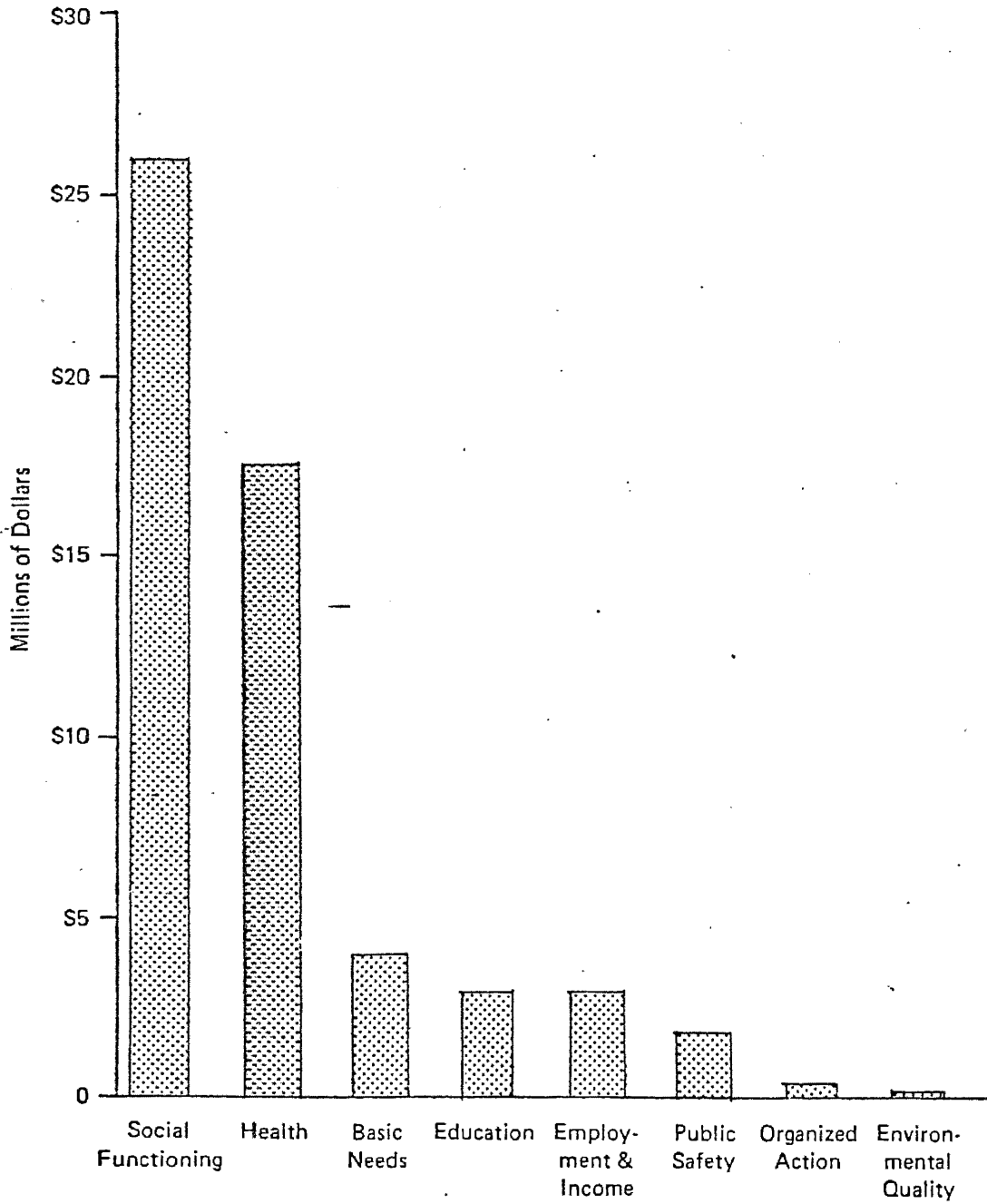
The third largest area of nonprofit activity is that of basic material needs (\$4.5 million), followed by education (\$3.2 million), and employment and income assistance (\$3.2 million). Nonprofit expenditures in environmental quality programs directly serving

TABLE 1. ANCHORAGE NONPROFIT HUMAN SERVICE PROVIDERS  
REVENUES BY SOURCE

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health and Social Services	State Other	Federal	United Way	Other Private	Other
Income Security and Economic Opportunity	3,270 100% =	198 6.1	0 0	3 0.1	648 19.8	321 9.8	1,417 43.3	0 0	680 20.8	3 0.1
Health	18,635 100% =	330 1.8	5,043 27.1	1,564 8.4	1,248 6.7	917 4.9	6,558 35.2	95 0.5	1,153 6.2	1,727 9.3
Basic Material Need	4,276 100% =	610 14.3	150 3.5	0 0	0 0	2,103 49.2	684 16.0	108 2.5	454 10.6	167 3.9
Acquisition of Knowledge and Skills	5,067 100% =	321 6.3	0 0	14 0.3	570 11.3	1,973 38.9	1,546 30.5	54 1.1	209 4.1	380 7.5
Environmental Quality	82 100% =	0 0	0 0	2 2.4	0 0	0 0	0 0	0 0	75 91.5	5 6.1
Individual and Collective Safety	3,983 100% =	422 10.6	50 1.3	25 0.6	301 7.6	779 19.6	250 6.3	103 2.6	1,645 44.3	408 10.2
Social Functioning	26,590 100% =	2,544 9.6	168 0.6	607 2.3	5,983 22.5	3,805 14.3	8,189 30.8	1,070 4.0	2,139 8.0	2,088 7.9
Organized Action	1,061 100% =	126 11.9	0 0	1 0.1	679 64.0	96 9.1	0 0	19 1.8	101 9.5	39 3.7
Total	62,964 100% =	4,551 7.2	5,411 8.6	2,216 3.5	9,429 15.0	9,994 15.9	18,644 29.6	1,449 2.3	6,456 10.3	4,817 7.7

Figure 6

Non-Profit Expenditures by UWASIS Goal



individuals and in individual and public safety programs were significantly smaller (\$0.8 and \$1.9 million, respectively).

#### MOA-Social Service Grants by Type of Human Service

As a final overview measure of nonprofit service provider activity, we have displayed the proportion of MOA, Department of Social Services monies received as revenues by programs under each UWASIS goal in Figure 7. Not suprisingly, 56 percent of the MOA-SS revenues received went toward programs in the social functioning area.

#### State and Municipal Funding of Similar Programs









We examined the distribution of revenues among nonprofit agencies to determine the extent to which programs administered by nonprofit agencies are funded by both the Municipality and the State. The total amount of municipal- and state-administered funds used in this way was \$4.5 million and \$7.7 million, respectively, or 37 percent of all Municipal funds and 40 percent of state funds directed toward nonprofit agencies. We also found that 67 percent of the funds distributed through United Way contribute toward agency programs which also receive local or state public funding. While multiple-source funding of programs is not bad in itself, it does underscore the need to consider human service needs and programs on a system-wide basis. Independent funding decisions increase the chances of misallocations of human service resources.

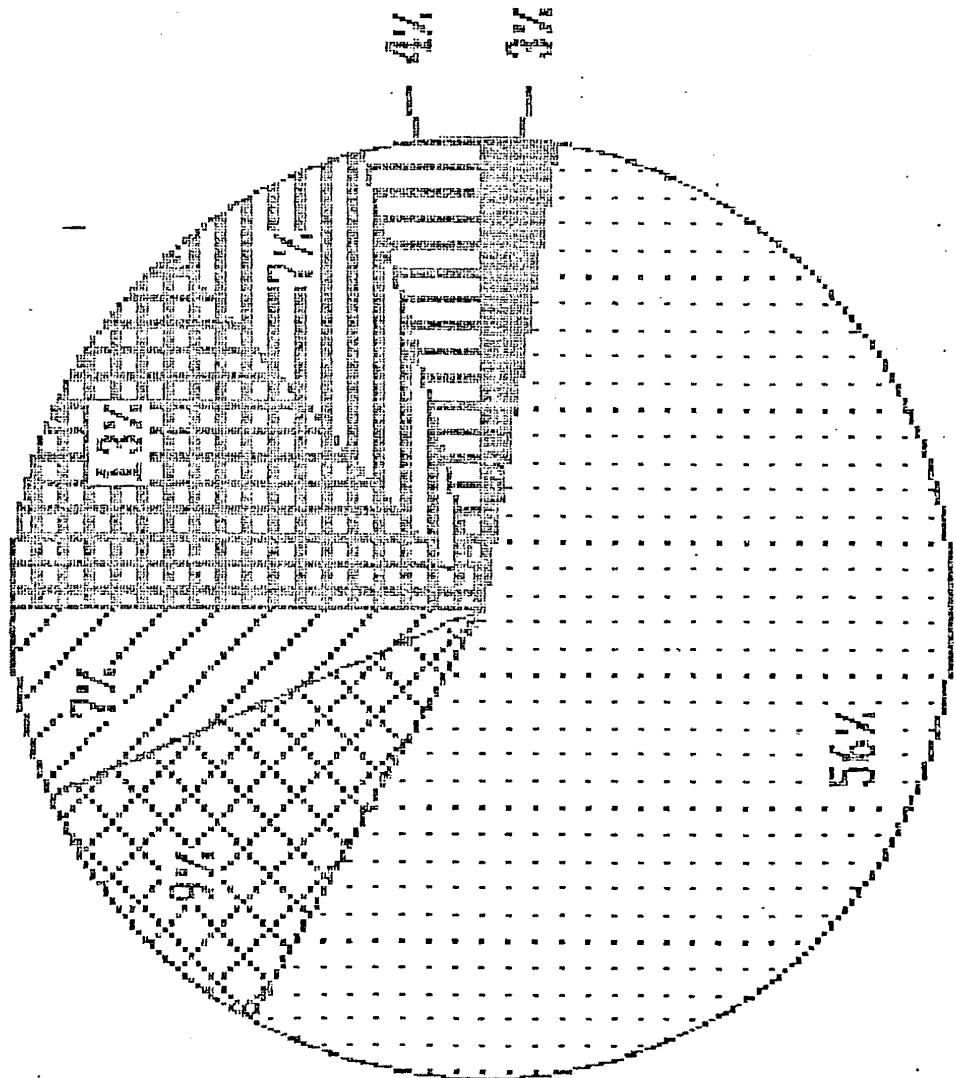


Figure 7

Non-Profit MOA-SS  
Revenues by Goal

UNASIS CONT

- 
\$ & DM
- 
HEALTH
- 
BASIC
- 
EDUC.
- 
ENVY
- 
SAFETY
- 
SOCI.
- 
ORGR.



### Human Service Needs in Anchorage

While the above figures are meaningful in themselves, they are best viewed in the context of the need for human services. Unfortunately, these needs are extraordinarily difficult to estimate. We can, however, provide some statistics based on census data and extrapolated to 1984 under the assumption that each group grew at the same rate as the Anchorage population as a whole. These figures, at least indirectly, indicate the number of people who may need one human service or another:

#### Anchorage:

● 1984 population	230,000
● Elderly (60 years or more)	6,000
● Disabled	
- work disability, could work	6,300
- work disability, can't work	2,500
- transportation disability	2,000
● Low income	
- persons below 150% national poverty level	23,000
- single female parents below 125% national poverty level	1,800
- households paying more than 35% of income on housing and utilities	10,400
- Military and dependents	40,000
- Persons in need of counseling based on the estimates of private service providers	51,000

### Uses of Human Service System Information

If the information we collected were complete and accurate, it would be reasonable to compare persons in need with persons served by program, to calculate the cost per person served, and to use this program-specific information in conjunction with personal judgment about the social value of each type of program to set program priorities and develop budget estimates. The realities are, however, that a complete census of service providers and many hours of work on the part of the service-provider community as well as the study team could not produce all of the desired information. The gaps that remain preclude the type of empirical analysis that ideally would serve as the context within which personal judgment could be exercised with the best results.

The quality of data available for human service planning will improve over time if service providers are periodically asked to produce such information and they modify their record-keeping procedures accordingly. The use of a consistent but flexible system for categorizing human service programs throughout the process of initial planning, budgeting, RFP development, proposal development, proposal selection, and grant monitoring is critical. The United Way taxonomy of programs has proved to be an excellent starting point, and we hope it will become widely used by the Municipality, the State, and United Way itself. We did not even attempt to address the question of effectiveness of each human service; such information can and should be developed in the context of grant monitoring efforts.

Even when these steps are taken, however, there will still be information gaps concerning total persons served and total persons in need. We cannot obtain an unduplicated count of the number of persons served by all agencies offering the same type of human service without risking the confidentiality in which many services are given and the trust of the public itself. We cannot derive reliable estimates of persons in need of many human services without imposing on the time and privacy of thousands of residents.

While the information base for human service planning can certainly be improved by continuing to collect the same type of information over time, continuing to apply and revise the UWASIS taxonomy, and systematically measuring the effectiveness of agency programs, we think the considerations of confidentiality and the time and privacy of the public should limit our expectations of obtaining complete and reliable information for human service planning. This limitation has important implications with regard to the design of the planning process; it means that personal judgment and experience will have to play a significant role.

#### Detailed Summary of Human Service Activity

Despite the limitations of the data set currently available, it can be used as a useful basis for human service planning. The next logical step in this planning effort is for those responsible for developing human service priorities to conduct a detailed review of the information contained in the appendixes of this report in order to become familiar with the following:

- (1) The scope of human services currently available in Anchorage and the role of nonprofit agencies in the human service system.
- (2) The costs of providing different types of service.
- (3) Funding patterns by type of human service program.

Based on this review, contacts with state and federal agencies concerning prospective budget or service changes, and the knowledge of the reviewers, major groupings of human services could be made and funding priorities set. Separate RFPs could be developed for each major human service grouping. The detailed statistical reports contained in the appendixes could again become useful aides during the proposal evaluation phase. In the longer term, this information can serve as a basic reference in a planning process which not only establishes local priorities but also sets forth system-wide goals which can be achieved through cooperative efforts with the state and federal governments.

Appendix A presents summary activity statistics for 113 categories of human services for all human service agencies, public and private (Part A), and for nonprofit agencies (Part B). Each of the 113 categories consists of one or more UWASIS programs and one or more target populations. By "customizing" our reporting units in this way, we can provide a maximum amount of detail with a minimum presentation of individual agency statistics. We suggest that those using the data compare totals for all agencies (Part A) and nonprofit agencies (Part B) in their analysis. This will permit

them to set nonprofit funding priorities in the context of all services provided by all agencies.

Appendix B contains descriptions of all the UWASIS programs identified for Anchorage. Appendix C displays revenues by funding source for 113 service categories in two parts: all agencies and nonprofit agencies. Appendix D displays expenditures made outside of Anchorage, in Anchorage on behalf of Anchorage residents, and in Anchorage on behalf of nonresidents for the same 113 service categories, again in two parts. Finally, Appendix E contains a listing of the individual agency programs which fall within each of the 113 summary categories.

#### Human Service Planning Process

A primary focus of discussions related to Municipal social service planning to date has been the allocation of approximately \$2.5 million in social service block grant funds to nonprofit service providers. To put this task in perspective, approximately 70 times that amount, \$173.9 million, was spent in Anchorage over a twelve-month period in 1982-1983 on human services related to employment, income maintenance, health, food, goods, housing, education (other than formal primary and secondary), individual and public safety, and optimal social functioning. About 86 percent of this expenditure was administered by state, federal, and private agencies.

If the objective of the Municipality is to ensure that the entire human service system is tailored to fit specific human service needs in Anchorage, it is inappropriate to design a human service planning process principally around the objective of allocating social service block grant funds. And further, since the Municipality controls such a small portion of social service resources and since these funds are not currently associated with statutory direction as to how they should be spent, we should not expect major state and federal funding sources to be eager to share their authority in allocating resources with the Municipality. Therefore, we should consider planning process designs which have the following objectives:

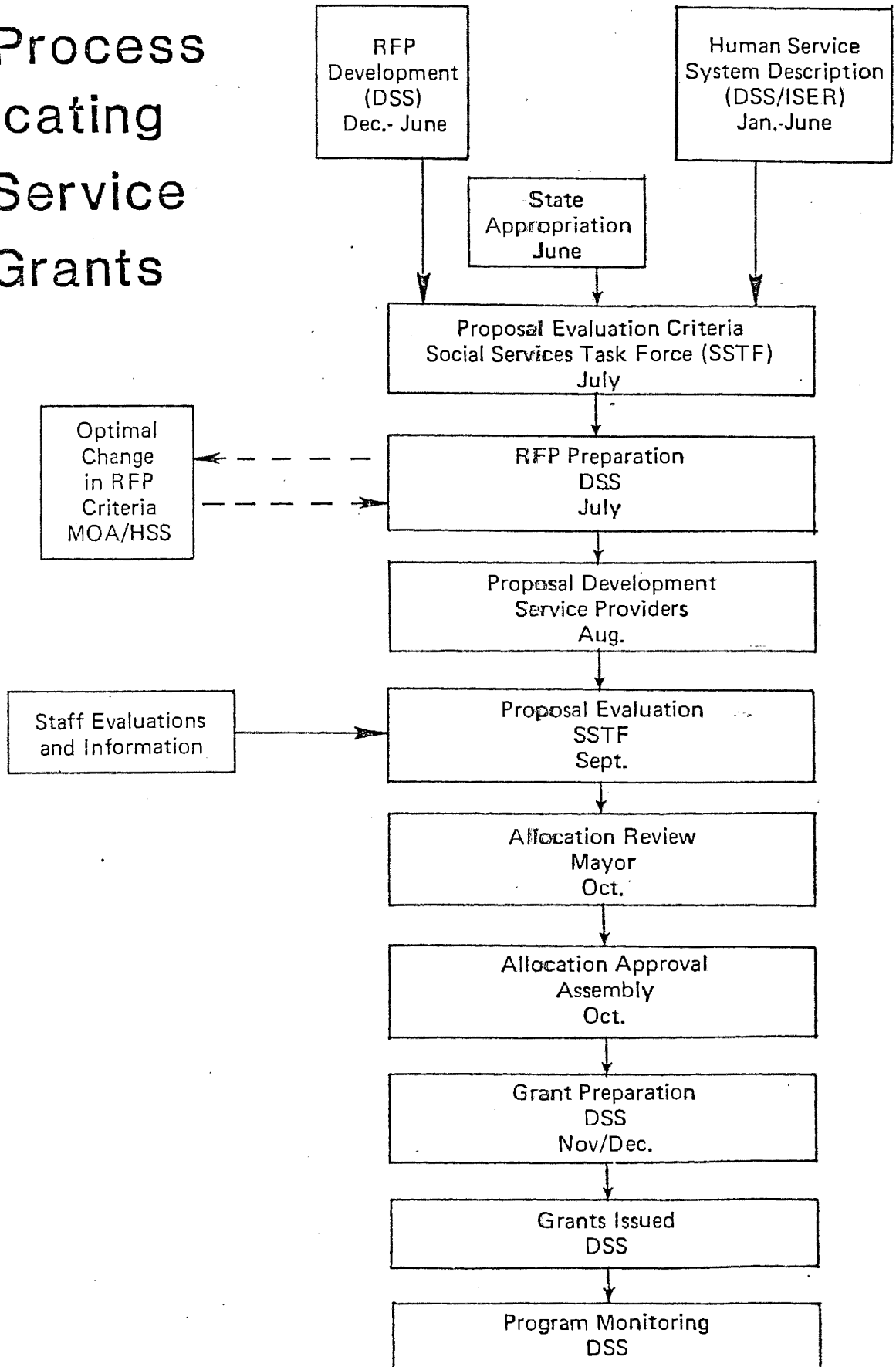
- (1) Reviewing state, federal, and private human service resource allocations and planning objectives in the context of human service needs and suggesting, as appropriate and as opportunities permit, desirable changes.
- (2) Placing the allocation of MOA-administered human service resources in the context of all other human service resources and the human service needs of Anchorage as a whole.

#### Current Process

A simplified schematic representation of current Municipal activities related to social services planning is shown in Figure 8. This figure is based on the expected flow of tasks and expected task assignments, and differs slightly from the process followed last year. The health component of human services planning is described in the next section of this report and is followed by a comparison

# Figure 8

## Current Process for Allocating Social Service Block Grants





of two alternative planning models based on input from service providers and a description of state social service planning activities. We conclude with recommendations on steps that could be taken to improve Municipal human service planning.

The MOA Department of Social Services (DSS) initiated its development of an RFP for FY 85 social service block grant funds in December. At about the same time, DSS contracted with ISER to cooperatively develop a description of the human service system in Anchorage. This description and draft criteria for an RFP should be available in July.

The state legislature appropriated \$3 million for an Anchorage FY 85 social service block grant (the governor reduced this amount by \$100,000). The legislature attached an intent to the appropriation which indicates that the Municipality should expend grant funds in accordance with criteria established by the Social Service Task Force. Should the mayor wish to change these criteria, the legislature's intent is that this be done in consultation with the State Department of Health and Social Services. The full text of the intent language is reproduced below:

Anchorage Social Services--Block Grant

07 3000.0 Senate

General Funds 3000.0

Add new intent as follows: This appropriation is a block grant to the Municipality of Anchorage. With grant funds, the municipality will contract with nonprofit agencies to provide public interest health and social services in the Anchorage area, including programs that serve persons from other parts of the state. Grant funds will be expended by the Municipality in accordance with criteria established by the Municipal Social Services Task Force. The criteria may be revised by the Municipality after consultation with the Department of Health and Social Services.

It is the intent of the Legislature that the Municipality of Anchorage fund only those programs that, without their essential services, would subject an individual to mental and/or physical hardships. To be funded, services (1) should not duplicate existing state services, (2) should be essential to prevent or treat serious economic, physical, and mental hardship or disabilities.

The municipality will establish a system for assessing and coordinating areawide social service needs in cooperation with the Department of Health and Social Services. Projects funded under this grant will be audited by the Municipality. Funds from this grant shall be allocated to the nonprofit recipients within 90 days of receipt of funds.

No more than 5 percent of the \$3,000,000 appropriated shall be taken out by the Municipality of Anchorage for any administrative costs associated with the carrying out of this intent.

Add new intent to read: Grant funds shall not be expended to fund public advocacy groups which expound a particular political ideology unless equal funding is provided to a group with an opposing political viewpoint.

The MOA DSS anticipates that it will issue a single RFP in August for all but the portion of the block grant funds allocated for the latchstring program and administrative costs (limited to 5 percent of total block grant). If the process of previous years is followed, the Social Services Task Force will be charged with the principal responsibility for reviewing responses to the RFP and recommending allocations. The recommendations of the Task Force

will be forwarded to the mayor in October. The mayor will review these recommendations and attach his own recommendations, if any, to an allocation package sent to the assembly. Following assembly action, MOA DSS will prepare grants in November and December to begin in January. MOA DSS will monitor the grants and make grant evaluations which will be available for use in future funding decisions.

In the past, the Social Services Task Force has executed its responsibilities without the benefit of a comprehensive description of the human service system in Anchorage. Such information will be available this year. Remaining difficulties appear to include the following:

- (1) Lack of a systematic assessment of human service needs which can be used to establish funding priorities.
- (2) Multiple funding of programs by DHEP, DSS, and state agencies.
- (3) Lack of a comprehensive definition of the types of human services eligible for block grant funding.
- (4) Misperception that the Social Services Task Force has been delegated the authority to make resource allocations since it generates initial funding allocations when, in fact, it is an advisory group to the mayor, who submits his recommendations to the Assembly.
- (5) Lack of an established procedure for dealing with potential conflicts of interest between Task Force members and allocation decisions.

- (6) Uncertainty among service providers about the types of services likely to be funded, the amount of funding likely to be available for a given type of service, and the likelihood of funding for a long enough period to design and implement new programs.

We now turn to examine several other approaches to local human service planning and current state planning efforts with the objective of identifying steps that could be taken to reduce the difficulties listed above.

#### Health Planning System

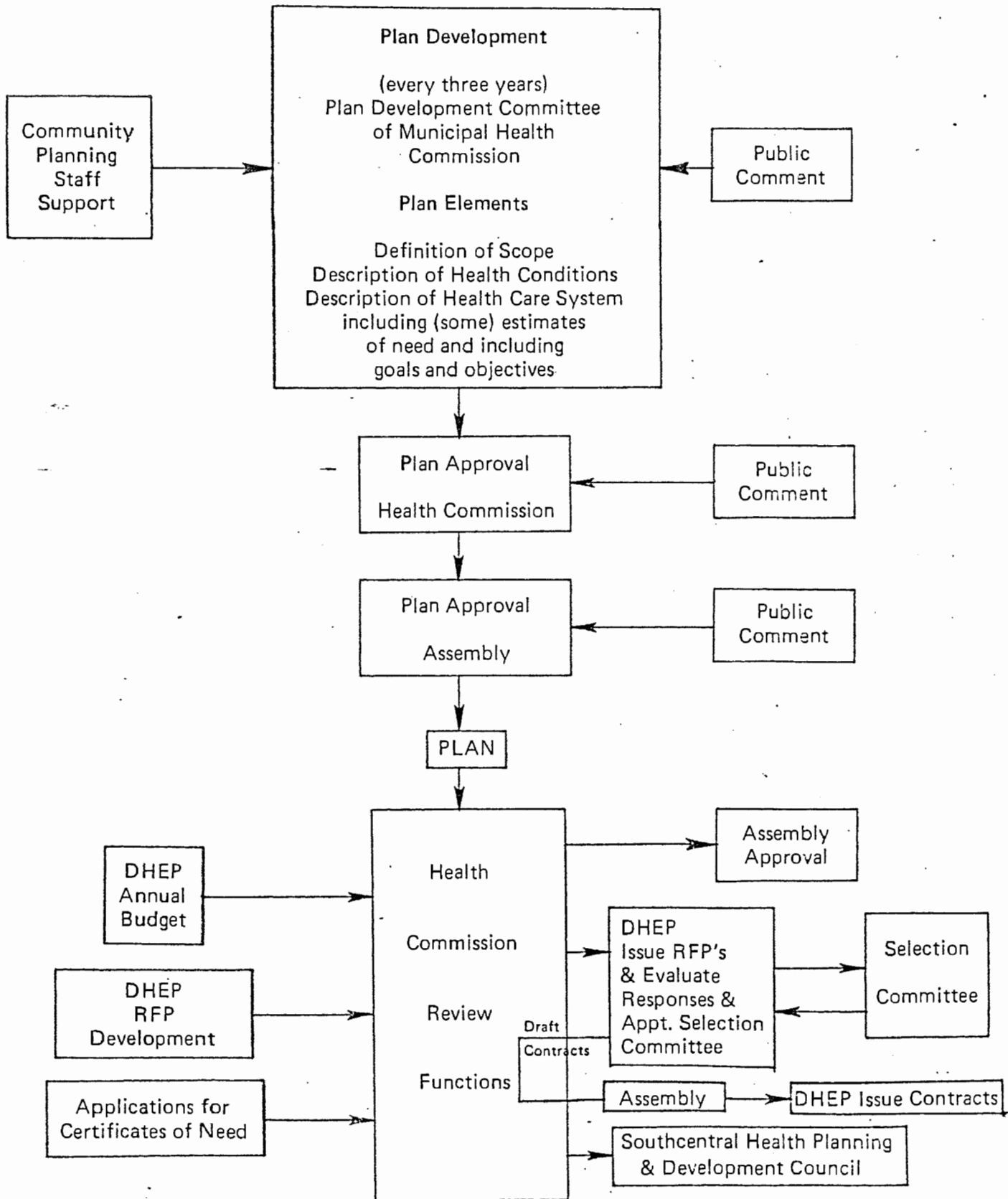
A brief review of the health planning system is instructive as a system which might be integrated with social services planning to provide more effective human service planning. Figure 9 displays a simplified view of the current health planning process.

The core of health service planning is the development of a three-year health systems plan by the Municipal Health Commission with planning staff support from Community Planning and formal approval by the Municipal Assembly. The plan defines the scope of services considered in terms of five health status goals:

- (1) Health promotion and protection services
- (2) Prevention and detection services
- (3) Diagnosis and treatment services
- (4) Habilitation and rehabilitation services
- (5) System enabling services

# Figure 9

## Health Planning System



The plan attempts to develop definitions, guidelines and criteria, issues and policies, estimates of need, and goals and objectives for each service area. Definitions further define the scope of services considered. For example, Prevention and Detection Services include family planning, prenatal and perinatal care, and general maternal and child health. Guidelines and criteria address considerations of availability, accessibility, acceptability, cost, continuity, and quality. Policy statements concern both the services provided directly by the Municipality and actions to be taken by the Municipality to influence the overall quality of health services. Estimates of need were based on data compiled by DHEP staff, the knowledge and experience of Commission members, and public input. Achievement of goals and objectives in most cases can be empirically determined.

The Health Systems Plan serves as the context within which the Commission exercises its other duties, which include the following:

- (1) Reviewing the DHEP annual budget against health system priorities.
- (2) Reviewing RFPs developed by DHEP to ensure that desired products are adequately specified and that sufficient funds are available to produce them.
- (3) Review draft contracts with service providers.
- (4) Review applications for certificates of need as a subarea advisory council and recommend approval or disapproval to the Southcentral Health Planning and Development Council.

The Municipal Health Commission was established by ordinance as an advisory body with the duties listed above broadly outlined.

#### Social Service Versus Health Service Planning

Clear differences exist between the elements and allocation of responsibilities in the health and social service Municipal systems. The activities of the Health Commission are not confined to Municipal allocation questions but rather concern the entire health service system. The existence of a formally approved health plan legitimizes Commission actions if they can be justified in terms of the plan. The Commission is not directly responsible for choosing between competing private service providers; rather, the appropriate Health division manager appoints a selection team to accomplish this task. The Commission does, however, review the DHEP annual budget. Finally, the Commission members who declare a direct or indirect conflict of interest during Commission meetings speak only as members of the public and do not vote. A summary of some of the differences between the Municipal Health Commission and the Social Services Task Force are shown in Table 2.

At first glance, the organization of the health planning system would appear to eliminate the problems currently being experienced in the Municipal social service planning system. There are, however, additional factors to consider. To be effective, the Health Commission must depend on Municipal staff support and timely submission of items to be reviewed. The staff available to the

TABLE 2. DIFFERENCES BETWEEN THE SOCIAL SERVICES  
TASK FORCE AND THE HEALTH COMMISSION

	Social Services Task Force	Municipal Health Commission
1. Duties specified by ordinance	No	Objectives but not specific tasks covered by ordinance
2. Commands Municipal staff planning support	No	Yes
3. Involved in (Social/Health) planning issues outside direct Municipal control	No	Yes
4. Reviews appropriate Municipal budget	Only Block Grant	Yes
5. Recommends (Social/Health) service priorities	No	Yes, via plan
6. Evaluates competing proposals from providers	Yes	Only Upon Request
7. Has specified procedure for handling conflict of interest	No	Yes



Commission is now inadequate to support the Commission's three-committee structure (projects, planning, and operations). If a comprehensive human service planning system was established, the Municipality would need to significantly expand its current planning staff. The current social service planning staff consists of one person who has responsibility for both planning and program evaluation.

Until this year, the Health Commission has received the DHEP budget for review too late to do anything but direct their comments directly to the Municipal Assembly. This approach leaves no opportunity for discussion between DHEP staff and the Commission. The timeliness of interactions between a Social Services or Human Services Commission and the appropriate Municipal department (Social Services or a combined department of Health and Social Services) is a critical key to the success of the planning system. Coordination between DHEP and the Commission is difficult as the DHEP staff is responsible to the Commissioner of Public Safety, and the Commission's staff is ultimately responsible to the Municipal Manager.

The membership of the Health Commission is established under federal guidelines which call for a majority of members to be consumers of health services and call for specific components of the health service system to be represented either by service providers or consumers. The Health Commission is, thus, composed of people who

are likely to have personal knowledge about health needs and health services. To represent the diverse areas that collectively make up the health service system, the Commission is supposed to have 33 members.

The approach taken to constitute the Health Commission probably cannot be extended to a social services commission, much less a combined human services commission. The total number of commission members required would be too high to permit efficient commission action. The number of social service areas that would have to be represented would exceed the number of health service areas. Under the UWASIS taxonomy of human services, health constitutes only one of eight major human service goals.

Another difficulty with a straightforward application of the Health Commission concept is that it may be difficult to find consumers of social services who are willing and able to publicly represent major social services. To avoid the frequent conflicts of interest that would arise by exclusively drawing on members of the social service provider community for Commission appointments, it is necessary to consider the appointment of citizens who are neither providers nor consumers of social services but who are, nevertheless, knowledgeable about social services.

A major difference between the responsibilities of the Health Commission and the Social Services Task Force is that the Health

Commission generally does not evaluate competing proposals submitted by nonprofit agencies for funding, nor does it recommend funding allocations among specific private service providers to the mayor. Rather, the manager of the particular health division who is responsible for developing an RFP appoints a selection committee to evaluate proposals. The task of each health selection committee is much more simple than that of the Social Services Task Force because each health RFP issued specifically identifies services to be performed. Thus, each health selection committee is not faced with the task of allocating funds among different types of services, as is the case for the Social Services Task Force.

While it may never be possible to specify the services to be funded by social service block grant funds and to issue specific RFPs for each service, the health system planning model is likely to work for social services planning only if the task of allocating funds among competing social service providers can be segmented into subtasks involving similar services and separate RFPs for each major service area.

In sum, then, the health system planning model has several advantages over current social services planning activities. The focus of the health system model is not the narrow task of allocating funds among private service providers but rather the health needs and health services of Anchorage. The review tasks of

the Health Commission fit its role as an advisory body and do not include the initial allocation of public funds among private service providers. The Commission receives Municipal staff support and operates as a formal commission under Municipal ordinance. At the same time, several issues would need to be addressed before the health planning system model could be extended to social service planning. These include:

- (1) Adequate commission staffing.
- (2) Timely submissions of materials for commission review.
- (3) Representation of service areas within a commission of manageable size.
- (4) Identification of knowledgeable people for commission membership who are not exclusively social service providers.
- (5) Actual integration of DHEP and DSS.
- (6) Creation of combined health and social services commission.

Although the health system planning model does offer some advantages over the social service model, the Health Commission is not always well received by the Administration or DHEP. The Commission has recently, in effect, been forced to operate with only one staff person, and vacant positions on the Commission have not been filled. There are concerns within DHEP that the Community Planning staff is not close enough to the direct provision of services to be able to plan for those services.

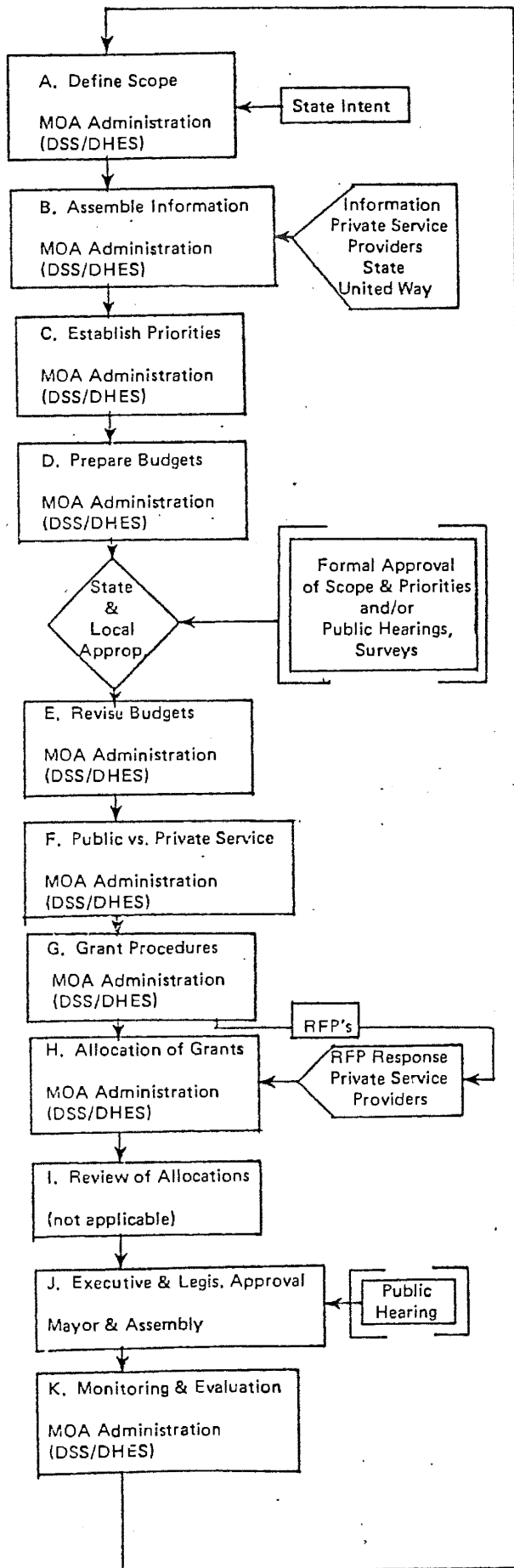
### Administration Versus Commission-Based Planning

We asked both public and private Anchorage service providers to express their preferences concerning the allocation of responsibility for human service planning. Service providers are a key element of the human service system, and their views on human service planning need to be taken into account to achieve a viable planning process. We did not, however, solicit the views of the Anchorage legislative delegation, state commissioners or deputy commissioners, or members of the Social Service Task Force or the Health Commission concerning preferred planning approaches. Therefore, the following discussion of Administration and Commission-based planning is intended only to represent views commonly held by service providers. We hope that subsequent work will extend this discussion to other interested parties, including the state, local commission and Task Force members, human service consumers, and the public at large.

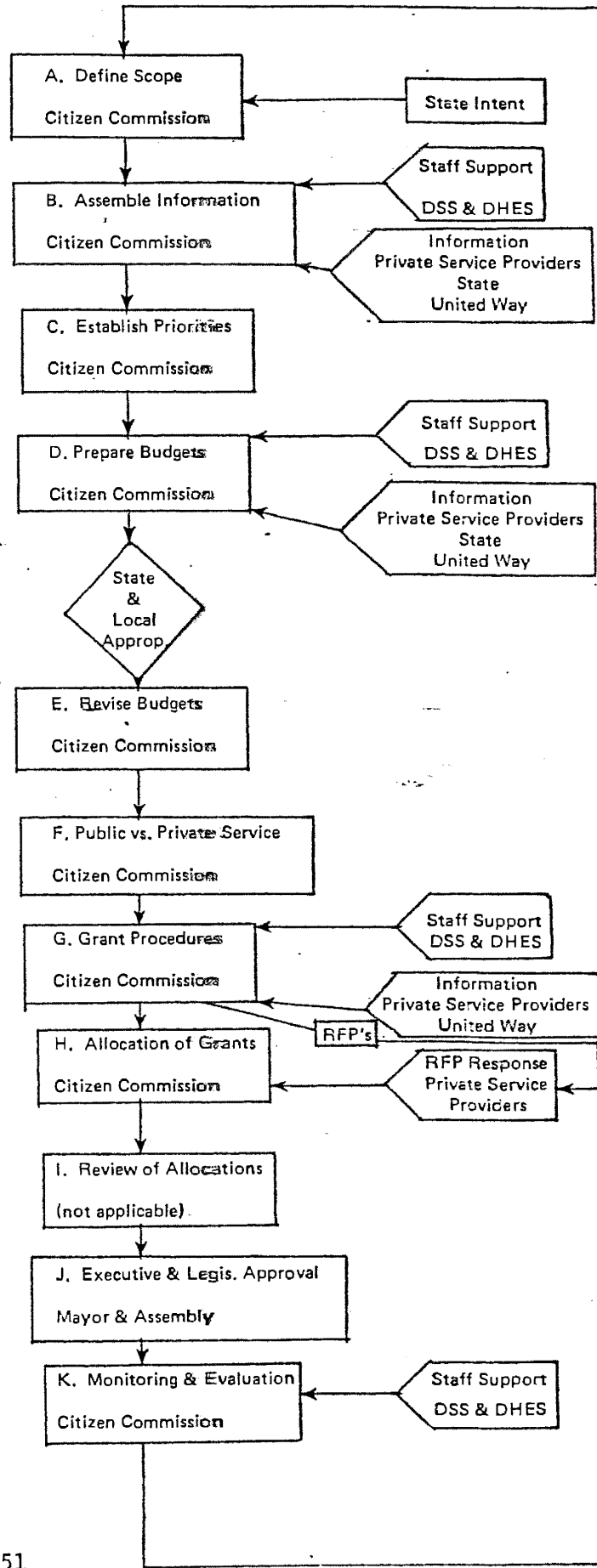
Figure 10 contrasts two common views of the allocation of planning process responsibilities. The left-hand part of Figure 10 depicts a standard administrative treatment of planning. By ordinance or administrative order, the principal responsibility for steps (a) through (h) would be delegated by the mayor to one or more department heads and their staffs. Public accountability would be realized through the normal review of administrative decisions by the mayor and the assembly. At a minimum, external involvement in the process would include the transfer of information by private

# Figure 10

## ADMINISTRATIVE PLANNING



## CITIZEN COMMISSION PLANNING



service providers, the state, and private funding organizations to MOA staff in steps (b), (h), and (k) and public testimony given at hearings held on the Municipal budget. This approach would not preclude, but would also not mandate, additional involvement by service providers, consumers, and the general public in the definition of the scope of the planning process, the establishment of priorities, or the review of resource allocations.

The delegation of responsibility from the executive to administrative arm of government has been criticized as a general trend in government because it is perceived to reduce the public accountability of government. Potential corrective measures shown in brackets in the left-most planning model depicted in Figure 10 include additional public hearings, formal executive and assembly approval of planning scope and service priorities, advisory groups, and public surveys.

Most private service providers responding to our request for their preferred allocation of planning process responsibilities did not choose the approach described above. Their opposition to this approach is directly related to the fact that nonprofit, private organizations expend almost five times the amount as the Municipality each year in providing direct services. They believe that only by directly serving persons in need can one accurately assess the need for human services and the best means of meeting these needs. Thus, they do not think that the Municipality has the

in-depth knowledge required to execute human service planning responsibilities in-house with minimal external public and service provider involvement. Some private service providers are also concerned that when the Municipality is confronted with reduced funding for human services, it will decide to assume direct responsibility for providing services now provided by the private sector as a means of self-preservation. We should note, however, that the current intent language attached to State Social Service block grant to Anchorage specifies that the money is targeted for nonprofit agencies.

The most popular alternative planning model suggested by private service providers involves a citizen commission of some type. As the right-hand planning model shown in Figure 10 indicates, they would like the citizen commission to assume direct responsibility for most of the steps in the planning process. This would mean that a body of presumably appointed individuals would set priorities among human services and recommend budget allocations to the mayor.

The citizen commission approach depicted in Figure 10 combines responsibilities presently held by the Health Commission and the Social Services Task Force as well as additional responsibilities. While it might be possible for a citizen commission to actually assume direct responsibility for most planning tasks subject to the review of the mayor and the assembly, such a commission would probably have to have much stronger enabling legislation than the



present Health Commission. If a human services commission were established as an advisory commission (as was the Municipal Health Commission) but was, nevertheless, asked to assume the responsibilities of defining the scope of human services to be considered in the planning process, establishing the priority of each type of service, and allocating resources among competing private service providers, then the fact that the commission was only advisory would likely only surface when the mayor or assembly diverted from the commission's recommendations.

It is important to keep in mind that people advocating that direct planning responsibilities be assigned to a citizen commission base that view on a perception among private service providers that the Municipality itself does not have the necessary expertise to plan for itself. In their view, it follows, then, that the citizen commission would have to be composed of individuals who are knowledgeable about the human service delivery system and human service needs in Anchorage. As in the case of the Health Commission, this knowledge requirement would translate to a need to involve individuals who are directly associated with the human service system, either as service providers, board members, or service consumers.

The administrative and citizen commission-based human service planning models represent two ends of the spectrum of planning approaches. Neither is likely to be politically viable, but both

reflect significant concerns that need to be addressed in any alternative approach. These are:

- (1) Involvement of private service providers as individuals who are knowledgeable about human service needs and programs.
- (2) Incorporation of human service planning functions within the framework of municipal executive, legislative, and administrative functions.
- (3) Avoidance of conflicts of interest between individual service providers and public decisions.

#### State Human Service Planning

Title 47, Chapter 75, Section 20 of the Alaska Statutes mandates that the State Department of Health and Social Services produce a social services plan annually that includes the following:

- (1) A needs analysis of social services presently provided or purchased by the state.
- (2) A needs analysis of social services that are not presently provided or purchased by the state or are not available from any other source in the state.
- (3) A needs analysis of social services provided by local governments, nonprofit and charitable organizations, and profit corporations and partnerships, with an emphasis on their availability for purchase by the state.
- (4) A priority listing of social services to be provided or purchased by the state for the succeeding fiscal year, including:
  - (a) A justification of how each proposed social service shall meet the goals established under AS 47.75.010.
  - (b) The categories of individuals to whom the services are to be provided, including categories based on the income of individuals or their families.

- (c) The geographic areas in which the services are to be provided, with the nature and amount of the services to be provided in each area.
  - (d) A description of the planning, evaluation, and reporting activities to be carried out in order to provide the service.
  - (e) A description of the organizational structure through which the program will be administered, including the extent to which public and private agencies and volunteers will be utilized in the provision of the services.
  - (f) Estimated expenditures required for each of the services to be provided, each of the categories of individuals to whom the services are to be provided, and each of the geographic areas in which the services are to be provided, and a comparison between estimated state and other expenditures for the services necessary to ensure adequate availability of services to the entire population of the state.
- (5) A comprehensive budget for services provided or purchased by the state, based upon the prioritized listing required in (4) of this subsection, including expenditures for administration, planning, evaluation, and personnel training directly related to the provision of those services.
- (6) Recommendations as to any necessary changes in existing laws, including licensing to improve the quality and availability of social services, facilities and institutions, and social services manpower.

The state plan required by this chapter is the official state plan prepared for the delivery of social services in the state and shall include and meet all the applicable provisions required by Title XX of the Social Security Act, P.L. 93-647. The state plan may not be limited to the planning of services funded by Title XX but shall include all the social services purchased or provided by the state or any of its subdivisions (Section 1, Chapter 273, SLA 1976).

To date, the Department of Health and Social Services has not produced a state social services plan. During the last year,

632(b)

however, DHSS served as the lead agency to identify all private service providers receiving state money and to conduct public meetings to assess current problems and needs related to health and social services. Building on these efforts, the State Office of Management and Budget (OMB) is contracting with a Seattle consultant to assist the state in developing a statewide grant management system. The Seattle planner, Judy Hanson, designed and implemented a system for grant monitoring in the Seattle area. The Seattle system utilized the UWASIS II taxonomy to describe grant expenditures. Providing that OMB is willing to work closely with the Municipality, the chances of developing compatible database systems of expenditures is good.

This year, the state legislature appropriated \$125,000 for each Regional Health Services Agency (HSA), indicating state support for regional planning of health services. DHSS also hopes that the HSAs will assume some responsibility for comprehensive human service planning, particularly for public assistance programs. Additional legislation was proposed, but not passed, that would exempt municipalities from the requirement to operate in conformance with a regional plan if they developed their own human services plan. The most important point, however, is that the state is attempting to broaden the role of the HSAs to encompass social as well as health services. This step provides an additional incentive to expand the role of the Health Commission to include social services.

### Integrated Human Service Planning

To the individual in need of a human service, it makes little difference whether that service is provided by a federal, state, or municipal agency or by a private service provider. For individuals in need and for human service planners, then, the important point is that human service needs are met. It follows that, theoretically at least, federal, state, municipal, and nonprofit human service agencies should engage in a unified human service planning process.

There are three fundamental problems with the above conclusion. First, even with the advantage of perfect information on human service needs, the task of setting human service priorities is not a technical exercise. Human values inevitably weigh heavily on the establishment of human service priorities, and the relative importance of these values differs among individuals and institutions. As a result, national priorities may differ from state priorities; state priorities may differ from municipal priorities. Municipal priorities may differ from United Way priorities, and so, making it difficult for any single human service funding source to adhere to a common set of human service priorities and thereby to relinquish some control over its own human service funding.

A second problem is that individuals and institutions differ in their view of the most effective means of meeting human service needs. The perennial debate over the relative effectiveness of treatment and prevention services is a case in point. If

institutions controlling human service funding vary in their views on the relative effectiveness of alternative means of addressing human service needs, they will be reluctant to pool their resources by adhering to a single human service planning process.

Finally, there are a host of practical barriers to integrated human service planning. Agencies responsible for directly or indirectly providing services must conform to legislative mandates (whether from Congress, the state legislature, the municipal assembly, or nonprofit agency boards) which may hamper or even preclude agency administrators from sharing their responsibilities. Many agency administrators responsible for Anchorage human services do not reside in Anchorage but rather in Juneau, Seattle, or Washington, D.C. State, federal, and local fiscal years differ, making it difficult to adopt a common schedule for planning or a common time period for reporting agency activity. Federal, state, municipal, and private agencies control vastly different amounts and types of human service resources, making it difficult to conceive of a mutually acceptable arrangement for representation in a unified planning process.

The above-mentioned barriers to unified human service planning weigh heavily against the clear advantage of cooperative human service planning. Yet there are steps that can and have been taken in similar circumstances to advance towards integrated planning. The federal A-95 review process ensures that agencies with overlapping

interests have an opportunity to review and comment upon individual agency plans. The Anchorage Metropolitan Area Transit System (AMATS) planning process includes a policy board composed of leading administrators who can discuss their agency's plan and service priorities and adopt, where possible, compatible plans. Planners in the Municipal Department of Community Planning recently proposed a modified version of the AMATS model for human service planning in Anchorage. The Community Planning approach called for a policy board composed of the mayor, an assembly person, and appropriate state commissioners. Federal and private agencies would not be directly represented. The policy board would be supported by a technical advisory board, composed of directors of state and local departments and by a citizens' advisory committee similar in composition to the Health Commission.

The Community Planning proposal was an ambitious attempt to put in place an integrated human service planning process. The proposal raises many questions which deserve public discussion before such a proposal is adopted. We hope the foregoing discussion of planning process models will contribute to the objective of arriving at the best possible human service planning process.

#### Steps Toward Comprehensive Human Service Planning

Several realities make it impractical to consider sweeping changes in the organization of municipal health and social service planning: the administration of health and social services is split

between two departments. The health planning staff is ultimately responsible to the Municipal Manager and the social service planning staff is responsible to the Commissioner of Public Safety. Both the Health Commission and the Social Services Task Force exist and have established tasks to perform which cannot be postponed. The orderly treatment of FY 85 social service block grant funds involves RFP development in July, proposal evaluation in September, and grant preparation in November and December. However, steps can be taken toward a comprehensive human service planning process within these constraints. These steps include the following:

- (1) Assign health service planning staff to work with social service planning staff to review human service system information collected by DSS and ISER and summarize past municipal grant activity by UWASIS goal and/or service system.
- (2) Convene the Social Service Task Force in July. Request the Task Force to review the human service system descriptive material, past municipal grant activity, and recent state and federal changes in human service budgets to recommend funding priorities at the UWASIS goal and/or service-system level.
- (3) Following administrative and executive approval of SSTF funding priorities, assign DSS staff with health planning staff support to develop draft RFPs, including draft evaluation criteria, for each group of services and submit draft RFPs to the SSTF for review.
- (4) Issue RFPs, assign staff to perform a technical review of proposals for conformance with the RFP. Appoint individual selection committees for proposals submitted in response to each RFP.
- (5) Assign each selection committee the task of evaluating proposals and recommending funding levels.
- (6) Assign staff to compile the selection committee recommendations to the SSTF for review and comment.



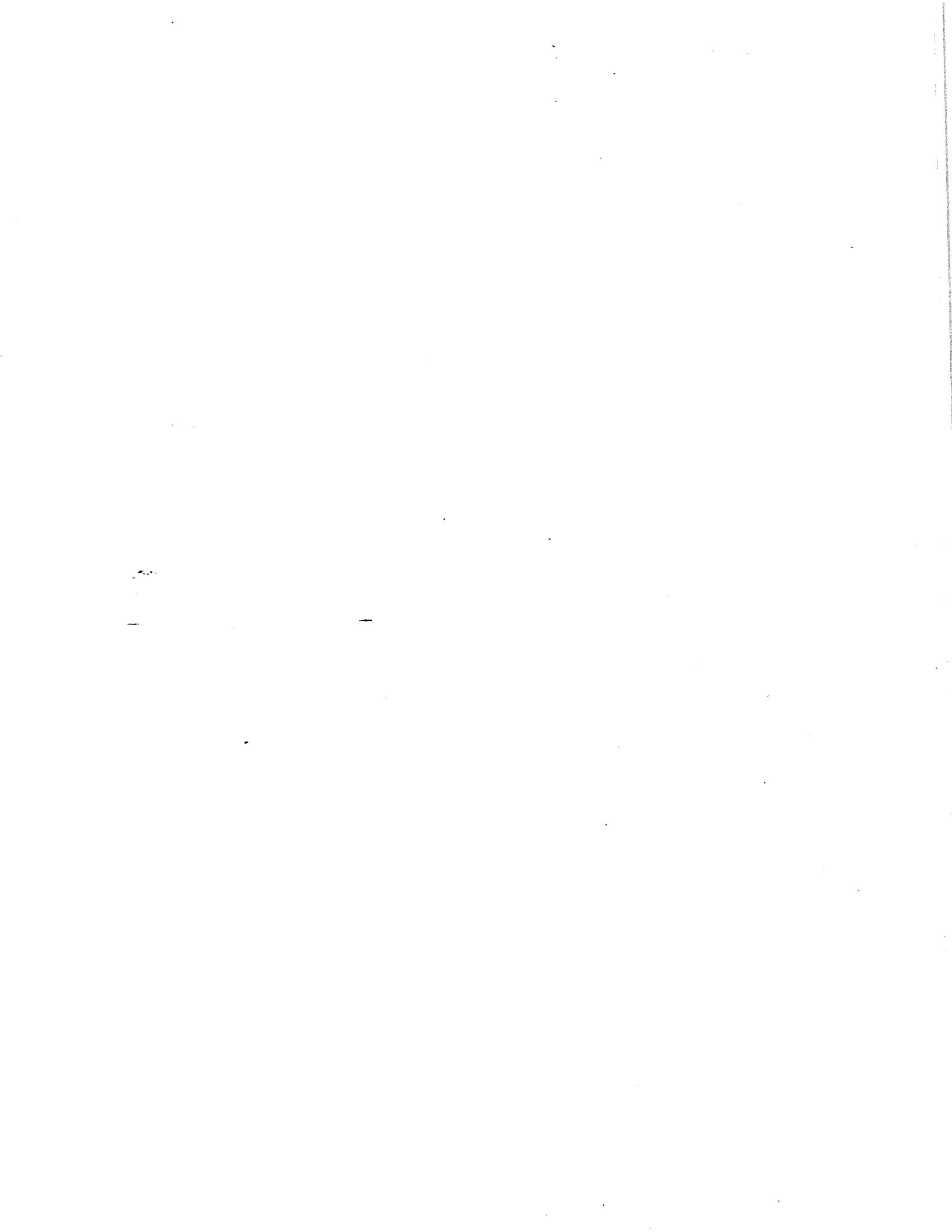
- (7) Forward the recommendations of the selection committee along with the review comments of the SSTF to the mayor for approval and presentation to the assembly.

The above steps would meet the short-term requirement of allocating FY 85 social service block grant funds. In addition to the above, the following steps would initiate a more comprehensive approach to human services planning:

- (8) Provide additional planning assistance to DSS to help design and initiate the second phase of the comprehensive human services planning process.
- (9) Assign staff and community representatives to recommend an ordinance change which would create a human services commission and mandate a human services planning process.
- (10) Appoint the members of a Human Service Commission and charge the Commission with the responsibility of developing a human services plan.
- (11) Combine or put in place a mechanism for cooperation between the Department of Social Services and relevant divisions of the Department of Health and Environmental Protection.
- (12) Continue to periodically collect information from Anchorage service providers in coordination with other major funding agencies.
- (13) Encourage the state to establish regional human service associations responsible for regional human service planning which builds upon local planning efforts.

APPENDIX A

DETAILED SUMMARY OF AGENCY ACTIVITY



ANCHORAGE  
HUMAN SERVICE PROVIDERS  
TOTAL\* ACTIVITY IN ANCHORAGE  
PART A: ALL AGENCIES

	Total Expenditures	Expenditures Per Persons Served	Persons Served	Hours Direct Service	Hours Total Staff	Staff Hrs. Per Person Served	Hours Paid Staff	Hours Volunteer Staff
Employment Services - Military	317	92	3,441	24,769	4,119	8.9	4,119	0
Employment Services - Disabled	6,538	5,140	1,272	101,600	146,000	114.8	146,000	0
Employment Services - Disadvantaged	4,038	878	4,597	480,893 <sup>c</sup>	93,116	20.3	93,116	0
Employment Services - Other	2,624	77	34,275	2,940 <sup>e</sup>	109,080	3.2	108,480	600
Income Program - Military	5,219	1,958	2,506 <sup>b</sup>	372 <sup>e</sup>	1,724 <sup>e</sup>	3.8	1,724 <sup>e</sup>	0
Income Program - Disabled	10,622	2,932	3,623	305 <sup>e</sup>	700	10.2	316 <sup>e</sup>	384
Income Program - Seniors	40,376	4,176	9,449	0 <sup>e</sup>	M	M	M	0
Income Program - Low Income	15,434	1,727	8,936	11,837 <sup>e</sup>	12,554 <sup>e</sup>	3.2	12,514 <sup>e</sup>	40
Income Program - Other	4,761	248	19,199	M	193,860	10.1	193,860	0
Income Support Services	175	3,125	56	402	11,487	205.1	11,487	0
Hospitalization Prevention	2,347	3,867	607	86,602 <sup>d</sup>	138,004	227.4	135,883	2,121
Disease Management and Control	992	42	23,871	27,338 <sup>b</sup>	29,896	1.3	24,477 <sup>b</sup>	5,419
Maternal and Child Health	1,094	225.3	4,855	6,180 <sup>c</sup>	14,020	2.9	13,820	200
School - Public Health Promotion	1,348	134	10,039	37,017 <sup>b</sup>	51,744	5.2	47,719	4,025

\*Totals refer only to human services included in study. For excluded services, see text.

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part A: All Agencies

	<u>Total Expenditures</u>	<u>Expenditures Per Persons Served</u>	<u>Persons Served</u>	<u>Hours Direct Service</u>	<u>Hours Total Staff</u>	<u>Staff Hrs. Per Person Served</u>	<u>Hours Paid Staff</u>	<u>Hours Volunteer Staff</u>
Outpatient Rehabilitation	937	2,105	324 <sup>d</sup>	12,287	42,066	97.8	42,066	0
Outpatient Medical Care - Low Income	2,058	126	16,282	16,426 <sup>e</sup>	77,750	4.8	77,087	663
Outpatient Medical Care - Other	1,098	142	7,708	21,512	34,390	4.5	28,130	6,260
Substance Abuse - Military	953	239	3,995	79,226 <sup>e</sup>	60,150	15.1	60,150	0
Substance Abuse - Outpatient	1,161	453	2,563	96,068	55,640	21.7	55,640	0
Substance Abuse - Inpatient	4,879	2,042	2,389	624,867 <sup>b</sup>	226,230	96.0	225,680 <sup>b</sup>	550
Suicide Prevention	138	14	9,847	2,661	15,399	1.6	8,840	6,559
Rape Relief	233	301	774	M	26,330	34.0	18,500	7,830
Social Work Service - Military	120	120	1,000	M	4,784	4.8	4,784	0
Inpatient Psychiatric Care	13,016	12,361	1,053	294,313	528,818	502.2	528,618	200
Emergency Psychiatric Care	44	25	2,300	1,469	8,448	6.5	8,448	0
Outpatient Psychiatric Care	2,590	576	4,445 <sup>a</sup>	40,707	47,556	17.8	85,956	600
Health Education	622	2	44,150 <sup>e</sup>	17,201 <sup>d</sup>	32,463	.7	25,054 <sup>c</sup>	7,409
Medicare	12,757	1,222	10,438	0	M	M	M	0
Medical Financial Assistance	720	288	2,500	M	5,400	2.7	5,400	0
Food Stamps	5,768	853	6,760	0	M	M <sup>e</sup>	M	0
Meal Provision - Seniors	1,017	488	1,976 <sup>b</sup>	38,948 <sup>c</sup>	52,615	24.0	36,411	16,204
Meal Provision - Other	323	12	11,641 <sup>e</sup>	19,493 <sup>c</sup>	25,729	1.1	21,674 <sup>a</sup>	7,967

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part A: All Agencies

	Total Expenditures	Expenditures Per Persons Served	Persons Served	Hours Direct Service	Hours Total Staff	Staff Hrs. Per Person Served	Hours Paid Staff	Hours Volunteer Staff
Goods Distribution	19	9	2,080	1,629	1,931	.9	1,206	725
At Cost Fuel Distribution	1,297	353	3,675	0	14,040	15.6	14,040	0
Low Income Housing Assistance	7,218	1,206	5,985	20,442	32,301	31.0	31,195	1,106
Low-Moderate Income Housing Loan	3,858	1,267	3,045	9,280 <sup>e</sup>	10,992	91.6	8,560 <sup>e</sup>	2,432
General Housing Acquisition	56,988	2,905	19,619	5,917 <sup>e</sup>	7,117	5.6	6,000 <sup>e</sup>	1,117
Housing Assistance - Disabled	180	6,316	19 <sup>d</sup>	2,156	4,156	8.2	3,156	1,000
Housing Assistance - Military	260	65	4,000	2,000	16,696	4.2	16,696	0
Short-term Shelter	814	26	31,046	615,847 <sup>d</sup>	58,576	1.9	80,428	6,288
Transportation - Seniors	555	366	1,516	39,851	39,361	26	35,763	3,598
Transportation - Disabled	534	M	M	24,282	39,588	M	39,088	500
Transportation - Other	41	123	333	3,220	3,220	9.7	3,120	100
Nutritional Support Services	3	6	470 <sup>d</sup>	36,660 <sup>d</sup>	19,830	M	50 <sup>d</sup>	19,780
Housing Support	48	111	9 <sup>e</sup>	130 <sup>e</sup>	130	14.4	100 <sup>e</sup>	30
Comprehensive Emergency Assistance - Military	255	247	1,034	610 <sup>c</sup>	6,240	10.2	6,240 <sup>c</sup>	0
Comprehensive Emergency Assistance - Other	670	67	10,060	9,810 <sup>e</sup>	6,011	.6	5,231 <sup>e</sup>	4,044
Education - Youth	1,381	1,163	1,187	358,812 <sup>a</sup>	79,889	67.3	67,782	12,107
Education - Adults	50	2,273	22	1,536	1,008	45.8	1,008	0

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part A: All Agencies

	Total Expenditures	Expenditures Per Persons Served	Persons Served	Hours Direct Service	Hours Total Staff	Staff Hrs. Per Person Served	Hours Paid Staff	Hours Volunteer Staff
Supplemental Education - Youth	358	441	812	34,080 <sup>e</sup>	32,824	40.4	25,048	7,776
Supplemental Education - Military	95	110	861	19,400 <sup>d</sup>	1,170	1.4	1,170	0
Adult Basic Education	487	169	2,885	99,234	23,187	8.0	21,463	1,724
Supplemental Education - Other	1,589	39	41,144	335,567 <sup>c</sup>	90,998	2.2	50,171	40,827
Education Policy	208	2,100	30 <sup>d</sup>	89,843	8,555	91.3	7,283	1,272
Environmental Protection	23	1	25,000	M	8,560	.3	8,160	400
Environmental Quality Support	58	M	M	10,920	10,920	M	6,240	4,680
Administration of Justice - Youth	3,493	1,237	2,823	103,320 <sup>c</sup>	142,206	50.4	141,606	600
Legal Aid - Military	136	81	1,681	8,115	6,682	4.0	6,682	0
Legal Aid - Other	2,127	181	11,748	14,934 <sup>d</sup>	83,826	7.1	81,780	2,046
Protective Services - Children	2,493	839	2,970	20,384 <sup>e</sup>	127,947	43.1	122,512	5,435
Adult Services	248	485	511	M	10,800	21.1	10,800	0
Disaster Protection and Relief	48	471	102	306	1,332	13.1	408	924
Safety Support Services	606	12	45,188 <sup>c</sup>	204,278 <sup>d</sup>	71,825	1.4	37,668	34,157
Counseling - Military	110	235	468	M	8,936	19.1	8,936	0
Counseling - General	1,122	108	9,130 <sup>c</sup>	42,824 <sup>b</sup>	76,756	7.4	69,938 <sup>b</sup>	8,754
Mobile Resettlement Service	181	91	1,984	6,954	11,800	5.9	8,130	3,670
Comprehensive Family Life - Military	79	44	1,810	1,810	2,687	1.5	2,687	0

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part A: All Agencies

	<u>Total Expenditures</u>	<u>Expenditures Per Persons Served</u>	<u>Persons Served</u>	<u>Hours Direct Service</u>	<u>Hours Total Staff</u>	<u>Staff Hrs. Per Person Served</u>	<u>Hours Paid Staff</u>	<u>Hours Volunteer Staff</u>
Comprehensive Family Life - Other	74	139	531	751 <sup>e</sup>	1,349	4.6	1,349 <sup>e</sup>	0
Crisis Intervention - Military	254	119	2,142	1,291 <sup>c</sup>	8,927	11.8	8,927 <sup>c</sup>	0
Crisis Intervention - Other	251	27	9,202	13,797	25,536	2.8	10,036	15,667
Parent Training	125	7,353	17	18,200	21,420	1,260.0	21,420	0
Adoption	42	85	494	14,910	2,080	4.2	2,080	0
Foster Care - Children	423	4,433	90 <sup>b</sup>	21,914 <sup>b</sup>	30,984	344.3	30,904 <sup>b</sup>	80
Foster Care - Adults	73	18,250	4	4,439	5,430	1,357.5	5,430	0
Group Home - Children	2,206	17,508	126	755,384	151,764	1,204.5	141,688	10,076
Group Home - Adults	1,127	27,488	41	42,640	46,800	1,141.5	46,800	0
Emergency Shelter - Children	813	1,457	558	105,360	58,976	105.7	56,400	2,576
Institutional Care - Children	3,042	20,416	149	419,104	196,827	1,321.0	188,998	7,829
Institutional Care - Adults	12,565	17,165	732	354,498 <sup>d</sup>	698,264	953.9	691,954	6,310
Resident Care - Unwed Females	700	1,461	479	69,520 <sup>a</sup>	26,360	204.3	18,860 <sup>a</sup>	10,500
Independent Living	556	3,759	112 <sup>c</sup>	54,370	55,702	338.7	44,202	11,500
Institutional Care - Adjudicated Delinquents	4,067	40,670	100	117,900	165,900	1,659.0	165,120	780
Resident Care - Mentally Retarded	2,252	75,067	30	M	122,720	4,090.7	121,680	1,040
Day Care - Children	535	652	820	322,870	47,740	58.0	45,632	2,108
Day Care - Disabled	861	2,372	363	115,301	105,434	290.5	93,120	12,314



Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part A: All Agencies

	Total Expenditures	Expenditures Per Persons Served	Persons Served	Hours Direct Service	Hours Total Staff	Staff Hrs. Per Person Served	Hours Paid Staff	Hours Volunteer Staff
Day Care - Seniors	261	2,584	101	85,600	22,007	217.9	14,798	7,209
Social Role Support	267	105	2,532	26,312	48,512	19.2	14,040	34,472
Supply and Auxiliary Services - Others	30	147	204	7,570	7,570	37.1	2,500	5,070
Resettlement - Military	112	21	5,287	2,856 <sup>c</sup>	4,151	1.4	4,151 <sup>c</sup>	0
Resettlement - Other	110	14	8,085	10,080	9,320	1.2	8,820	500
Supply and Auxiliary Services - Seniors	775	312	2,481	77,170	103,395	41.7	26,223	77,172
Community Centers	614	66	8,707 <sup>b</sup>	14,626 <sup>e</sup>	51,328	5.0	37,999	13,329
Participatory Recreation - Military	7,066	4	18,000 <sup>e</sup>	216,000 <sup>e</sup>	640,630	.9	632,320	8,310
Participatory Recreation - Other	581	21	17,987 <sup>d</sup>	463,888 <sup>d</sup>	93,948	4.3	27,628 <sup>a</sup>	66,368
Day Camping	229	164	1,400	419,345	15,387	11.0	12,787	2,600
Resident Camping - Disabled	44	389	113	3,648 <sup>e</sup>	17,040	150.8	8,796	8,244
Resident Camping - Other	333	151	691 <sup>e</sup>	148,392 <sup>c</sup>	68,948	56.4	48,116	20,832
Adaptive Recreation	190	293	648	33,355	26,602	41.1	15,528	11,074
Social Development	231	45	5,161	88,380	20,639	4.0	13,166	7,473
Comprehensive Youth Development	467	56	9,850	627,429	424,781	43.1	49,785	374,996
Social Development - Recreation	216	97	2,228	33,070	13,595	6.1	8,235	5,360
Social Adjustment Self Help Substance Abuse	27	70	1,214	65,052 <sup>b</sup>	7,206	18.8	3,666	3,774
Social Adjustment Self Help - Disabled	13	47	331	2,978	2,878	9.5	1,610	1,368

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part A: All Agencies

	<u>Total Expenditures</u>	<u>Expenditures Per Persons Served</u>	<u>Persons Served</u>	<u>Hours Direct Service</u>	<u>Hours Total Staff</u>	<u>Staff Hrs. Per Person Served</u>	<u>Hours Paid Staff</u>	<u>Hours Volunteer Staff</u>
Social Adjustment Self Help - Other	218	22	9,962	136,486 <sup>a</sup>	26,701	10.5	20,800 <sup>c</sup>	14,883
Inter-Cultural Understanding	76	M	M	M	12,480	M	10,400	2,080
Cultural Development	223	181	1,233	43,997	9,062	7.6	7,262 <sup>a</sup>	4,080
Individual Family Life Education - Youth	35	2	20,865	11,928	5,792	.3	2,700	3,092
Individual Family Life Education - Disabled	230	22,483	10	8,075	8,978	.4	8,528	450
Individual Family Life Education - Seniors	127	11	3,750 <sup>e</sup>	4,951	5,263	.5	4,617	646
Individual Family Life Education - Others	285	55	2,717 <sup>d</sup>	35,643 <sup>d</sup>	43,087	7.6	13,355 <sup>a</sup>	30,612
Agency Support	129	234	351 <sup>d</sup>	M	3,880	11.1	3,520	360
Material - Facility Provision	309	266	1,062 <sup>e</sup>	M	14,842	14.0	14,842	0
Information and Referral		6	28,149 <sup>d</sup>	30,186	28,432	.8	21,927	6,505
TOTAL	275,378	392	681,700	9,198,850	6,600,692	10.2	5,689,017	1,023,762

The footnotes a - e indicate the magnitude of missing data for each category. This measure is based on the reported expenditures for the records containing missing information as a percent of total expenditure in the category. The values for the footnotes are as follows:

- a. less than 5 percent
- b. 5 - 10 percent
- c. 10 - 25 percent
- d. 25 - 50 percent
- e. greater than 50 percent

The values for expenditures per person served and total staff hours per person served were calculated from records containing the necessary information and not from the category totals reported in this table.

ANCHORAGE  
HUMAN SERVICE PROVIDERS  
PART B: NONPROFIT AGENCY  
ACTIVITY IN ANCHORAGE

	<u>Total Expenditures</u>	<u>Expenditures Per Persons Served</u>	<u>Persons Served</u>	<u>Hours Direct Service</u>	<u>Hours Total Staff</u>	<u>Staff Hrs. Per Person Served</u>	<u>Hours Paid Staff</u>	<u>Hours Volunteer Staff</u>
Employment Services - Disabled	1,362	13,758	99	26,000	38,000	383.8	38,000	0
Employment Services - Disadvantaged	1,261	1,109	1,137	78,718	29,226	25.7	29,226	0
Employment Services - Other	284	592	480	2,940 <sup>e</sup>	9,180	19.1	8,580	600
Income Program - Military	7	171	41	62	104	2.5	104	0
Income Program - Disabled	79	258	306	305	316	10.2	316	384
Income Program - Low Income	3	46	65	72	72	1.1	32	40
Income Support Services	175	3,125	56	402	11,487	205.1	11,487	0
Hospitalization Prevention	2,347	3,867	607	86,602 <sup>d</sup>	138,004	227.4	135,883	2,121
Disease Management and Control	105	24	4,371	5,338 <sup>e</sup>	5,860	1.4	477 <sup>e</sup>	5,383
School - Public Health Promotion	179	98	1,826	2,496 <sup>e</sup>	11,132	6.1	7,107	4,025
Outpatient Rehabilitation	937	2,105	324 <sup>d</sup>	12,287	42,066	97.8	42,066	0
Outpatient Medical Care - Low Income	1,183	118	10,057	3,594 <sup>e</sup>	58,794	5.8	58,563	231
Outpatient Medical Care - Other	1,098	142	7,708	21,512	34,390	4.5	28,130	6,260
Substance Abuse - Outpatient	1,161	453	2,563	96,068	55,640	21.7	55,640	0
Substance Abuse - Inpatient	4879	2,042	2,389	624,867 <sup>b</sup>	226,230	95.9	225,680 <sup>b</sup>	550

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

	<u>Total Expenditures</u>	<u>Expenditures Per Persons Served</u>	<u>Persons Served</u>	<u>Hours Direct Service</u>	<u>Hours Total Staff</u>	<u>Staff Hrs. Per Person Served</u>	<u>Hours Paid Staff</u>	<u>Hours Volunteer Staff</u>
Suicide Prevention	138	14	9,847	2,661	15,399	1.6	8,840	6,559
Rape Relief	233	301	774	M	26,330	34.0	18,500	7,830
Inpatient Psychiatric Care	362	9,050	40	913	15,818	395.5	15,618	200
Emergency Psychiatric Care	57	44	1,300	1,469	8,448	6.5	8,448	0
Outpatient Psychiatric Care	2,590	577	4,445 <sup>a</sup>	40,707	47,556	17.8	85,956	600
Health Education	577	2	44,150 <sup>e</sup>	16,551 <sup>d</sup>	30,503	.7	23,094 <sup>c</sup>	7,409
Meal Provision - Seniors	1,017	488	1,976 <sup>b</sup>	38,948 <sup>c</sup>	52,615	23.9	36,411	16,204
Meal Provision - Other	323	12	11,641 <sup>e</sup>	19,493 <sup>c</sup>	25,729	1.1	21,674 <sup>a</sup>	7,967
Goods Distribution	19	9	2,080	1,629	1,931	.9	1,206	725
At Cost Fuel Distribution	505	561	900	M	14,040	15.6	14,040	0
Low Income Housing Assistance	49	1,750	28	M	11,859	423.5	10,753	1,106
Low-Moderate Income Housing Loan	586	4,883	120	9,280	10,992	91.6	8,560	2,432
General Housing Acquisition	343	271	1,266	5,917	7,117	5.6	6,000	1,117
Housing Assistance - Disabled	60	M	M	2,000	4,000	M	3,000	1,000
Short-term Shelter	765	26	29,548	613,867 <sup>d</sup>	56,236	2.0	78,188	6,188
Transportation - Seniors	555	366	1,516	39,851	39,361	26.0	35,763	3,598
Transportation - Disabled	534	M	M	24,282	39,588	M	39,088	500
Transportation - Other	41	123	333	3,220	3,220	9.7	3,120	100

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

	Total Expenditures	Expenditures Per Persons Served	Persons Served	Hours Direct Service	Hours Total Staff	Staff Hrs. Per Person Served	Hours Paid Staff	Hours Volunteer Staff
Nutrition Support Services	3	2	470 <sup>d</sup>	36,660 <sup>d</sup>	70	.1	50 <sup>d</sup>	19,780
Housing Support	48	111	9 <sup>e</sup>	130 <sup>e</sup>	130	14.4	100 <sup>e</sup>	30
Comprehensive Emergency Assistance - Other	670	67	10,060	9,810 <sup>e</sup>	6,011	.6	5,231 <sup>e</sup>	4,044
Education - Youth	1,381	1,163	1,187	358,812 <sup>a</sup>	79,889	67.3	67,782	12,107
Education - Adults	50	2,273	22	1,536	1,008	45.8	1,008	0
Supplemental Education - Youth	358	441	812	34,080 <sup>e</sup>	32,824	40.4	25,048	7,776
Adult Basic Education	487	169	2,885	99,234	23,187	8.0	21,463	1,724
Supplemental Education - Other	741	141	5,242	76,224 <sup>d</sup>	28,638	5.5	20,573	8,065
Education Policy	208	2,100	30 <sup>d</sup>	89,843	8,555	91.3	7,283	1,272
Environmental Protection	23	1	25,000	M	8,560	.3	8,160	400
Environmental Quality Support	58	M	M	10,920	10,920	M	6,240	4,680
Legal Aid - Other	737	108	6,822	14,934	33,426	4.9	31,380	2,046
Protective Services - Child	400	452	885	20,384	34,347	38.8	28,912	5,435
Disaster Protection and Relief	48	471	102	306	1,332	13.1	408	924
Safety Support Services	606	12	45,188 <sup>c</sup>	204,278 <sup>d</sup>	71,825	1.4	37,668	34,157
Counseling - General	1,122	108	9,130 <sup>c</sup>	42,824 <sup>b</sup>	76,756	7.4	69,938 <sup>b</sup>	8,754
Mobile Resettlement Services	181	91	1,984	6,954	11,800	5.9	8,130	3,670
Comprehensive Family Life - Other	74	139	531	751 <sup>e</sup>	1,349	4.6	1,349 <sup>e</sup>	0

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

	<u>Total Expenditures</u>	<u>Expenditures Per Persons Served</u>	<u>Persons Served</u>	<u>Hours Direct Service</u>	<u>Hours Total Staff</u>	<u>Staff Hrs. Per Person Served</u>	<u>Hours Paid Staff</u>	<u>Hours Volunteer Staff</u>
Crisis Intervention - Other	251	27	9,202	13,797	25,536	2.8	10,036	15,667
Parent Training	125	7,353	17	18,200	21,420	1,260.0	21,420	0
Adoption	42	85	494	14,910	2,080	4.2	2,080	0
Foster Care - Children	423	4,433	90 <sup>b</sup>	21,914 <sup>b</sup>	30,984	344.2	30,904 <sup>b</sup>	80
Foster Care - Adults	73	18,250	4	4,439	5,430	1,357.5	5,430	0
Group Home - Children	2,206	17,508	126	755,384	151,764	1,204.5	141,688	10,076
Group Home - Adults	1,127	27,488	41	42,640	46,800	1,141.5	46,800	0
Emergency Shelter - Children	813	1,457	558	105,360	58,976	105.7	56,400	2,576
Institutional Care - Children	3,042	20,416	149	419,104	196,827	1,321.0	188,998	7,829
Institutional Care - Adults	7,074	14,556	486	354,498	372,364	766.2	368,554	3,810
Residential Care - Unwed Female	700	1,461	479	69,520 <sup>a</sup>	26,360	204.3	18,860 <sup>a</sup>	10,500
Independent Living	556	3,759	112 <sup>c</sup>	54,370	55,702	497.3	44,202	11,500
Residential Care - Mentally Retarded	2,252	75,067	30	M 122,720	122,720	4,090.7	121,680	1,040
Day Care - Children	535	652	820	322,870	47,740	58.2	45,632	2,108
Day Care - Disabled	861	2,372	363	115,301	105,434	290.5	93,120	12,314
Day Care - Seniors	261	2,584	101	85,600	22,007	217.9	14,798	7,209
Social Role Support	267	105	2,532	26,312	48,512	19.2	14,040	34,472
Supplemental and Auxiliary Service - Other	30	147	204	7,570	7,570	37.1	2,500	5,070

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

	<u>Total Expenditures</u>	<u>Expenditures Per Persons Served</u>	<u>Persons Served</u>	<u>Hours Direct Service</u>	<u>Hours Total Staff</u>	<u>Staff Hrs. Per Person Served</u>	<u>Hours Paid Staff</u>	<u>Hours Volunteer Staff</u>
Resettlement - Military	46	15	3,000	2,808	2,808	.9	2,808	0
Resettlement - Other	110	14	8,085	10,080	9,320	1.2	8,820	500
Supplemental and Auxiliary Service - Seniors	775	312	2,481	77,170	103,395	41.7	26,223	77,172
Community Centers	614	66	8,707 <sup>b</sup>	14,626 <sup>e</sup>	51,328	5.0	37,999	13,329
Participatory Recreation - Military	66	4	18,000	216,000	16,630	.9	8,320	8,310
Participatory Recreation - Other	581	21	17,987 <sup>d</sup>	463,888 <sup>d</sup>	93,948	4.3	27,628 <sup>a</sup>	66,368
Day Camping	229	164	1,400	419,345	15,387	11.0	12,787	2,600
Resident Camping - Disabled	44	389	113	3,648	17,040	150.8	8,796	8,244
Resident Camping - Other	333	151	691	148,392	68,948	56.0	48,116	20,832
Adaptive Recreation	190	293	648	33,355	26,602	41.1	15,528	11,074
Social Development	231	45	5,161	88,380	20,639	4.0	13,166	7,473
Comprehensive Youth Development	467	56	9,850	627,429	424,781	43.1	49,785	374,996
Social Development - Recreation	216	97	2,228	33,070	13,595	6.1	8,235	5,360
Social Adjustment Self - Substance Abuse	27	70	1,214	65,052 <sup>b</sup>	7,206	18.8	3,666	3,774
Social Adjustment Self - Disabled	13	47	331	2,978	2,878	9.5	1,610	1,368
Social Adjustment Self - Other	78	9	8,962	96,486 <sup>b</sup>	1,901	1.2	0 <sup>e</sup>	10,883
Inter-Cultural Understanding	76	M	M	M	12,480	M	10,400	2,080

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

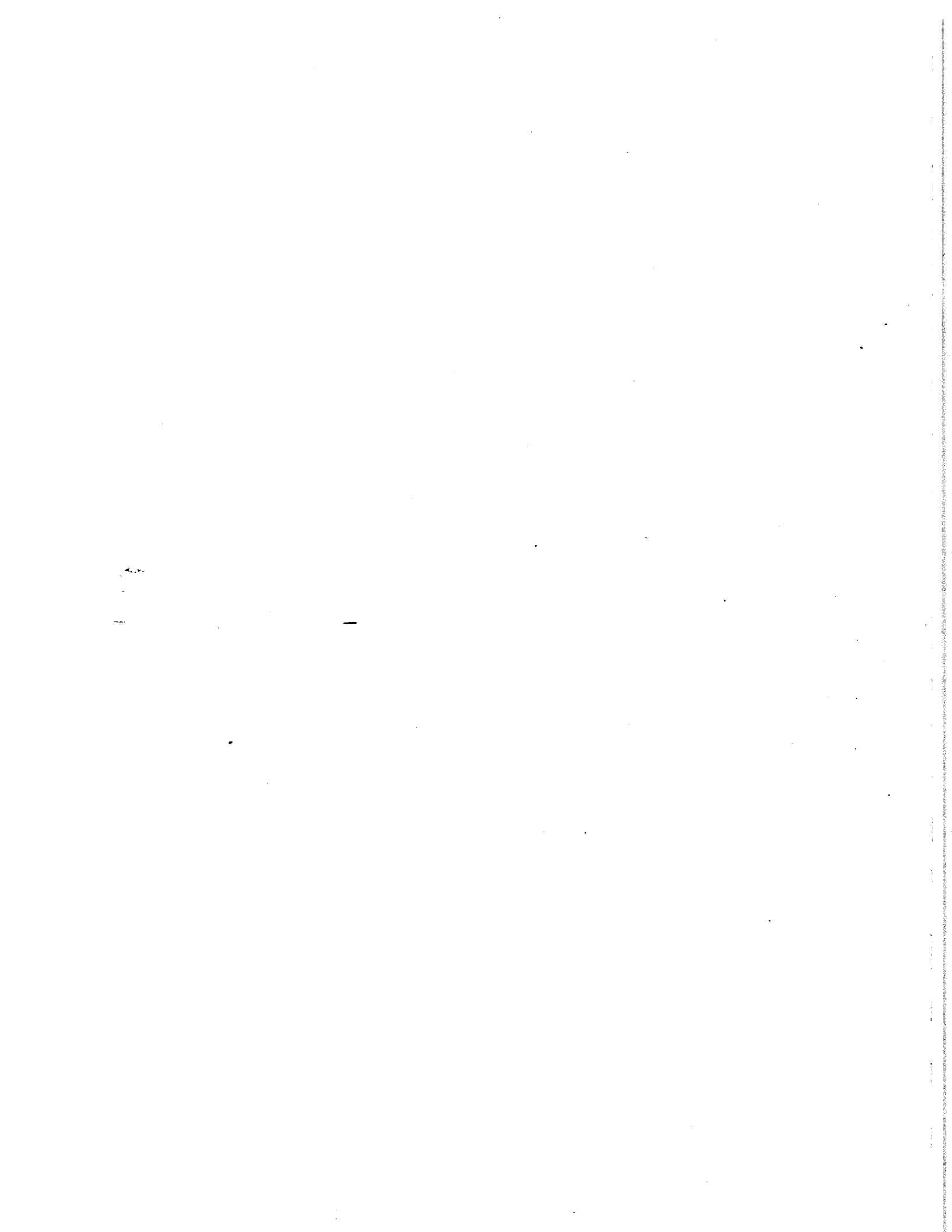
	<u>Total Expenditures</u>	<u>Expenditures Per Persons Served</u>	<u>Persons Served</u>	<u>Hours Direct Service</u>	<u>Hours Total Staff</u>	<u>Staff Hrs. Per Person Served</u>	<u>Hours Paid Staff</u>	<u>Hours Volunteer Staff</u>
Cultural Development	223	181	1,233	43,997	9,062	7.6	7,262 <sup>a</sup>	4,080
Independent Family Life Education - Youth	12	2	11,365	2,428	3,292	.3	900	2,392
Independent Family Life Education - Disabled	185	296	625	5,825	6,728	10.8	6,728	0
Independent Family Life Education - Seniors	127	11	3,750 <sup>e</sup>	4,951	5,263	.5	4,617	646
Independent Family Life Education - Other	285	55	2,717 <sup>d</sup>	35,643 <sup>d</sup>	43,087	7.6	13,355 <sup>a</sup>	30,612
Agency Support	47	M	M	M	M	M	M	0
Material - Facility Provision	85	258	225 <sup>d</sup>	M	3,784	16.6	3,784	0
Information and Referral	250	6	28,149 <sup>d</sup>	30,186	28,432	.8	21,927	6,505
TOTAL	56,957	141	405,082	7,647,257	3,838,630	9.5	2,969,875	980,842

The footnotes a - e indicate the magnitude of missing data for each category. This measure is based on the reported expenditures for the records containing missing information as a percent of total expenditure in the category. The values for the footnotes are as follows:

- a. less than 5 percent
- b. 5 - 10 percent
- c. 10 - 25 percent
- d. 25 - 50 percent
- e. greater than 50 percent

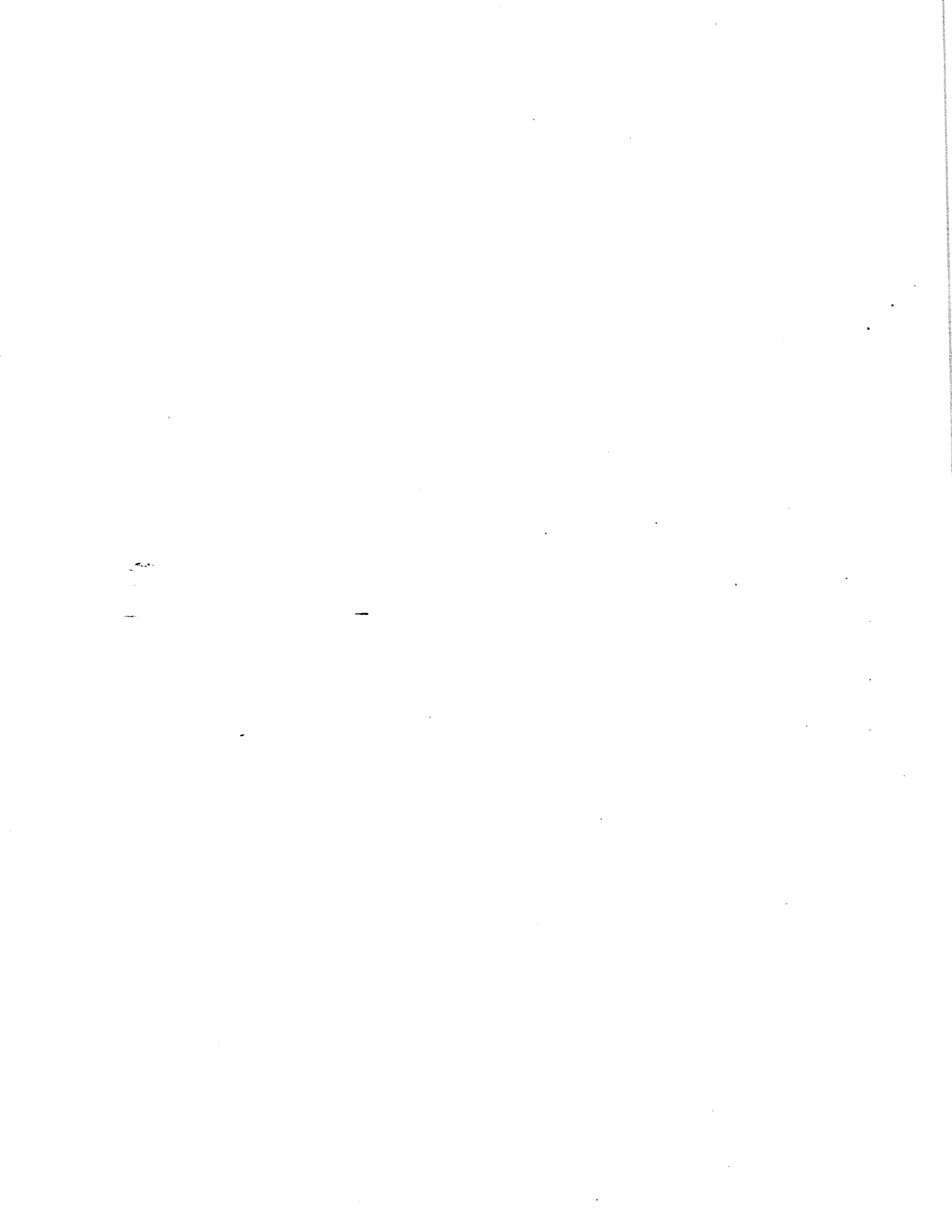
The values for expenditures per person served and total staff hours per person served were calculated from records containing the necessary information and not from the category totals reported in this table.





APPENDIX B

DESCRIPTIONS OF HUMAN SERVICE PROGRAMS



1.0.00.00

GOAL I: OPTIMAL INCOME SECURITY AND  
ECONOMIC OPPORTUNITY

THIS BROAD SOCIAL GOAL IS OPTIMAL INCOME SECURITY AND ECONOMIC OPPORTUNITY FOR ALL INDIVIDUALS. THE SERVICES SYSTEMS ARE THUS GEARED TO PROVIDE GAINFUL EMPLOYMENT FOR ALL ABLE AND WILLING PERSONS; SECURE INCOME MAINTENANCE AND SUPPORT FOR THE ELIGIBLE NEEDY; AND PROMOTE ECONOMIC CONDITIONS CONDUCIVE TO HEALTHY AND STEADY TRADE GROWTH, BUSINESS OPPORTUNITY, MINIMAL INFLATION, AND CURRENCY STABILIZATION.

EMPLOYMENT SERVICES SYSTEM

1.1.00.00 The employment Services System consists of services aimed at helping people to find jobs; training people in skills needed to fill jobs or to remain in jobs; and providing special employment assistance to those who are unemployed or underemployed because of some social, economic, political, health, sex, or age disadvantage.

Employment Procurement Service

1.1.01.00 The Employment Procurement Service encompasses a variety of programs designed to help individuals find gainful employment matching their aptitudes, qualifications, experience, and desires as well as to help prospective employers find competent and qualified individuals to fill job vacancies.

PROGRAMS

Employment Assessment and Guidance

1.1.01.01 Employment Assessment and Guidance is a program designed to help individuals assess their potentials, aptitudes, interests, strengths, and weaknesses in relation to prospective future career and employment. Program elements include analysis of academic or other educational profile; administration of various psychological and aptitudinal tests and analyses of results thereof; and in-depth counseling as to the type(s) of career or vocation the client ought to be pursuing based on the results of the overall assessment. The program setting may be in a high school, college/university, employment agency, or some other place such as a community center. The program is also known by other titles such as Vocational Guidance, Vocational Counseling, Vocational Testing, Vocational Evaluation.

### Program Product

1. Number of persons interviewed, tested, and counseled.
2. Number of tests administered and analyzed.
3. Number of hours of direct counseling on a one-to-one basis.

### Pre-Job Guidance

1.1.01.02 Pre-Job Guidance is a program designed to help individuals who need to learn the basic tools of obtaining employment to suit their particular skills and talents. Program elements include advice pertaining to some or all of the following: vita or resume preparation; dress and personal appearance; filling out applications and writing letters applying for a job or responding to a job ad; interview techniques; taking employment tests; and providing general orientation to occupational choices. The program may operate on a one-to-one basis or on a group basis.

### Program Product

1. Number of persons guided in the techniques of obtaining employment.

### Job Search Assistance and Placement (Unspecified)

1.1.01.03 Job Search Assistance and Placement is a program designed to help individuals to obtain the best possible paid employment in accordance with their skills, talents, capabilities, and experience. It is also designed to help prospective employers in search of individuals to fill job vacancies. Program elements include searching out, organizing, and listing all vacancies in some logical, easily retrievable manner; interviewing and, where necessary, testing job applicants with a view to assessing their skills and talents; referring the applicant to prospective employers on the basis of careful matching of the applicant with the specifications of the vacancy; and follow-up placement when a job is offered and the applicant accepts. This is a generic description of the program. The setting may be one of the various governmental employment agencies (Federal, state, or municipal), commercial employment agencies, or personnel departments of major commercial, industrial, and other employer groups.

NOTE: Job Search Assistance and Placement programs designed to help exclusively certain professional or occupational groups (e.g., doctors, engineers, scientists, etc.) should be listed here separately, using the Add If Necessary (AIN) program numbers.

## Program Product

1. Number of full-time job vacancies listed.
2. Number of part-time job vacancies listed.
3. Number of job applicants interviewed.
4. Number of job applicants tested.
5. Number of job applicants referred to prospective employers.
6. Number of job applicants placed in full-time positions.
7. Number of job applicants placed in part-time positions.

### Special Employment Assistance Service for Exceptional Individuals and Groups (Aged, Handicapped, and other Disadvantaged)

1.1.03.00 The Special Employment Assistance Service for Exceptional individuals and Groups encompasses a variety of employment acquisition and training programs designed to help the aging, the youth, women, the physically and emotionally handicapped, the developmentally disabled, and the socially and economically disadvantaged. All special employment programs are identified, classified, and defined under this service category--both job procurement assistance and job training types of program--so long as they are designed to help some target group or area.

## PROGRAMS

### Employment Assistance to the Socially and Economically Disadvantaged (Unspecified)

1.1.03.01 Employment Assistance to the Socially and Economically Disadvantaged is a program designed to provide a comprehensive range of assistance to individuals and groups who find it difficult to obtain paid employment on their own because of some social or economic disadvantage or condition. Included in this category are veterans, older workers, youth, members of minority groups, women, and workers affected by the impact of automation and changing technology and fluctuations in the economy. The program embraces every aspect of employment assistance, including job development; job restructuring to create new paraprofessional positions; job training, placement, referral, and follow-up; and a full range of supportive services.

## Program Product

1. Number of economically and socially disadvantaged persons helped in obtaining jobs, by type of disadvantage (e.g., minority group member, youth, women, aging, etc.)
2. Number of economically and socially disadvantaged persons trained for specific jobs and careers, by type of training received and type of disadvantage.

### Sheltered Remunerative Employment

1.1.03.06 Sheltered Remunerative Employment is a program designed to provide a controlled and protected working environment and employment activities with individualized goals to assist the handicapped person to progress toward normal living and productive vocational status. The program objective is competitive employment if the potential exists, or long-stay employment within a sheltered workshop if competitive employment is not feasible. Program elements include diagnostic evaluations and testing; controlled and supervised working experience for training, work adjustment or employment in conjunction with other services such as counseling and group therapy; and assessment of progress, referral and follow-up. For the most part, the program is geared, on a long-term basis, to help the handicapped and/or aged persons who are not employable in normal industry and, on a short-term basis, ex-convicts, alcoholics, and other socially maladjusted persons who need a job during the period of readjustment to the community.

#### Program Product

1. Number of persons provided with sheltered remunerative employment.
2. Number of person-months or sheltered remunerative employment provided within some specified period.

### Work Activity Centers

1.1.03.07 Work Activity Centers is a program designed to provide meaningful "work activity" to individuals with highly restrictive physical and/or mental capabilities. The program elements are similar to those described in the Sheltered Remunerative Employment Program (1.1.03.05) described above. The difference is in the level of work performance and remuneration which are substantially lower due to the severity of the physical and/or mental handicap.

#### Program Product

1. Number of persons provided with "work activity" experiences.

### Vocational Rehabilitation

1.1.03.09 Vocational Rehabilitation is a program designed to enable handicapped persons to obtain a broad range of services to attain economic self-sufficiency. Program elements include assessment of handicapped persons' interests, potentials, and needs or additional training in order to assist his or her return to employment; therapeutic interviews focused on issues related to employability; assistance in finding suitable employment opportunities; collaboration with educational institutions and employers with a view to reintegrating the handicapped person into regular employment, sheltered workshop, or home-bound employment.

## Program Product

1. Number of handicapped persons receiving vocational rehabilitation assistance.

### Job Training for the Economically Disadvantaged (AIN)

1.1.03.11 Job Training for the Economically Disadvantaged is a program designed to prepare economically disadvantaged individuals for specific types of employment opportunities by means of class instruction in the performance of specific skills or execution of designated tasks. Training is provided to the unemployed to facilitate the upward movement of the underemployed and those working in low-skilled jobs. Program elements include career information and referral, screening and placement, training, follow-up counseling, and the provision of emergency material and medical services necessary to continue program participation.

### On-the-Job-Training for the Economically Disadvantaged (AIN)

1.1.03.12 On-the-Job-Training for the Economically Disadvantaged is a program designed to identify and place unskilled, economically disadvantaged individuals in training situations with private sector employers. Persons are trained in the specific skills required for the job and are confirmed in the job upon successful completion of the training contract. Program elements include career information and referral, screening and placement, development of contract with private sector employers, provision of training and supervision by the employer, follow-up counseling, and provision of emergency material and medical services necessary to continue program participation.

### Work Experience for the Economically Disadvantaged (AIN)

1.1.03.13 Work Experience for the Economically Disadvantaged is a program designed to teach economically disadvantaged adults good work habits and foster adjustment to work requirements along with development of basic occupational skills with the goal of enhancing future employability and increasing their potential to obtain a planned occupational goal. Program elements include career information and referral, screening and placement, short-term placement in work settings, short-term educational training coordination and linkages with the formal school system, follow-up counseling, and the provision of emergency material and medical services necessary to continue program participation.



Employability Development Workshops for  
the Economically Disadvantaged (AIN)

1.1.03.14 Employability Development Workshops for the Economically Disadvantaged is a program designed to increase the employability of economically disadvantaged individuals through a wide range of workshops addressing attitudinal problems, communication, and interpersonal skills. Workshops also serve to provide local labor market information and career information, career guidance and educational planning, goal setting, and goal attainment. Workshops are developed based on the individual participant's needs and employability development plans. Workshops are offered to supplement the participant's primary training program.

Work Station in Industry (AIN)

1.1.03.15 Work Station in Industry is a program designed to provide a semi-controlled work environment to assist the handicapped person to progress toward normal vocational status. The program objective is acquisition of skills that would lead to competitive employment. Typically, the vocational agency contracts to perform a specific kind of work for a private company or government agency whose primary purpose is other than vocational rehabilitation. Program elements include diagnostic evaluation and testing, semi-controlled work experience, work adjustment, and employment.

INCOME SECURITY SERVICES SYSTEM

1.2.00.00 The Income Security Services System consists of services aimed at providing the minimum necessary money income to meet the basic material needs of those individuals who are unable to provide for themselves. The services embrace those utilizing the insurance principle as well as those involving some form of financial aid to eligible individuals.

Social Insurance Service

1.2.01.00 The Social Insurance Service encompasses a variety of programs designed to provide cash income on a regular basis to individuals who are eligible under specified programs according to their particular circumstances. The distinguishing mark of these programs is that they provide earnings-related benefits employing the insurance principle, under which the individual and/or his or her employer have made contributions to provide entitlement to income maintenance benefits.

## PROGRAMS

### Unemployment Insurance

1.2.01.01 Unemployment Insurance is a program designed to provide weekly financial benefits to eligible unemployed workers for a designated period beginning with the filing of a first claim for the benefit. Under this program, states have the direct responsibility for establishing and operating their own unemployment insurance programs while the Federal government financed the cost of administration. Benefits are paid to all workers whose employers contribute to State Unemployment insurance programs. Federal Civilian employees and ex-servicemen are eligible under this program if they are involuntarily unemployed, registered for work, ready for work, and meet the earnings requirement of the state law.

#### Program Product

1. Total dollar amount of unemployment insurance taxes collected.
2. Number of persons receiving unemployment insurance benefits.
3. Total dollar amount of unemployment insurance benefits paid.

### Disability Insurance

1.2.01.03 Disability Insurance is a program designed to replace income lost because of physical or mental impairment severe enough to prevent a person from working. Monthly cash benefits are paid to eligible disabled persons and their eligible dependents throughout the period of disability. Disability benefits are not payable for the first five months of disability. Program elements include application by the eligible disabled person by letter, telephone, or personal visit; processing of application; notification of the applicant by mail.

#### Program Product

1. Number of disabled persons and their dependents receiving monthly cash benefits under this program.
2. Total dollar amount of cash benefits paid under this program.

### Retirement Insurance

1.2.01.04 Retirement Insurance is a program designed to replace income lost because of retirement. Monthly cash benefits are paid to eligible retired workers and their eligible dependents. Program elements include receipt and study of application by the Social Security office (or other appropriate retirement disbursement authority) and notification of the applicant by mail.

### Program Product

1. Number of retired persons and their dependents receiving monthly cash benefits under this program.
2. Total dollar amount of cash benefits paid under this program.

### Survivors Insurance

1.2.01.05 Survivors Insurance is a program designed to replace income lost to dependents because of a worker's death. Monthly cash benefits are paid to eligible dependents of the deceased workers. Program elements include receipt and study of an application by the Social Security office and notification of applicant by mail.

### Program Product

1. Number of persons receiving monthly cash benefits under this program.
2. Total dollar amount of cash benefits paid under this program.

### Life Insurance for Veterans

1.2.01.06 Life Insurance for Veterans is a program designed to provide life insurance protection for veterans of World War I, World War II, the Korean conflict, and service-disabled veterans of the Vietnam conflict and to provide mortgage protection life insurance under a group policy for those disabled veterans who are given a VA grant to secure specially adapted housing. Program elements include application by an eligible veteran after separation from service; determination of eligibility; and notification by the VA office as to approval or disapproval of the request.

### Program Product

1. Number of new veterans' life insurance policies issued.
2. Number of veterans' life insurance policies in effect at the end of fiscal year.
3. Total dollar amount of benefits paid to beneficiaries in a fiscal year.

### Financial Aid Service

1.2.02.00 The Financial Aid Service encompasses a variety of programs designed to provide cash income on a regular basis as well as emergency financial aid to individuals and families. The various programs under these services include programs which are both income related and not income related. The income-related or gap-filling cash payment programs are designed to bridge all or part of the gap

between an established target standard of living and the individual's or family's available resources. The programs not based on income provide cash payments based on eligibility requirements other than income. Also included in this service category are financial aid programs of voluntary agencies.

## PROGRAMS

### Aid to Families with Dependent Children

1.2.02.01 Aid to Families with Dependent Children is a program designed to encourage the care of needy dependent children in their own homes or in the homes of relatives by enabling each state to furnish, on a matching formula basis, financial assistance or foster care for eligible children. Under this program, money payments are to cover cost of food, shelter, clothing, and other necessary items of daily living. In certain cases, payments are made on the child's behalf to another person. Since the program is intended to maintain children in their own homes, payments are made not only for the child but also for one or both parents in the home or other relative taking care of the child. Payments are also made for the care of eligible children in foster homes or institutions and for repair of homes in which needy families with dependent children reside.

#### Program Product

1. Number of persons receiving financial aid under this program.
2. Total dollar amount of benefits paid under this program.

### General Assistance

1.2.02.02 General Assistance is a state and/or local tax-financed money income program designed to meet the cost of basic necessities of life of those needy persons who, for some reason, are unable to provide for themselves and who are ineligible to receive financial aid under one of the Federal public assistance programs. Eligibility requirements and dollar amounts paid vary from state to state and, in some instances, vary within states from locality to locality and are determined by states and/or localities.

#### Program Product

1. Number of persons receiving financial aid under this program.
2. Total dollar amount of benefits paid.

### Supplementary Security Income

1.2.02.03 Supplementary Security Income is a program designed to provide supplemental income in the form of monthly cash payments to persons aged 65 and over and to persons blind or disabled. Program elements include receipt and review of an application and notification by mail as to the approval or denial of the application.

#### Program Product

1. Number of persons receiving monthly cash benefits under this program.
2. Total dollar amount of cash payments made.

### Financial Aid to Veterans

1.2.02.06 Financial Aid to Veterans is a program designed to provide financial assistance to veterans covering a variety of circumstances and situations. The following specific types of financial assistance programs may be noted: (1) burial allowance; (2) compensation to eligible survivors for the death of a veteran resulting from a service-connected disability; (3) pension for nonservice-connected disabilities which are permanent and total and prevent the veteran from following substantially gainful occupation; (4) partial means of support for needy widows or widowers and children of deceased war-time veterans whose deaths were not due to service; and (5) compensation for disabilities due to military service according to the average impairment in earnings capacity such disabilities would cause in civil occupations. Program elements include receipt and review of applications, determination of eligibility, and award of benefits.

#### Program Product

1. Number of persons receiving financial aid benefits under the various specific programs.
2. Total dollar amounts of financial aid given to veterans and their survivors under these programs.

### Voluntary Financial Assistance

1.2.02.09 Voluntary Financial Assistance is a program to assist individuals and families who are in urgent financial need and who, for some reason, either are not eligible to receive government aid or are not able to receive assistance from any other source. Assistance may be in the form of outright cash grants, interest-free loans, or other vendor payments or loans. Where loans are advanced, repayments may or may not be enforced. Program elements include request for cash assistance by persons in critical need; instant assessment of the client's needs and circumstances; and cash payments on the basis of such assessment.

Program Product

1. Total dollar amount of cash financial aid provided.

Tax Relief or Discount Assistance

1.2.02.10 Tax Relief or Discount Assistance is a program designed to provide relief to low-income individuals and families from the full payment of state and/or local taxes. The program, which is primarily designed to help the low-income elderly, offers financial relief to eligible persons in the form of tax credits or reduction up to a set maximum dollar limit. In some communities, the program is known as the "Circuit Breaker Program."

Program Product

1. Number of persons taking advantage of the program.
2. Total dollar value of tax relief provided under the program.

Child Care Assistance

1.2.02.11 Child Care Assistance is a program designed to assist low- and moderate-income families pay for child care costs while they work, train, or attend academic school programs. Assistance is based on a sliding income schedule and paid directly to the state-licensed or federally approved child care program of the parent's choice. Program elements include eligibility determination process, reimbursement process for authorized children, and information and referral with the objective of enhancing and supporting the parent's efforts to become self-sufficient.

Program Products

1. Number of families receiving child care assistance.
2. Total amount of subsidy assistance paid under the program.

Longevity Bonus

1.2.02.12 Longevity Bonus is a state-financed program designed to provide an incentive for qualified applicants to return or remain in the state after reaching age 65. Under this program, a monthly cash payment is made to each qualified recipient who continues to reside in the state.

Program Product

1. Number of persons receiving monthly cash benefits under the program.
2. Total dollar amount of cash payments made.

### Child Support Enforcement

1.2.02.13 Child Support Enforcement is a program to obtain, enforce, and administer child support orders from the court of the resident state as well as support orders from other states. The program is provided to custodial parent upon application at no charge.

#### Program Product

1. Number of cases.
2. Dollar value of child support payments processed.

### INCOME SECURITY AND ECONOMIC OPPORTUNITY SUPPORTIVE SERVICES SYSTEM

1.4.00.00 The Income Security and Economic Opportunity Supportive Services System consists of those services which are basically supportive in character and are designed to assure development, delivery, and effectiveness of needed services in the substantive program areas of the broad social goal of optimal income security and economic opportunity for all persons. The specific supportive services included in this services system are comprehensive planning and development; policy determination; research, analysis and information dissemination; program planning and development; programs evaluation; interagency coordination, cooperation, and exchange; consultation and technical assistance; standards setting, accreditation, and monitoring; public awareness; personnel development and training; equal access and opportunity; material resources provision; ombudsman; advocacy; employee protection; and personal financial management assistance and dollar optimization.

#### Income Security and Economic Opportunity Comprehensive Planning and Development Service

1.4.01.00 The Income Security and Economic Opportunity Comprehensive Planning and Development Service encompasses those programs which are concerned with comprehensive planning and development in various substantive programmatic endeavors aimed at the societal goal of optimal income security and economic opportunity for all. Examples of substantive areas in which comprehensive planning and development may be conducted are full employment, income security, domestic and international trade, minimum wage and wage and price stability, and economic development in general.

## PROGRAMS

### Comprehensive Planning and Development for Full Employment

1.4.01.01 Comprehensive Planning and Development for Full Employment is a program designed to ensure that every able-bodied person who seeks gainful employment is able to find the same. Program elements include development of needed information related to employment, unemployment, and underemployment; conducting special studies, surveys, and analyses; study, review, and assessment of existing programs with a view to determining what works and what does not, and why; development and testing of alternative courses of action, models, demonstration projects; and development of recommendations for specific policies, plans, and programs toward the achievement of the goal of full employment.

Program Product

Indeterminable



2.0.00.00

GOAL II: OPTIMAL HEALTH

THIS BROAD SOCIAL GOAL IS THE ATTAINMENT OF AN OPTIMAL LEVEL OF WELLNESS FOR ALL INDIVIDUALS. THE SERVICES SYSTEMS ARE THUS GEARED TO THE PROMOTION AND MAINTENANCE OF HEALTH, TREATMENT AND, WHERE FEASIBLE, CURE OF DISEASES, AND REHABILITATION OF THE HANDICAPPED.

HEALTH MAINTENANCE AND TREATMENT SERVICES SYSTEM

2.1.00.00 The Health Maintenance and Treatment Services System is designed to promote the health of the individual and to provide for the treatment of disease and the rehabilitation of the disabled. The system is organized to provide a comprehensive range of health services that are readily accessible, of high quality, at reasonable costs.

Community Health Maintenance Service

2.1.01.00 The Community Health Maintenance Service encompasses a variety of programs designed to improve the health of the community by providing programs of prevention, early detection, and treatment. These programs emphasize prevention of the disease from occurring or prevention of complications by detecting it early and, through treatment, intervention in the natural course of the disease.

PROGRAMS

Prevention and Control of Communicable Diseases

2.0.01.01 Prevention and Control of Communicable Diseases is a program designed to protect community health through various medical and administrative measures. Medical program elements include vaccine-preventable diseases such as polio, measles, mumps, rubella, diphtheria, tetanus, whooping cough, influenza, and person-to-person-transmitted diseases such as tuberculosis. Administrative measures include routine surveillance of communicable disease activity, assessment of the community immunization level by the conduct of immunization surveys and analysis of school health records, investigation of epidemic outbreaks, case reporting, and advice to international travelers.

### Program Product

1. Number of individuals immunized by number and type of immunizations.
2. Number of tuberculosis infections identified through screening procedures.
3. Number of associates of tuberculosis cases identified and examined as a result of positive reactors.
4. The percent of total female population from 15-to-44 years of age who are screened for gonorrhea and/or other sexually transmitted diseases.
5. The percent of the high-risk female population screened for gonorrhea and/or other sexually transmitted diseases.
6. The percent of early syphilis and/or other sexually transmitted diseases cases interviewed.
7. The percent of early syphilis and/or other sexually transmitted diseases cases interviewed within 48 hours.
8. The percent of venereal disease and/or other sexually transmitted diseases contacts located and treated.

### Surveillance Measures

1. The increase or decrease of the incidence of gonorrhea, syphilis, and other sexually transmitted diseases in the community.
2. Whether or not the ratio of male to female gonorrhea case reports approaches a one-to-one relationship from a baseline of 4+ to 1.
3. Numerical increase of volunteers seeking venereal disease examination.
4. Percent of physicians performing gonorrhea cultures.
5. Number of schools providing venereal disease education.

### Chronic Disease Control

2.1.01.02 Chronic Disease Control is a program designed to detect disease early, prior to the appearance of symptoms. Discovery of disease in an asymptomatic state and early intervention frequently prevent the disease from following its natural course, with resulting complications, morbidity, and mortality. Diseases for which the outcome can be changed if detected early are all cancers, but especially breast, cervix, colon, and mouth; heart disease; diabetes; hypertension; kidney disease; glaucoma; PKU (Phenylketonuria); and lead poisoning.

### Program Product

1. Number of persons screened who were at high risk for the disease.
2. Number of screening tests.
3. Number of positive screenees.

4. Percent of positive screenees to patients diagnosed for the disease.
5. Percent of patients diagnosed receiving treatment.
6. Stage at which the disease was discovered.
7. Number of previously undiagnosed medical conditions uncovered.

#### Home Health Aide

2.1.01.06 Home Health Aide is a program designed to provide personal care for an individual whose family life is threatened with disruption by long- or short-term illness, disability, social maladjustment, or other problems which require personal care assistance in the home to sustain independent living. The functions of the home health aide are determined by a care plan established by a professional member of the agency team. A nurse usually supervises the home health aide function. The home health aide requires special training and supervised practice in personal care services of the sick and aged; principles of good nutrition and meal preparation for the sick and aged; and maintenance of a clean, healthy, and safe environment. Home health aide includes the following program elements where the professional has specified in the plan of treatment that the patient needs personal care: helping with bathing; care of mouth, skin, and hair; helping to bathroom or in using bedpan; helping in and out of bed; assisting with walking; helping with prescribed exercises which the client and home health aide have been taught by appropriate professional personnel; assisting with medications, ordinarily self-administered, that have been specifically ordered by a physician; and reporting to the professional nurse supervisor changes in the client's condition or family situation.

#### Program Product

1. Number of individuals and/or families served.
2. Total number of hours of service provided.
3. Average hours of service per patient.
4. Total number of home visits made.

#### Maternal and Child Health Concerns

2.1.01.08 Maternal and Child Health Concerns is a program designed to reduce mortality and disability associated with child bearing and with various childhood diseases and to promote the health of mothers and children. Program elements for children include periodic health examinations and diagnosis, referral for treatment as needed, immunizations, and health-related guidance. Program elements for women include various services related to pregnancy such as obstetrical care or prenatal, delivery, and post-partum services.

#### Program Product

1. Number of mothers helped.
2. Number of children helped.
3. Person-hours of maternal and child health assistance provided.

#### Organ and Tissue Bank

2.1.01.10 Organ and Tissue Bank is a program designed to provide organs and tissues for transplantation and other health care-related purposes to health care personnel as and when needed. Program elements include systematic recruitment of organ and tissue donors; testing, processing, and storage; and delivery to health care personnel and institutions as and when needed.

#### Program Product

1. Number of organs and tissues obtained.
2. Number of patients supplied with needed organs and tissues.
3. Number of lives saved as a direct result of the supply of needed organ or tissue.

#### Medically Supervised Physical Fitness Assistance

2.1.01.11 Medically Supervised Physical Fitness Assistance is a program designed to assist persons with coronary heart disease and chronic lung disease and those predisposed to cardiopulmonary problems to improve their cardiovascular and pulmonary efficiency and endurance. Participants, who are usually referred by their physicians, include patients with coronary heart disease, including those at least three months post-myocardial infarction; angina or other ischemic manifestations; chronic broncho-pulmonary disease including emphysema and post-pneumonectomy; hypertension; post-surgical debilitation; or certain other cardiovascular diseases. Program elements include referral by a physician; orientation session to meet the staff, discuss the program, and witness a program session; physical evaluation tests conducted by specially trained physicians (assisted by paramedical staff); appropriate exercise prescription for each participant based on the results of these tests; supervision of the exercise sessions which include a warm-up, walk or jog, selected calisthenics, and cool down; and repeat of the physical evaluation tests to measure progress after the prescribed number of sessions.

#### Program Product

1. Number of persons enrolled in this program.
2. Number of persons showing improved cardiovascular and pulmonary efficiency and endurance as indicated by tests at the completion of program.

## Physical Fitness and Health Education for Individual Wellness

2.1.01.12 Physical Fitness and Health Education for Individual Wellness is a program designed to maintain and improve an individual's wellness through physical fitness, class participation, periodic health screenings, and health education. The wellness of an individual may be monitored through periodic health screenings and may include health counseling, referral to appropriate resources, and follow-up. Physical fitness is recognized as maintaining or improving the individual's wellness.

Target population: Persons in need of program, expressed as a proportion of the total population.

## Chronic Disease Management Clinic/Services

2.1.01.13 Chronic Disease Management Clinic/Services are services designed to afford individuals with a real or suspected chronic, debilitating disease the opportunity to maintain an optimal level of health with minimal financial burden. The program may include provision of complete physical examinations, diagnostic testing, transportation costs, the coordination of services, counseling/information, the purchase and repair costs of equipment, and financial assistance with the cost of allied professional services not covered by private or public insurance plans.

### Program Product

1. Total number of patients served.
2. Total number of visits to the clinic.
3. Total number of hours of direct service received.

## Prevention and Control of Sexually Transmitted Diseases

2.1.01.14 Prevention and Control of Sexually Transmitted Diseases is a program designed to protect community health through various medical and public education and awareness and epidemiology measures. Medical program elements include treatment of sexually transmitted diseases such as syphilis and gonorrhea. Public education and awareness techniques include television spots, radio announcements, slide presentations, and public lectures. Epidemiology measures include contact tracing and treatment of contacts.

### Subsidized Dental Care

2.1.01.15 Subsidized Dental Care is a program designed to provide comprehensive dental care to low-income individuals who are unable to obtain these services through their own means. Program elements include eligibility determination, screening to determine priority of need, initial dental examination, cleanings, fillings, crowns, dentures, extractions, and follow-up.

### Special Supplemental Food Program for Women, Infants, and Children

2.1.01.16 Special Supplemental Food Program for Women, Infants, and Children (WIC) is a program designed to provide periodic screening to determine nutritional risk, supply specific nutritious foods to participants found to be at risk, refer participants to appropriate health and other services, and provide nutritional counseling and education. Under this program, grants are made to state health departments to make nutritionally desirable foods available to pregnant or lactating women, infants, and children through local public or nonprofit private health agencies. Funds must be expended to purchase supplemental foods for participants or to redeem vouchers issued for that purpose.

### Community Health Nursing

2.1.01.17 Community Health Nursing is a program designed to promote health in the community by providing generalized public health nursing services to persons of all ages and all health conditions with the exception of emergencies for the purpose of health promotion. Program elements include home visits, well-child conferences, health education, community involvement, communicable disease control, dispensary, and technical assistance to child care services.

### Medical Care Service

2.1.02.00 The Medical Care Service encompasses a variety of clinical services organized to provide for the diagnosis and treatment of disease, injury, defect, or dysfunction. The setting in which the services are rendered is related to the nature and complexity of the patient's condition and can range from services of a physician's assistant in a solo practitioner's office to the full array of definitive services provided by a university hospital.

## PROGRAMS

### Skilled Nursing Facility

2.1.02.04 Skilled Nursing Facility is an institutional program designed to provide an intense level of nursing care on a short-term, 24-hour-a-day basis to extremely ill patients not requiring hospital care. Under this program, a skilled nurse evaluates and regularly re-evaluates the nursing needs of the patient; develops and implements the nursing care plan for the patient; provides nursing services, treatments, and diagnostic and preventive procedures requiring substantial specialized skill; initiates preventive and rehabilitative nursing procedures as appropriate for the patient's care and safety; and observes signs and symptoms and reports to the physician reactions to treatments, including drugs, and changes in the patient's physical or emotional condition.

#### Program Product

1. Number of patients discharged in a year.
2. Total number of patient days of care provided in a year.
3. Average length of stay.

### Community Clinics Care

2.1.02.05 Community Clinics Care is a program designed to provide health services to persons in need of preventive or health maintenance care which, for reasons of ready access or efficiency of service delivery, can be satisfactorily provided outside the auspices of a hospital. Clinics may be single purpose, concerned with some particular health care need of the community, or multipurpose, attending to the primary health needs of a particular neighborhood. These clinics are also known by the names of "Free Clinic" and "Neighborhood Health Centers."

#### Program Product

1. Total number of clinic visits.
2. Number of patients seen.
3. Average number of visits per patient.

### Home Health Care

2.1.02.06 Home Health Care is a program designed to provide basic health care to patients in their own homes who otherwise might require care in an institution. The basic purpose of the program is to offer persons an appropriate alternative to institutionalization. The program elements include physician's services, skilled nursing

care, hearing and speech therapy, physical and occupational therapy, and a host of clinical and support services required to keep the patient out of an institution.

NOTE: In some quarters, "Home Health Care" is considered to be a broad "Service" category including a wide variety of health and health-related services provided in the home. The program emphasis here is primarily on the care of the sick.

#### Program Product

1. Number of persons receiving health care in their homes.
2. Total number of home health care hours and/or visits provided by the discipline of person providing care.

#### Hospice Care for the Terminally Ill

2.1.02.08 Hospice Care for the Terminally Ill is a program designed both to help the dying person and his/her family meet the transition from life to death and to help those left behind resolve their loss. Services are aimed at ensuring comfort, dignity, and choices for the dying person by relieving the emotional and physical suffering which often accompanies terminal illness. Program elements include the provision and/or coordination of medical and other professional support personnel and services; training family members to take care of basic medical needs of the dying individual; short-term respite care; facilitation of family communication; and visiting, listening, and support. Trained lay volunteers provide the primary link between the patient/family unit and the hospice medical personnel. Family members may include persons who have a "significant relationship" to the dying person.

NOTE: Program elements of a full-service hospice include skilled nursing care, therapies, and other clinical services. The program emphasis here is primarily medical services coordination and support services.

#### Fertility Regulation Service

2.1.03.00 Fertility Regulation Service encompasses a variety of programs designed to help individuals with family planning and other fertility-related concerns. These include family planning, termination of pregnancy, voluntary sterilization, infertility treatment, and genetic counseling.



## PROGRAMS

### Family Planning (Comprehensive)

2.1.03.01 Family Planning is a program designed to help individuals and couples with the process of planning, spacing, and limiting births. The program objective is to enable individuals and couples to determine whether they will have children, when they will have them, and how many they will have. Program elements include information, education, and counseling on human reproduction; methods of contraception; infertility problems; and other questions concerning the family planning service, including full disclosure of the benefits and risks of alternative family planning methods, medically supervised contraceptive services and services or referral for infertility problems, medical examinations and tests associated with the family planning service (e.g., physical examination, pap smears, VD screening, pregnancy tests, others), and services or referral for permanent contraception (voluntary sterilization).

#### Program Product

1. Number of individuals and families receiving family planning assistance by type of assistance.

### Rehabilitation Service

2.1.04.00 The Rehabilitation Service encompasses programs designed to restore maximum functioning and independent living of a medically disabled or handicapped individual. Rehabilitation care may be provided on an inpatient or an outpatient basis, depending upon the needs and the condition of the patient.

## PROGRAMS

### Outpatient Rehabilitation

2.1.04.02 Outpatient Rehabilitation is a program designed to provide intensive rehabilitative services to patients who are severely disabled as a result of disease, injury, or defect but who do not require a 24-hour health care facility. Program elements include screening and evaluation; a rehabilitation goal and program plan; treatment based on a differential diagnosis and offered within the context of a therapeutic relationship; regular re-evaluation and audit of the patient's program; education of the patient and family through the use of individual and/or group methods; direct assessment of the patient's home environment by members of the team, when indicated; hospital discharge planning; and periodic follow-up evaluations of patients with certain conditions post participation in a rehabilitation program. Rehabilitation teams consist of physicians, nurses, physical therapists, occupational therapists,

vocational rehabilitative counselors, psychologists, speech therapists, recreational therapists, audiologists, and social workers.

Program Product

1. Total number of outpatient visits by type of rehabilitation assistance provided.

MENTAL HEALTH MAINTENANCE AND TREATMENT SERVICES SYSTEM

2.2.00.00 The Mental Health Maintenance and Treatment Services System consists of services designed to promote the mental health of the individual and to provide for the treatment of mental illness.

Community Mental Health Maintenance Service

2.2.01.00 The Community Mental Health Maintenance Service encompasses programs designed to help individuals who are under various degrees of emotional stress which impacts their self-image and their ability to function normally and who, as a result, are prone to resort to substance abuse and other self-destructive habits. Program areas emphasized include alcoholism, drug abuse, smoking abuse, and gambling abuse.

PROGRAMS

Drug Abuse Prevention and Treatment

2.2.01.02 Drug Abuse Prevention and Treatment is a program designed to help individuals prone to bring harm to themselves, their families, and the community at large through excessive use of and/or dependence upon various types of drugs and narcotics for mental stimulation and/or relief from pain or stress. Program elements include psychotherapy, group therapy, reality-encounter therapy, behavior modification, methadone maintenance, and urine analysis. The treatment may be provided on an inpatient or outpatient basis. The management of drug abuse treatment encourages the development of alternatives to drug abusing behavior through the development of vocational, social, and emotional skill building. Aftercare is stressed.

Program Product

1. Number of persons helped.
2. Total number of inpatient days of drug abuse treatment provided.

## Substance Abuse Treatment

2.2.01.05 Substance Abuse Treatment is based on a behavioral health system designed to help individuals that have brought harm to themselves, their families, or the community at large through the excessive misuse, abuse, and/or dependence on various types of drugs and/or alcohol for the pharmacological relief from pain or stress. Residential, detoxification, and outpatient program elements may include psychotherapy, individual and group therapy, reality-encounter therapy, behavior modification, family counseling, methadone maintenance, and urine analysis. The management of substance abuse treatment encourages the development of alternatives to drug-taking behavior through the development of vocational, social, and emotional skill building. Aftercare is stressed.

### Program Product

1. Total number of inpatient days of treatment
2. Total number of outpatient visits.

## Crisis Intervention Service

2.2.02.00 The Crisis Intervention Service encompasses programs designed to mobilize timely intervention in the lives of individuals prone to suicide or some other form of physical self-harm. This service category also encompasses programs designed to mobilize timely intervention and assistance to come to the rescue of innocent victims of violent crimes such as rape.

### PROGRAMS

#### Suicide Prevention and Protection Against Physical Self-Harm

2.2.02.01 Suicide Prevention and Protection Against Physical Self-Harm is a program designed to use the techniques of instant intervention to deter individuals reported to be attempting a suicide or some other form of physical self-harm. Program elements include trained talkers and listeners, service accessibility for fast contact, a referral system, and use of police or fire departments in intervention when needed.

### Program Product

1. Number of successful preventions of attempted suicides.
2. Number of persons prevented from seriously harming themselves physically.

## Rape Relief

2.2.02.02 Rape Relief is a program designed to mobilize community resources to come to the aid and rescue of victims of rape. Program elements include provision of instant access to help on a 24-hour basis; counseling and comforting the victim and the victim's immediate family during the period of trauma; referral to and tracking of medical and legal assistance; assistance with identifying and apprehending the rapist where feasible; periodic counseling and social support until the victim recovers from the shock and trauma and until the victim's mental health is restored to normalcy; and follow-up telephone assistance as needed.

### Program Product

1. Number of victims of rape helped.

## Mobile Emergency Services

2.2.02.04 Mobile Emergency Services is a program designed to provide life support services to individuals who have brought harm to themselves, their families, and the community at large through excessive misuse and/or abuse of drugs and/or alcohol. This program provides direct emergency interventive services aimed at sustaining and prolonging life of the individual. Program elements may include surveillance, emergency medical treatment, and transportation to appropriate facilities. Examples of this type of program are Community Service Patrols, Bummer Squads, Crisis Intervention Teams.

## Mental Health Treatment Service

2.2.03.00 The Mental Health Treatment Service encompasses a constellation of diagnostic and therapeutic programs designed to help the mentally ill in a variety of settings which include the services of psychiatrists, psychologists, and psychiatric nurses and social workers.

## PROGRAMS

### Inpatient Psychiatric Care

2.2.03.01 Inpatient Psychiatric Care is a program designed to provide treatment to mentally ill individuals who require hospitalization or require some form of temporary institutional care in that they constitute a threat to themselves, their families, or the community. The basic objective of the program is to return the mentally ill person to society as a useful and productive member and to assist him or her and his or her family to accept limitations imposed by the illness. Program elements include services provided

under medical supervision by psychiatrists, psychiatric social workers, psychologists, psychiatric nurses, et al and cooperation with community agencies and referral following discharge where indicated. May include follow-up treatment after discharge aimed at post-hospital social adjustment of patients.

#### Program Product

1. Total number of inpatient days of care provided.
2. Rated capacity of the institution providing inpatient psychiatric care.
3. Percent occupancy of the facility (actual patient days divided by potential patient days).

#### Outpatient Mental Health Services

2.2.03.02 Outpatient Mental Health Services is a program designed to treat and diagnose individuals whose mental health has been disturbed, who need professional help, and who are capable of being treated on an outpatient basis. Persons may be treated in conjunction with an inpatient facility in order to provide continuity of care in the transition from inpatient to outpatient care. Cases may range from psychotic episode, potential suicide/homicide risk to marriage and family problems to situational life stress. Program elements include information and referral; individual, family, couple, group, and play therapy; emergency psychiatric care, biofeedback psychological and neuropsychological testing, psychiatric evaluation and medication, and consultation and education prevention services provided by coordinated teams of psychiatrists, social workers, and professional counselors.

#### Program Product

1. Total number of outpatient visits to the institution in a year.

#### Emergency Psychiatric Care

2.2.03.04 Emergency Psychiatric Care is a program designed to provide emergency intervention in a psychiatric crisis to prevent a chronic disability, suicide, or homicide. The aim is to treat the crisis in the least restrictive environment, to minimize the level of dysfunction from the crisis, to provide the most rapid return to normalcy on an outpatient basis when possible. The essential element of this program is that it is readily available and accessible 24 hours a day to potential clients. Services are provided by coordinated teams of psychiatrists, social workers, and professional counselors.

#### Program Product

1. Total number of psychiatric emergencies handled.

Transitional Residential Care of Persons  
Recovering from Mental Illness

2.2.03.06 Transitional Residential Care of Persons Recovering from Mental Illness is a program designed to facilitate a smooth and gradual transition of the chronically mentally ill from a protective and structured setting to an open and free setting when the person is returned to the community. The program is organized to help recovering patients get gradually adjusted to reintegration into the community and resultant exposure to the stress of unsupervised living. Program elements include provision of congregate living quarters on a residential basis and offering of flexible arrangements (in and out) for activities to expedite the individual patient's adjustment to work, home, and the normal community environment, psychotherapy, and life skills training. Psychiatric treatment may be provided as needed on a reduced basis to selected patients.

Program Product

1. Rated capacity of the transitional care facility.
2. Total number of patient days care in the facility.
3. Percent occupancy of the facility (actual patient days divided by potential patient days).

Aftercare Services for the Chronically Mentally Disabled

2.2.03.07 Aftercare Services for the Chronically Mentally Disabled is a program designed to provide a resource treatment and support system for the chronically mentally disabled who have been recently discharged. Individuals are supported at their highest level of functioning, enabling them to maintain their lifestyles in community settings. Program elements include discharge and transition planning; integration into community-based treatment; follow-up including medication, monitoring, treatment planning, and coordinating activities for clients; and day treatment, including individual, group, and occupational therapy, interpersonal socialization, job and daily living skills development, crisis intervention outreach and home visits, and community integration activities. Services are provided by coordinated teams of psychiatrists, psychiatric social workers, psychologists, mental health workers, nurses, recreational and occupational therapists.

Outreach Mental Health Services

2.2.03.08 Outreach Mental Health Services is a program designed to diagnose and treat persons whose mental health has been disturbed, who need professional help, who need to be treated in their own homes because either they are homebound or the home environment is essential to appropriate diagnosis and treatment, or it is necessary

to appropriately assessing community-based support service. Program elements include psychological-psychiatric evaluations, individual and group therapy, emergency psychiatric services, daily living skills assessment, socialization programs, substance abuse counseling, client education, and coordination of consultation and education services to other agencies. Services are provided by coordinated teams of psychiatrists, psychologists, and nurses.

#### Parent Training

2.2.03.09 Parent Training is a program designed to provide prevention and early intervention in families experiencing difficulty in handling exceptional children or who have problems with substance or child abuse and/or family dysfunction. Primary emphasis is with children, birth to six (6) years of age. Program elements include screening, referrals, intake, assignment, community education, intensive training, individual and family training and crisis intervention.

#### Social Work Services

2.2.03.10 Social Work Services is a program designed to give comprehensive direct and supportive services to individuals experiencing an emotional problem. Services are directed at establishment and maintenance of sound mental health. Services are provided by a professional to patients in hospitals and nursing homes and on an outpatient basis in the home or office. Program elements include assessment of the client's situation, development of a plan of action, supervision of client progress, counseling, referral, and follow-up. Service may be provided one-to-one or in a group. Services are directed at a variety of populations. Some examples of target populations are those with new spinal cord injuries, a visual impairment, and ex-POWs.

#### Program Product

1. Number of social service visits made.

#### HEALTH SUPPORTIVE SERVICES SYSTEM

2.4.00.00 The Health Supportive Services System consists of those services which are basically supportive in character and are designed to assure the development, expansion, efficient delivery, and effectiveness of needed services in the substantive program areas of the broad social goal of optimal level of health for all persons. The specific supportive services included in this services system are comprehensive planning and development; policy determination; research, analysis, and information dissemination;

program planning and development; programs evaluation; interagency coordination, cooperation, and exchange; consultation and technical assistance; standards setting, accreditation, and monitoring; public awareness; personnel development and training; equal access and opportunity; material resources development and provision; ombudsman; advocacy; and financial aid.

#### Health Research and Information Service

2.4.03.00 The Health Research and Information Service encompasses those programs which are concerned with research, analysis, and information development and dissemination in various substantive programmatic endeavors aimed at the societal goal of optimal health for all. Examples of substantive areas in which research, analyses, and information development and dissemination may be conducted are health maintenance and care, mental health maintenance and care, rehabilitation, and developmental disabilities.

#### PROGRAMS

##### Alcohol and Drug Abuse Research and Information

2.4.03.03 Alcohol and Drug Abuse Research and Information is a program designed to develop, organize, and disseminate knowledge on alcohol and drug abuse for the use of various groups engaged in policy determination and program planning toward the achievement of the objective of alcohol and drug abuse prevention and treatment. Program elements include collection and sifting of relevant, available data on alcohol and drug abuse; development of new knowledge and information through various techniques such as surveys, studies, analyses, and observation and experimentation; organizing, packaging, and storage of information in easily accessible, understandable, and usable form; and dissemination of information as needed and when requested.

Program Product

Indeterminable

##### Health Education and Public Awareness Service

2.4.09.00 The Health Education and Public Awareness Service encompasses those programs which are concerned with making people aware of health hazards and educating the public about preventive measures against diseases, toward the societal goal of an optimal level of health for all. Examples of substantive areas in which public health education and awareness may be conducted are health maintenance and care, mental health maintenance and care, rehabilitation, and developmental disabilities.



## PROGRAMS

### Public Education and Awareness for Health (Unspecified)

2.4.09.01 Public Education and Awareness for Health (Unspecified) is a program designed to make the public aware of health hazards and preventable health risks and to educate them in disease prevention measures and techniques. Under this program, a wide variety of materials are developed to publicize the need for good health practices and observances and the availability of health services. Types of public awareness materials include leaflets, fliers, pamphlets, monographs, posters, publicity materials, and inserts. Techniques used for public education and awareness include classes, public presentations, public service announcements, talk shows, radio shows, health fairs, and other public education techniques.

#### Program Product

1. Estimated number of persons reached through public health education efforts.
2. Number and type of material developed and distributed for public health education purposes.

### Mental Health Education

2.4.09.02 Mental Health Education is a program designed to make the public aware of mental health issues and the availability of mental health treatment alternatives. Under this program, a wide variety of materials and techniques are developed to publicize positive mental health attitudes and the availability of mental health services. Program elements may include both in-service educational trainings, specific training for related behavioral health service providers, and consultation services for related providers who do not have mental health staff. Types of public awareness materials include leaflets; fliers; pamphlets; monographs; posters; publicity materials; and inserts in newspapers, magazines, and journals. Techniques used for public education and awareness include television, public service announcements, slide presentations, public lectures, and on-site orientations.

#### Program Product

1. Number and types of public education/awareness materials distributed.
2. Number and types of public education/awareness activities conducted.
3. Estimated number of persons reached through the public education/awareness activity.

## Education and Training in Occupational Safety and Health

2.4.09.04 Education and Training in Occupational Safety and Health is a program to promote safe and healthy workplaces and communities. The program is designed to provide information and training to workers, employers, legal and medical professionals, and the general public on occupational safety and health and on hazardous substances. Program services include researching safety, medical, and legal issues; information dissemination and training in health hazard identification and correction; and performing on-site health hazard evaluations. (This program does not include clinical occupational safety and health treatment, nor does it provide enforcement of health and safety laws.)

### Program product

1. Number of educational and training presentations held.
2. Number of research requests filled.

## Health Financial Aid Service

2.4.14.00 The Health Financial Aid Service encompasses those programs which are concerned with the provision of financial aid to (1) individuals who are unable to purchase health care because of their economic condition and (2) health professions educational institutions for the development of health manpower. The ultimate objective of health financial aid service programs is to achieve the societal goal of an optimal level of health for all.

### PROGRAMS

#### Health Insurance for the Aged and Disabled--Hospital Insurance (MEDICARE)

2.4.14.01 Health Insurance for the Aged and Disabled--Hospital Insurance (MEDICARE) is a program designed to provide hospital insurance protection for covered services to any person 65 years of age or over and to certain disabled persons. Under this program, benefits are paid to participating hospitals, extended care facilities (skilled nursing homes), and related providers of health care to cover the reasonable cost of medically necessary services furnished to eligible individuals.

### Program Product

1. Number of persons covered under the program.
2. Number of persons in whose behalf payments are made.
3. Total dollar amount of payments made in behalf of covered individuals.

Health Insurance for the Aged and Disabled--  
Supplementary Medical Insurance (MEDICARE)

2.4.14.02 Health Insurance for the Aged and Disabled--Supplementary Medical Insurance (MEDICARE) is a program designed to provide protection against most of the costs of health care to individuals 65 years of age or over and certain disabled persons who elect this coverage. Under this program, benefits are paid for covered services on the basis of reasonable charges for medically necessary services furnished aged or disabled enrollees by physicians and other suppliers of medical services and on the basis of reasonable costs for necessary services furnished by providers such as hospitals and extended care facilities.

Program Product

1. Number of persons enrolled in the program.
2. Number of persons in whose behalf payments are made for covered services.
3. Total dollar amount of payments made for covered services in behalf of enrollees.

Health Care Support for Handicapped Children

2.4.14.05 Health Care Support for Handicapped Children is a program designed to assist families to obtain quality, comprehensive health care for children with a specified chronic or handicapping condition. Financial assistance is based on family size and income. Health care services include doctors' services, treatments or consultations with other specialists, hospital care, surgery, braces or other appliances, and medicines.

Program Product

1. Total cash value of benefits paid.

### 3.0.00.00

#### GOAL III: OPTIMAL PROVISIONS OF BASIC MATERIAL NEEDS

THIS BROAD SOCIAL GOAL IS THE OPTIMAL PROVISION OF BASIC MATERIAL NEEDS FOR ALL INDIVIDUALS IN SOCIETY. THESE INCLUDE FOOD, CLOTHING, SHELTER, HOUSEHOLD GOODS, AND TRANSPORTATION. THE SERVICES SYSTEMS ARE THUS GEARED TO THE PROVISION OF NUTRITIOUS FOOD AND AGRICULTURAL PRODUCTS; ADEQUATE APPAREL AND HOUSEHOLD GOODS; DECENT HOUSING; AND SAFE, EFFICIENT, AND ECONOMICAL TRANSPORTATION.

#### FOOD, AGRICULTURAL, AND NUTRITION SERVICES SYSTEM

3.1.00.00 The Food, Agricultural, and Nutrition Services System consists of services aimed at conservation, development, and improvement of food and agricultural products resources and provision of food, food products, and nutrition assistance to those who are unable to provide for themselves adequately.

#### Governmental Food Subvention and Assistance Service

3.1.02.00 The Governmental Food Subvention and Assistance Service encompasses public sector programs designed to provide various forms of food and nutrition assistance to the needy.

#### PROGRAMS

#### Food Stamps

3.1.02.02 Food Stamps is a public program designed to improve the diets of low-income households by supplementing the food-purchasing power of eligible low-income families. Under the program, eligible families may buy stamps or "coupons" worth more than the purchase amount. The coupons can be used to buy food in retail stores. The program allows for the purchase (with coupons) of any food for human consumption as well as garden seeds and plants to produce food for personal consumption of eligible households. In certain remote areas of Alaska, recipients may use food coupons to purchase hunting and fishing equipment for procurement of food. Food coupons may be used by certain elderly persons who are unable to prepare their own meals to pay for meals delivered to them in their homes by authorized nonprofit meal delivery services. Elderly persons may also use food coupons to purchase meals in establishments providing communal dining for the elderly. Drug addicts and alcoholics who are participating in approved rehabilitation programs may use food coupons to purchase meals prepared under the program. The quantity of coupons or stamps which may be purchased varies according to family income and size.

Program Product

1. Number of persons participating in the food stamp program.
2. Dollars worth of difference in assistance provided.

Voluntary Food Service

3.1.03.00 The Voluntary Food Service encompasses programs designed to provide meals to select groups of individuals for their convenience or to help overcome some handicap.

PROGRAMS

Agency/Organization Sponsored Eateries

3.1.03.01 Agency/Organization Sponsored Eateries is a program designed to provide some type of food service (e.g., restaurants, cafeterias, canteens, etc.) as a matter of convenience to various employee groups, clientele, and others under the sponsorship of some agency or organization. The food service facilities under this program are usually located on the premises of the sponsoring organization, and the food served may be on a nonprofit, subsidized basis.

Program Product

1. Number of meals served.
2. Estimated number of persons served.

Home Meals or Mobile Meals

3.1.03.02 Home Meals or Mobile Meals is a program designed to provide meals on a daily or less frequent basis to aged and disabled persons who are unable to prepare meals in their own homes. Under this program, meals are delivered and served in the client's own home. Program elements may include the determination of nutritional needs and/or consultation regarding dietary problems; preparation and delivery of food.

Program Product

1. Number of persons served.
2. Number of meals served.

### Congregate Meals

3.1.03.03 Congregate Meals is a program designed to provide meals on a daily basis to all who line up at mealtimes. Under this program, meals are prepared at and/or delivered to a central location and served to several individuals together at the same time using a single facility such as a central dining room.

#### Program Product

1. Number of meals served.

### Free Food Distribution (Food Pantries)

3.1.03.04 Free Food Distribution (Food Pantries) is a program designed to help needy persons who lack resources to obtain basic food items to meet their nutritional needs. Food items may be available to individuals directly or through qualified recipient agencies. Program elements include collection and pickup of donated food items, temporary storage, and the distribution of the food items.

#### Program Products

1. Number of persons receiving food.
2. Number of pounds of food items distributed.

### CLOTHING, APPAREL, AND HOUSEHOLD FURNISHINGS SERVICES SYSTEM

3.2.00.00 Clothing, Apparel, and Household Furnishings Services System consists of services aimed at assisting individuals in need of clothing, apparel, and household furnishings and are unable or not in a position to purchase these basic needs items in the open market at regular competitive market prices.

### Subsidized or Free Apparel Service

3.2.01.00 The Subsidized or Free Apparel Service encompasses programs designed to provide clothing and apparel to the needy, free of charge or at a cost below market value.

#### PROGRAMS

### Apparel Distribution Centers

3.2.01.02 Apparel Distribution Centers are programs designed to provide a central location where needy persons may receive, free of

charge or at a subsidized price, various types of clothing and apparel items. Program elements may include repair of slightly damaged donated items; arrangement, classification, display, and pricing of donated apparel; and selling or distribution of the apparel.

#### Program Product

1. Total dollar value of donated apparel distributed.
2. Total estimated dollar savings to the clients.

#### Subsidized or Free Home Furnishings Service

3.2.02.00 The Subsidized or Free Home Furnishings Service encompasses programs designed to help the needy individuals obtain household goods and furnishings free of charge or at a cost below the regular market value.

#### PROGRAMS

#### Household Goods and Furnishings Distribution Centers

3.2.02.02 Household Goods and Furnishings Distribution Centers is a program designed to provide a central location where needy persons may receive, free of charge or at a subsidized price, various types of household goods and furnishings. Program elements include repair and reconditioning of donated items where necessary; sorting, arranging, classifying, pricing (where items are sold), and displaying of donated goods and furnishings; and selling those goods which are marked for sale. Under this program, as a rule, items sold are priced to recover the cost of the upkeep of the distribution centers.

#### Program Product

1. Total dollar value of donated household furnishings distributed.
2. Total estimated dollar savings to the clients.

#### Home Heating Assistance

3.2.02.03 Home Heating Assistance is a program to assist persons who cannot afford to heat their homes because of high fuel costs or income restrictions. Under this program, direct cash assistance or cost-subsidized fuel is provided. Cost-subsidized fuel may be delivered to the recipient at cost, below cost, or free of charge through special arrangements with the supplier. The supplier is then reimbursed to the level of regular market price.

Program Product

1. Number of households assisted.
2. Total cash payments.
3. Total dollar value of fuel subsidy.

HOUSING SERVICES SYSTEM

3.3.00.00 The Housing Services System consists of services aimed at providing individuals and organizations with a wide variety of assistance related to the housing needs of individuals, families, and communities. These include urban renewal and redevelopment; loan assistance for home buying, building, repairing, and improving; rent and interest subsidies; various forms of mortgage insurance; public housing; rural housing; cooperatives and multifamily dwellings; model cities and new communities; and special groups housing such as housing for the aged, Indian housing, veterans' housing, and college housing.

Urban Growth and Renewal and New  
Communities Development Service

3.3.01.00 The Urban Growth and Renewal and New Communities Development Service encompasses programs designed to clear slums, to renew and rehabilitate old housing in blighted and depressed sections of communities, and to develop new communities.

PROGRAMS

Real Estate Acquisition, Renewal, and Redevelopment

3.3.01.01 Real Estate Acquisition, Renewal, and Redevelopment is a program designed to rehabilitate or redevelop slums and blighted areas so that people are prevented from living in unsafe and unsanitary dwellings and conditions. The program elements include surveys and planning; land acquisition and clearing; rehabilitation of existing structures where feasible and desirable; construction of new buildings; installation of public improvements, including streets and sidewalks, utilities, incidental recreational areas, flood prevention; and preservation of historic structures.

Program Product

1. Size (acreage) of area acquired, renewed, and redeveloped.
2. Estimated number of rehabilitated and new housing units created.



## Housing Subvention Service

3.3.02.00 The Housing Subvention Service encompasses programs designed to provide a vast variety of financial assistance services to needy individuals and families so as to enable them to live in decent, safe, and sanitary dwellings and conditions. The programs are also geared to provide for the housing needs of special groups of individuals, including the aged, Indians, college students, and veterans.

### PROGRAMS

#### Low to Moderate Income Housing Loans

3.3.02.01 Low to Moderate Income Housing Loans is a program designed to provide direct or guaranteed loans to low-moderate-income families for their direct housing needs. Loans provided under this program may be used for construction; repair or purchase of housing; necessary and adequate sewage disposal facilities for the applicant and his or her family; purchasing or installation of essential equipment which, upon installation, becomes part of the real estate; purchasing of a minimum adequate site on which to place a dwelling for applicant's own use. The dwellings financed under this program must be modest in size, design, and cost. The program is designed for families without sufficient resources to provide on their own account the necessary housing, buildings, or related facilities and those unable to secure the necessary credit from other sources upon terms and conditions which they reasonably could be expected to fulfill.

#### Program Product

1. Number of families receiving housing loans.
2. Total dollar amount of loans provided.
3. Average amount of loan per family.

#### Rent Supplements

3.3.02.03 Rent Supplements is a program designed to make good, quality rental housing available to eligible low-income families at a cost they can afford. Under this program, the government (HUD/FHA) makes payments to owners of approved multifamily housing rental projects to supplement the partial rental payments of eligible tenants. The supplement covers the difference between the tenant's payment and market rental, not exceeding 70 percent of market rental.

#### Program Product

1. Number of housing units under rental supplements.
2. Number of persons receiving rental supplements assistance.
3. Dollars paid in difference as rent supplement.

### Interest Subsidy for Housing

3.3.02.04 Interest Subsidy for Housing is a program designed to make home ownership more readily available to lower-income families by (1) providing monthly payments to lenders of FHA-insured mortgage loans on behalf of lower-income families; (2) assisting lower-income families to purchase rehabilitated homes from nonprofit sponsors at prices they can afford; and (3) making it possible for a nonprofit organization or public body to finance the acquisition and the rehabilitation of housing meant to be sold to lower-income families. In all three types of assistance, the interest subsidy is in the form of guaranteed insured loans and direct payments for specified uses. Under the program, down payments for eligible families may be as low as \$200, and assistance payments made monthly to the lender may reduce the effective interest rate paid by the homeowner to as low as one percent.

#### Program Product

1. Number of purchasers helped to buy good rehabilitated homes.
2. Number of lower-income families receiving interest subsidy assistance.

### Public Housing

3.3.02.05 Public Housing is a program designed to provide decent, safe, and sanitary low-rent housing and related facilities for eligible families of low income, through authorized public agency ownership. Under this program, the Federal government provides Federal loans and annual contributions to assist local housing authorities in providing low-rent housing by construction, by rehabilitation of existing structures, by purchase from private builders or developers (the turnkey method), and through lease from private owners. The annual contributions made to housing authorities are used to guarantee debt service and to make up the difference between the rent paid to the owner by a local public agency and the rent the low-income tenant can afford to pay, based upon the tenant's income, but not in excess of a specified proportion of such income.

#### Program Product

1. Number of dwelling units for which annual contribution contracts are executed.
2. Number of individuals and/or families benefiting from public housing.

### Home Improvements and Repairs Assistance

3.3.02.06 Home Improvements and Repairs Assistance is a program designed to help needy individuals and families to obtain financial help to make essential repairs to their homes to make them safe and remove health hazards to the individual, family, or the community. Under this program, financial assistance in the form of direct loans and/or loan insurance is provided to eligible individuals and families. Funds may be used for improvements and/or repairs, including repairs to the foundation, roof, or basic structure as well as water and waste disposal systems.

#### Program Product

1. Total dollar value of home improvements and repairs assistance provided by type of assistance.
2. Total number of individuals and/or families receiving such assistance.

### Housing Assistance for Special Groups

3.3.02.07 Housing Assistance for Special Groups is a program designed to provide a wide variety of assistance with respect to owning, renting, building, repairing, and improving some form of housing, geared to the particular needs of certain identifiable groups. These include elderly, veterans, college students, Indians, Appalachians, residents of rural areas, and migrant and seasonal farm workers.

#### Program Product

1. Number of persons receiving housing assistance by special group category and by type of assistance received.

### Weatherization and Energy Conservation

3.3.02.08 Weatherization and Energy Conservation is a program designed to assist needy individuals with weatherization and energy conservation improvements on their homes. Individuals may either rent or own their homes.

### Below-Market Interest Rate Housing Loans

3.3.02.09 Below-Market Interest Rate Housing Loans is a program designed to provide funds for housing loans to households for their direct housing needs. Loans provided under this program may be used to purchase new or existing units. The interest rates on these loans are below the national interest rates.

Program Product

1. Number of loans made.
2. Dollar value of loans.

General Housing Search and Location Service

3.3.03.00 The General Housing Search and Location Service encompasses programs designed to assist individuals and families to find suitable temporary or long-range housing. The assistance is provided to those who are unable to find suitable housing by themselves and who are suffering from some hardship. The programs also include temporary low-cost housing facilities for individuals visiting a community other than their own.

PROGRAMS

General Assistance for Housing Search

3.3.03.01 General Assistance for Housing Search is a program designed to help individuals and families to find some type of adequate housing to meet their temporary or long-range needs. The program is geared to the special needs of those who, for some reason, are not in a position to help themselves or are desperate. The assistance is in the form of conducting appeals through mass media, developing resources, transporting or directing clients to prospective housing, and assisting them in selecting from available housing. The program may be run in a large way by volunteers and may include extensive use of an organized information and referral service. Commercial real estate concerns are excluded from the preview of this definition.

Program Product

1. Number of persons helped with their housing need.

Low-Cost Nonpermanent Residence

3.3.03.02 Low-Cost Nonpermanent Residence is a program designed to provide temporary low-cost lodging to individuals who do not desire or who are unable or not ready to establish their own independent households. The program may include provision of room and board in a dormitory-type setting. Target populations may include visitors, short-term residents, and individuals with special needs.

Program Product

1. Total number of days of lodging provided.

### Emergency Shelter Care for the Homeless and Transients

3.3.03.03 Emergency Shelter Care for the Homeless and Transients is a program designed to provide minimum necessities of life on a limited, short-term basis for individuals and families during periods of dislocation or emergency pending formulation of longer-term planning. Program elements include providing the physical care required, including shelter, food, necessary medical and clothing needs, directly or by referral to appropriate agency; and planning for more permanent solution to the problem, including contact with community resources for housing and employment in the case of transients.

#### Program Product

1. Number of individuals and families provided with emergency shelters.
2. Number of 24-hour days of emergency shelter care provided.
3. Number of emergency shelters for the homeless and transients enlisted.

### TRANSPORTATION SERVICES SYSTEM

3.4.00.00 The Transportation Services System consists of services aimed at providing fast, safe, efficient, economical, and convenient means of transporting individuals and goods from one place to another by overground or underground earth surface, by waterways, and by air. The services embrace the development, control, and safety of every means of transportation for individuals and goods, including the special transportation needs of selected groups.

#### Special Transportation Service for Selected Groups

3.4.02.00 The Special Transportation Service for Selected Groups encompasses programs designed to satisfy the special transportation needs of selected groups of individuals who, for some reason, are not able or are not in a position to utilize normal means of transportation or cannot afford to pay for transportation. The programs include special arrangements to meet the transportation needs of the aged, the physically handicapped, children, and clients of social agencies.

## PROGRAMS

### Subsidized Transportation for the Aging

3.4.02.01 Subsidized Transportation for the Aging is a transportation program for elderly persons designed to facilitate mobility without undue hardship. Service elements may include special or reduced fares on public transportation, reimbursements of taxi fares, and chauffeur services either by volunteer-driven and -owned automobiles or by agency personnel in agency-owned vehicles. Such assistance may be provided on an individual priority basis or through special fixed routes.

#### Program Product

1. Number of miles of free transportation provided.
2. Total dollar value of reduced fares provided.

### Free Transportation Assistance for Indigents

3.4.02.02 Free Transportation Assistance for Indigents is a program designed to help very low-income persons with their essential transportation needs without cost to them. Under this program, two forms of transportation services are available: cash reimbursements of taxi fare for essential local trips and provision of chauffeur service either by volunteer-driven and -owned automobiles or by agency personnel in agency-owned vehicles. (May include free bus service and free automobile fuel and repair assistance.)

#### Program Product

1. Number of persons receiving free transportation service.
2. Estimated dollar equivalent of free transportation provided.
3. Number of miles of free transportation provided.

### Subsidized Transportation for Mobility-Restricted Individuals

3.4.02.03 Subsidized Transportation for Mobility-Restricted Individuals is a program designed to assist persons with mobility restrictions with transportation arrangements. The usual forms of assistance are special fare structures on public transportation and special curb-to-curb service. The special curb-to-curb service requires the provision of special vehicles to facilitate transporting individuals in wheelchairs.

Target population: Persons in need of program, expressed as a proportion of the total disabled population.

## Program Product

1. Number of rides provided.
2. Total dollar amount of fare reduction.

## FOOD, AGRICULTURE, AND NUTRITION SUPPORTIVE SERVICES SYSTEM

3.5.00.00. The Food, Agriculture, and Nutrition Supportive Services System consists of those services which are basically supportive in character and are designed to assure development, expansion, efficient delivery, and effectiveness of needed services in the substantive program areas having the objective of adequate provision of nutritious food and food products for all persons. The specific supportive services included in this services system are comprehensive planning and development; policy determination; research, analysis, and information dissemination; program planning and development; program evaluation; interagency coordination, cooperation, and exchange; consultation and technical assistance; standards setting, accreditation, and monitoring; public awareness, personnel development, and training; equal access and opportunity; material resources development and provision; ombudsman; and advocacy.

### Food, Agriculture, and Nutrition Public Education/Awareness Service

3.5.09.00 The Food, Agriculture, and Nutrition Public Education/Awareness Service encompasses those programs which are concerned with public education and awareness in the various substantive programmatic endeavors aimed at the objective of adequate provision for the nutritional needs of all persons. Examples of substantive program areas in which public education awareness types of activities may be conducted are food and agricultural resources conservation and development; food provision and subvention; and nutrition.

## PROGRAMS

### Comprehensive Public Education in Nutrition

3.5.09.01 Comprehensive Public Education in Nutrition is a program designed to make the public aware of the nutritional values of different types of foods and food products and to alert them to the dietary consequences of consumption of certain food items. Under this program, a wide variety of materials and techniques is developed to publicize both the need for good eating habits and the availability of nutritional and healthy food items. Types of public awareness materials include leaflets; fliers; pamphlets; monographs;

posters; publicity materials for billboards; and inserts in newspapers, magazines, journals. Techniques used for public education and awareness include television spots; radio announcements; slide presentations; public lectures; throwing leaflets from an airplane; use of blimps; advertisements on public and private vehicles (e.g., bumper stickers); distribution and/or sale of pins, buttons, and charms bearing the message or identification logo; site visits and observation opportunities; and development and presentation of testimony before legislative and other policy-making bodies.

#### Program Product

1. Number and types of public education/awareness materials distributed.
2. Number and types of public education/awareness activities conducted.
3. Estimated number of persons reached through the public education/awareness activity.

#### Weight Watching/Diet Control

3.5.09.02 Weight Watching/Diet Control is a specific nutritional education program designed to educate the public about the hazards of being overweight and having indiscriminate eating habits. The program may operate on a one-to-one basis or group basis. Program elements include intensive nutritional counseling; prescription of special diets; regular monitoring of weight and corresponding increase or decrease of food intake; peer group competition; and rewards and punishments to provide additional incentives.

#### Program Product

1. Number of persons helped with diet control.
2. Average weight loss per person within a specified period.

#### HOUSING SUPPORTIVE SERVICES SYSTEM

3.6.00.00 The Housing Supportive Services System consists of those services which are basically supportive in character and are designed to assure development, expansion, efficient delivery, and effectiveness of needed services in the substantive program areas of the broad social goal of provision of safe and decent housing for all persons. The specific supportive services included in this services system are comprehensive planning and development; policy determination; research, analysis, and information dissemination; program planning and development; program evaluation; interagency coordination, cooperation, and exchange; consultation and technical assistance; standards setting, accreditation, and monitoring; public



awareness; personnel development and training; equal access and opportunity; material resources development and provision; ombudsman; and advocacy.

### Housing Advocacy Service

3.6.14.00 The Housing Advocacy Service encompasses those programs which are concerned with advocacy in the various substantive programmatic endeavors aimed at the societal goal of adequate, safe, and decent housing for everyone. Examples of substantive program areas in which advocacy types of activities may be conducted are provision of various types of housing such as single-family units, multifamily units, rental housing, apartment houses, condominiums, and new communities; housing subsidies for rent, interest, loan and loan insurance, mortgage insurance, home repairs and improvements, public housing, and subsidies for special groups; provision of assistance for home finding and housing search; and residences for nonpermanent housing.

#### PROGRAMS

### Housing Advocacy

3.6.14.01 Housing Advocacy is a program designed to plead, argue, or urge the case for meeting the housing needs of everyone in the community. The program is usually geared to the advocacy of good housing for the poor, the aging, and other disadvantaged persons. Program elements include development of materials and communication of arguments to selected parties or to the public at large, as needed, through the use of every available technique not prohibited by law. Under the advocacy program, the techniques used for putting across a message or a case for some cause is not substantially different from those used in a public education/awareness program. In addition, advocacy programs use more aggressive techniques such as picketing, demonstrations, marches, fasting, holding of public rallies, press conferences, and mass organized letter-writing campaigns.

NOTE: For the distinction between public education and advocacy programs, see 1.4.14.01.

Program Product

Indeterminable

### Comprehensive Emergency Assistance

3.8.01.01 Comprehensive Emergency Assistance is a supportive program designed to provide the necessities of life, crisis interventive assistance, and support and client advocacy on a short-term basis to individuals and families during a period of dislocation, emergency, or tragedy pending formulation of long-term solutions. Program elements may include provision of cash grants, grocery orders, or other vendor payments or loans; provision of goods such as housing, food, clothing, fuel, or other necessities of life; counseling; burial expenses; and consultation with and referral to community service agencies which provide additional supplementary aid where needed, including medical, housing, and legal assistance.

GOAL IV: OPTIMAL OPPORTUNITY FOR THE ACQUISITION  
OF KNOWLEDGE AND SKILLS

THIS BROAD SOCIAL GOAL IS THE PROVISION OF OPTIMAL OPPORTUNITY TO EVERYONE IN THE SOCIETY TO ACQUIRE KNOWLEDGE AND SKILLS SO THAT THEY MAY ACHIEVE OPTIMAL SOCIAL FUNCTIONING IN THE BROADEST SENSE OF THE TERM--OPTIMAL SOCIAL, ECONOMIC, POLITICAL, AND INTELLECTUAL PARTICIPATION IN SOCIETY. THE SERVICES SYSTEMS ARE THUS GEARED TO THE FORMAL-INFORMAL AND SUPPLEMENTARY EDUCATION OF THE INDIVIDUAL, COVERING HIS OR HER ENTIRE LIFE SPAN.

FORMAL EDUCATIONAL SERVICES SYSTEM

4.1.00.00 The Formal Educational Services System consists of services aimed at enabling individuals to learn to acquire knowledge and skills within a structured framework of institutions (schools, colleges, universities, technical institutes, etc.) having well-defined curricula and courses of instruction. The services cover a formal educational process that ranges from services provided by nursery schools to those provided by universities for the highest possible academic achievement in various fields of learning (e.g., obtaining a Ph.D., S.J.D., and M.D.).

Pre-Elementary School Service

4.1.01.00 The Pre-Elementary School Service encompasses programs designed to provide education and training for the very young, i.e., children under the compulsory school age or under kindergarten age, usually from two or two-and-a-half to five years old. The pre-elementary programs are viewed as an extension upward or outward from the home and family, rather than an extension downward of the elementary school services.

PROGRAMS

Early School Admissions

4.1.01.01 Early School Admissions is a program designed to provide educational experiences and activities to preschool-age children (in facilities variously referred to as nurseries, day nurseries, etc.) which supplement the mother's care and home play and foster the intellectual stimulation and development of these children. Essential program elements are provision of good physical care, including adequate food, rest, cleanliness, learning of health habits, and some active outdoor play; and planning a rich

environment in the school, including stories and picture books, word-object association, painting and clay modeling, observation of nature and pets, dancing and rhythms, block building, playhouse activities, games, and simple excursions outside the school.

#### Program Product

1. Number of children enrolled in an early school admissions program.

#### Post-Secondary School Education Service

4.1.03.00 The Post-Secondary School Education Service encompasses programs designed to provide educational opportunities to individuals to acquire a higher level of knowledge and skills and specialization in their chosen areas of interest, within the framework of phased learning, in an institutional setting. The services are offered by a wide variety of post-secondary educational institutions. The broad objectives of the services are twofold: to improve and enhance economic functioning via acquisition of knowledge and skills in demand in an economic community and to improve and enhance social (including cultural and political) community participation via achieving a higher level of intellectual and emotional functioning. At its highest level, however, the services are aimed at reaching new frontiers of knowledge and continually pursuing and unearthing new knowledge about human beings and their universe.

#### PROGRAMS

#### Post-Secondary Technical Education (Separately Organized)

4.1.03.02 Post-Secondary Technical Education (Separately Organized) is a program concerned with that body of knowledge organized in a planned sequence of classroom and laboratory experiences, usually at the post-secondary level, to prepare pupils for a cluster of job opportunities in a specialized field of technology. The program of instruction normally includes the study of the underlying sciences and supporting mathematics inherent in a technology as well as methods, skills, materials, and processes commonly used and services performed in the technology. Testing and certification services may be offered for the individual completing the course of instruction or individuals seeking recertification.

#### Program Product

1. Number of persons receiving post-secondary technical education on a separately organized basis.
2. Person-hours of post-secondary technical education provided.
3. Number of persons receiving certification (if applicable).

## Special Education Service for Exceptional Persons

4.1.04.00 The Special Education Service for Exceptional Persons encompasses instructional programs tailored to meet the needs of the atypical or exceptional student. Exceptional pupils and students are either far above average or are suffering from some social, economic, or health handicap. The following types of individuals are classified as exceptional and receive special educational assistance: the highly gifted; those of non-Anglo Saxon background and thus suffering from a language or other cultural handicap; the emotionally disturbed; those with some physical, sensory, or other health handicap; the developmentally disabled; and the socially and economically disadvantaged.

### PROGRAMS

#### Special Education for the Culturally, Socially, and Economically Disadvantaged

4.1.04.06 Special Education for the Culturally, Socially, and Economically Disadvantaged is a program designed to provide a wide range of educational services to individuals who are culturally, socially, or economically disadvantaged. The program goal is to enhance self-esteem and improve academic achievement throughout the students' educational development, beginning with early childhood. Program elements may include individual and small group tutorials, drop-out prevention, supportive health and nutrition services, and academic testing. Services may include working with the students' families. Notable examples of this program are Head Start, Follow Through, Talent Search, and Upward Bound.

#### Program Product

1. Number of socially and economically disadvantaged persons seeking special education assistance, by type of disadvantage.
2. Person-hours of instruction provided.

#### Supplemental Special Education

4.1.04.07 Supplemental Special Education is a program designed similarly to Special Education for the Socially and Economically Disadvantaged but is provided to children who are not disadvantaged.

#### Specialized Training Education for Infants and Young Children

4.1.04.08 Specialized Training Education for Infants and Young Children is a program designed to provide in-home assessment and training of parents with infants and young children who are diagnosed as slow learners, handicapped, or high risk. Program

elements include evaluation of the child in the home by a teacher, assessment by related professionals, development of an educational plan based on these assessments, and training of the parent to work with the child.

#### INFORMAL AND SUPPLEMENTARY EDUCATIONAL SERVICES SYSTEM

4.2.00.00 The Informal and Supplementary Educational Services System consists of services aimed at enabling individuals to acquire knowledge and skills outside the framework of the formal educational system of schools, colleges, and universities. The services are geared to provide educational opportunities for informal self-teaching and self-acquisition of knowledge and skills and supplementary and continuing education for those who wish to take advantage of them.

##### Informal Educational Service for Self-Instruction

4.2.01.00 The Informal Educational Service for Self-Instruction encompasses programs designed to provide educational opportunities to individuals and the community so that they may acquire knowledge and skills on their own, outside a structured course of instruction.

#### PROGRAMS

##### Libraries

4.2.01.01 Libraries are a program designed to provide, for the use of individuals and the community, a collection of printed or written material arranged and organized for the purpose of study and research or of general reading, or both. The collection of material may include films, microfilms, lantern slides, phonograph records, and tapes. The program content may be general, covering material on various subjects, or specialized, covering some particular area of knowledge such as medicine, law, engineering, etc. The program elements may include catalogues, indexes, and other records; binding department; and reference and bibliographical services.

##### Program Product

1. Number of books (individual titles) in library.
2. Monthly average number of books in circulation on loan.
3. Number of reference inquiries handled.
4. Number of books checked out for in-library use.

Occupationally or Professionally Oriented Groups  
or Specific Goal-Oriented Groups and Associations

4.2.01.02 Occupationally or Professionally Oriented Groups or Specific Goal-Oriented Groups and Associations is a program designed to provide informal educational opportunities to individuals for self-acquisition of knowledge and skills under the auspices of a particular membership professional (e.g., AMA, ABA), occupationally oriented (e.g., Chamber of Commerce), or goal-oriented (e.g., League of Women Voters) group or association. The major part of the program consists of dissemination of knowledge and skills via learned journals and periodicals and sponsorship of public lectures by experts, scholars, scientists, and explorers.

Program Product

1. Number of events or opportunities for the acquisition of knowledge and skills offered by type.
2. Number of persons taking advantage of such events or opportunities under the program.

Informal Education for Self-Improvement and Self-Enrichment

4.2.01.03 Informal Education for Self-Improvement and Self-Enrichment is a program designed to provide opportunities for self-improvement, enjoyment, and enrichment for those who wish to take advantage of them. Under this program, a wide variety of noncredit educational courses are offered by various social and educational institutions in response to the interests, hobbies, and self-improvement wishes of individuals in the community. Examples of courses offered are various arts and crafts; games such as bridge, backgammon, and chess; sports, athletics, and physical fitness; gourmet cooking; gardening; Ikebana and other flower arranging; photography; astrology; yoga and meditation; aquatic instruction; and other self-development skills such as the martial arts (Judo, Karate, Kung Fu), movement education, and physical instruction such as gymnastics and weightlifting. This program may have a broader goal of individual development and, through this, development of delinquency prevention.

Supplementary Educational Service

4.2.02.00 The Supplementary Educational Service encompasses programs designed to supplement educational opportunities offered in the formal educational system of regular schools, colleges, universities, and technological institutes, with similar types of educational opportunities or additional educational opportunities for those individuals who are, for some reason, unable to take advantage of the formal system and those individuals who wish to

supplement the knowledge and skills acquired by them in the formal system. The service includes programs designed to provide continuing education to various professional persons such as doctors, lawyers, architects, engineers, and scientists.

## PROGRAMS

### Adult Education

4.2.02.01 Adult Education is a program designed to provide motivated mature men and women with opportunities to acquire knowledge and skills either missed in their formal educational years or supplementary to those acquired formally. The definition is somewhat narrow in that the program encompasses those experiences that are undertaken with the intent to learn or to teach others some knowledge, skill, understanding, attitude, or appreciation in a quasi-formal, but structured, setting. It is purposeful, systematic learning, as distinguished from indirect learning or self-education. Another distinguishing feature of the program is that there are practically no admission requirements; anyone motivated to learn is admitted on a space-available basis. The program is offered by myriad institutions and organizations, including adjuncts or separate departments of the formal educational system of schools, colleges, universities, etc. The program includes activities to foster the development of fundamental tools of learning, to prepare for a post-secondary career, to prepare for post-secondary education programs, to upgrade occupational competencies, to prepare for a new or different career, and to develop skills in and appreciation for special interests. The definition is designed to include instruction offered by "extension" departments of various institutions and also correspondence and programmed instruction.

NOTE: One distinction between this program and Informal Education for Self-Improvement and Self-Enrichment is that the instruction is more formal and academically oriented in this program and may be for credit. This program does not include hobby and "fun" type courses which truly fall in the category of "informal education."

### Program Product

1. Total number of persons enrolled in adult education courses.
2. Number of persons enrolled by course title.



### Adult Basic Education

4.2.02.02 Adult Basic Education is a supplementary education program designed to provide learning experiences concerned with the fundamental tools of learning for adults who have never attended school or who have interrupted formal schooling and need this knowledge and these skills to raise their level of education to increase self-confidence and/or self-determination, to prepare for an occupation, and to function more responsibly as citizens in a democracy.

#### Program Product

1. Number of adults enrolled in the basic education program.
2. Person-hours of adult basic education provided.

### General Educational Development (GED)

4.2.02.03 General Educational Development (GED) is a program designed to help individuals who did not or could not complete a high school education to obtain a high school equivalency certificate. Under this program, a battery of tests is taken by adults who were not graduated from high school to measure the extent to which their past experiences (in-school and out-of-school) have contributed to their attaining the knowledge, skills, and understandings ordinarily acquired through a high school education. Certificates of high school equivalency are issued by most state departments of education for the successful completion of the Tests of General Educational Development.

#### Program Product

1. Number of persons taking GED tests.
2. Number of persons seeking high school equivalency certificates.
3. Number of high school equivalency certificates issued.

### Science Camping

4.2.02.07 Science Camping is a program designed to supplement the knowledge and skills acquired in the formal educational system. The program is designed to provide an educational and recreational experience in cooperative group living in the out-of-doors, utilizing the resources of natural surroundings to contribute to mental, physical, social, and spiritual enjoyment and growth. The program is available to children and youth. Program elements under supervision of trained leadership include science education, camp craft, nature lore and conservation, outdoor and indoor education and recreation, athletic and group social programs, and provision of meals and shelter.

#### Program Product

1. Number of children enrolled in the program.
2. Person-hours of child science education provided.
3. Student/teacher ratio in science education program.

#### Academic Enrichment for Minorities

4.2.02.08 Academic Enrichment for Minorities is a supplementary educational program designed to provide individual and group tutorial assistance to school-aged children of minority backgrounds in the areas of math, reading, grammar, and writing. While the primary program goal is to raise the student's level of academic achievement, a secondary benefit is an increase in the student's self-esteem/self-confidence. Cultural awareness may be an additional program aim and is addressed through the study of historical figures. Instructors are professional educators and often serve as role models to students of like racial backgrounds. Academic testing is performed to determine student progress. Services may include working with the student's family.

#### Continuing Education

4.2.02.09 Continuing Education is a program designed to provide professionals with instruction that would enhance their ability to perform in their field of expertise. Testing and certification may be provided if appropriate to the course of instruction.

#### Program Product

1. Number receiving instruction.
2. Number receiving certification (if applicable).

#### SUPPORTIVE SERVICES SYSTEM FOR THE ACQUISITION OF KNOWLEDGE AND SKILLS

4.3.00.00 The Supportive Services System for the Acquisition of Knowledge and Skills consists of those services which are basically supportive in character and are designed to assure the development, expansion, efficient delivery, and effectiveness of needed services in the substantive program areas of the broad social goal of provision of optimal opportunity for the acquisition of knowledge and skills. The specific supportive services included in this services system are comprehensive planning and development; policy determination; research, analysis, and information dissemination; program planning and development; program evaluation; interagency coordination, cooperation, and exchange; consultation and technical

assistance; standards setting, accreditation, and monitoring; public awareness; personnel development and training; equal access and opportunity; material resources development and provision; ombudsman; advocacy; and financial aid.

#### Education Research and Information Service

4.3.03.00 The Education Research and Information Service encompasses those programs which are concerned with research and information dissemination in the various substantive programmatic endeavors aimed at the societal goal of meeting the educational needs of all persons. Examples of substantive program areas in which research and information dissemination type of activities may be conducted are pre-elementary school education; elementary and secondary school education; vocational education; post-secondary school education; post-doctoral and advanced study and education; informal, supplementary, and continuing education; and special education for exceptional persons.

#### Educational Opportunities Information Center

4.3.03.02 Educational Opportunities Information Center is a program designed to provide information services and guidance to individuals desiring to pursue a post-secondary educational program. Program elements include tutoring and counseling of enrolled individuals; dissemination of information about educational and training programs; and advice, information, and assistance in preparing admissions and financial aid applications. These services are primarily available to local area residents and are targeted at the financial and educational disadvantaged, ages 16 years and above.

#### Program Product

1. Number of individuals receiving information.
2. Number of individuals receiving guidance.

#### Educational Programs and Curriculum Development Service

4.3.04.00 The Educational Programs and Curriculum Development Service encompasses those programs which are concerned with programs development in the various substantive programmatic endeavors aimed at the societal goal of meeting the educational needs of all persons. Examples of substantive program areas in which program development types of activities may be conducted are pre-elementary school education; elementary and secondary school education; vocational education; post-secondary school education; post-doctoral and advanced study and education; informal, supplementary, and continuing education; and special education for exceptional persons.

## PROGRAMS

### Educational Programs and Curriculum Development and Demonstration (Unspecified)

4.3.04.01 Educational Programs and Curriculum Development and Demonstration (Unspecified) is a program designed to create new program models toward the achievement of the objective of meeting the educational needs of some identified group or the community at large. Program elements include utilization of available research material on educational programs; examination of existing models; invention and design of new program models and/or modification of existing program models to identify successful program models; and, based on the foregoing process, recommendation of successful program models to interested parties.

Program Product

Indeterminable

### Education Programs Consultation and Technical Assistance Service

4.3.07.00 The Education Programs Consultation and Technical Assistance Service encompasses those programs which are concerned with consultation and technical assistance in the various substantive programmatic endeavors aimed at the societal goal of meeting the educational needs of all persons. Examples of substantive program areas in which consultation and technical assistance types of activities may be conducted are pre-elementary school education; elementary and secondary school education; vocational education; post-secondary school education; post-doctoral and advanced study and education; informal, supplementary, and continuing education; and special education for exceptional persons.

## PROGRAMS

### Education Programs Consultation and Technical Assistance (Unspecified)

4.3.07.01 Education Programs Consultation and Technical Assistance (Unspecified) is a program designed to provide technical assistance to various groups engaged in serving the wide-ranging educational needs of the community. Under this program, consultation and technical assistance is often provided in the area of administrative management of operating organizations. Program elements include receipt and processing requests for technical assistance; assessment of clients' needs and capabilities for implementation and follow-through; conducting of special studies as and where needed; provision of oral or written reports suggesting specific actions

dealing with special issues and problems related to meeting some identified educational need(s) of a particular group or the community at large.

**Program Product**

1. Number of hours of consultation and technical assistance provided by type.

5.0.00.00

GOAL V: OPTIMAL ENVIRONMENTAL QUALITY

THIS BROAD SOCIAL GOAL IS TO PRESERVE AND PROTECT THE PLANETARY HUMAN ENVIRONMENT AND THUS TO PRESERVE AND ENHANCE THE ENVIRONMENTAL QUALITY TO ENABLE HUMAN BEINGS AND THEIR NATURAL ENVIRONMENT TO LIVE IN ECOLOGICAL BALANCE AND HARMONY.

ENVIRONMENTAL PROTECTION SERVICES SYSTEM

5.1.00.00 The Environmental Protection Services System consists of services aimed at protecting the human environment by controlling the pollution of air and water; managing solid wastes and hazardous materials; and controlling excessive radiation and noise.

Solid Waste Management and Hazardous Materials Control Service

5.1.02.00 The Solid Waste Management and Hazardous Materials Control Service encompasses programs designed to protect and preserve the human environment by the adequate management of solid waste disposal and by the control of hazardous materials such as pesticides.

PROGRAMS

Solid Waste Management

5.1.02.01 Solid Waste Management is a program designed to assist in the scientific and environmentally sound collection, processing, and disposal of solid wastes--an unavoidable by-product of an industrial society--emanating from our communities. The program emphasis is on improved methods of recovering and recycling natural resources, reduction in the generation of wastes and unsalvageable materials, and improvement of waste management. Other program elements include use of economic incentives and disincentives to hold down waste generation or to encourage use of materials compatible with solid-waste processing and disposal systems. A secondary program benefit is the recovery of heat energy from solid-waste combustion for conversion to electrical power as an approach to resource conservation.

Program Product

1. Reduction in the generation of solid waste.
2. Tonnage of solid waste recycled.
3. Tonnage of solid waste converted into some usable energy resource.

## ENVIRONMENTAL QUALITY SUPPORTIVE SERVICES SYSTEM

5.3.00.00 The Environmental Quality Supportive Services System consists of those services which are basically supportive in character and are designed to assure development, expansion, efficient delivery, and effectiveness of needed services in the substantive program areas of the broad social goal of the preservation and protection of the planetary human environment and the enhancement of the environmental quality of our communities and the nation. The specific supportive services included in this services system are comprehensive planning and development; policy determination; research, analysis, and information dissemination; program planning and development; program evaluation; interagency coordination, cooperation, and exchange; consultation and technical assistance; public awareness; personnel development and training; equal access and opportunity; material resources development and provision; ombudsman; and advocacy.

NOTE: Since, in the majority of the substantive program areas, standards setting, certification and monitoring constitute major program elements, this function is considered a substantive program activity and thus not identified here as a supportive function, as in the preceding four goal areas.

### Environmental Quality Public Education/Awareness Service

5.3.08.00 The Environmental Quality Public Education/Awareness Service encompasses those programs which are concerned with public education and awareness in the various substantive programmatic endeavors aimed at the societal goal of optimal environmental quality. Examples of substantive program areas in which education and awareness types of activities may be conducted are air, water, and noise pollution control and abatement; solid waste management; radiation control; land, water, energy, and living resources conservation and management; and environmental enrichment.

### PROGRAMS

#### Environmental Quality Public Education (Unspecified)

5.3.08.01 Environmental Quality Public Education (Unspecified) is a program designed to make the public aware of crucial issues of environmental preservation and protection and to promote the enhancement of the environmental quality. Under this program, a wide variety of materials and techniques is developed to publicize both the need for environmental preservation and protection and the availability of resources and methods to meet those needs where the same exists. Types of public awareness materials include leaflets;

fliers; pamphlets; monographs; posters; publicity materials for billboards; and inserts in newspapers, magazines, journals. Techniques used for public education and awareness include television spots; radio announcements; slide presentations; public lectures; throwing leaflets from an airplane; use of blimps; advertisements on public and private vehicles (e.g., bumper stickers); distribution and/or sale of pins, buttons, and charms bearing the message or identification logo; site visits and observation opportunities; and development and presentation of testimony before legislative and other policy-making bodies.

#### Program Product

1. Number and types of public education/awareness materials distributed.
2. Number and types of public education/awareness activities conducted.
3. Estimated number of persons reached through public education/awareness activity.



6.0.00.00

GOAL VI: OPTIMAL INDIVIDUAL AND COLLECTIVE SAFETY

THIS BROAD SOCIAL GOAL IS AN OPTIMAL LEVEL OF INDIVIDUAL AND COLLECTIVE SAFETY. THE SERVICES SYSTEMS ARE THUS GEARED TO THE PROTECTION OF PERSONS AND PROPERTY AND THE ADMINISTRATION OF JUSTICE, DISASTER PREVENTION AND RELIEF, AND CONSUMER PROTECTION AND SAFETY.

PROTECTION OF PERSONS AND PROPERTY AND  
ADMINISTRATION OF JUSTICE SERVICES SYSTEM

6.1.00.00 The Protection of Persons and Property and Administration of Justice Services System consists of services aimed at the promotion and preservation of conditions that enable individuals to live in an environment where they feel safe and are protected from antisocial or criminal elements and where they can expect to receive legal justice and equal protection of the law and to resolve disputes without recourse to force.

Crime and Delinquency Prevention Service

6.1.01.00 The Crime and Delinquency Prevention Service encompasses programs specifically and formally organized for the prevention of criminal behavior among adults and delinquent behavior among children and adolescents. (The definition of this service is somewhat narrow in that only formal and organized efforts which are directly aimed at crime and delinquency prevention are included, which means that recreational and socialization programs which may contribute to crime and delinquency prevention are excluded from the purview of this service classification.)

PROGRAMS

Substance Abuse-Related Delinquency Prevention

6.1.01.04 Substance Abuse-Related Delinquency Prevention is a program designed to provide referral and monitoring services to substance-abusing individuals referred by the criminal justice system. Program elements may include assessment, referrals of individuals to appropriate treatment and monitoring of their treatment, client/family services where appropriate, and urinalysis testing. Target populations may include adult drug or alcohol offenders, public inebriates, and juveniles.

## Program Product

1. Number of referrals.
2. Number of admissions.
3. Number of successful discharges.
4. Number of unsuccessful discharges (for failing to comply, for re-arrest, and for continued abuse).
5. Number of neutral discharges (unable to complete program).
6. Number of pre-sentence referrals.
7. Number of urine samples received/tested.
8. Number of alcohol-involved adults.
9. Number of drug-involved adults.
10. Number of public inebriates.
11. Number of juveniles.
12. Number of other, nonspecified cases.

## Administration of Justice Service

6.1.02.00 The Administration of Justice Service encompasses formal legal programs organized to protect the individual and society from antisocial or criminal elements and to promote and provide justice according to the principles of law and equity. Major functions covered under the services are law enforcement and detection; arraignment, prosecution, and defense; awarding of legal justice; detention; and corrections. This definition is designed to include not only the administration of criminal justice but also every other form of formal legal justice at local, state, and Federal levels which utilizes administrative, quasi-judicial, and judicial tribunals for mediation, arbitration, resolution, and adjudication of all types of disputes between one individual and another, between the individual and society, and between one society and another.

## PROGRAMS

### Detention of Law Violators and Alleged Law Violators

6.1.02.09 Detention of Law Violators and Alleged Law Violators is a program designed to restrict, on a short-term or a long-term basis, the freedom of movement of law violators and alleged law violators by removing them from their normal habitat and placing them under supervision in some institutional setting for the protection of society. The detention institutions range from juvenile detention institutions such as juvenile halls, "camps," "ranches," and "training schools," to various types of adult detention centers such as jails, penitentiaries, and prisons. The program includes detention of alleged law violators awaiting trial, those awaiting judgment and sentencing, those sentenced to some form of detention for a specified term, and those subject to capital punishment.

### Program Product

1. Number of persons in detention facilities by type of facility.
2. Average number of days of detention per person by type of facility.
3. Total person-days of detention by type of facility.

### Pre-Trial Intervention

6.1.02.10 Pre-Trial Intervention is a program designed to provide a speedy rehabilitation response for first offenders as soon as possible after their arrest but before trial, conviction, and sentencing. Under this program, the district attorney suspends prosecution and places offenders into a program of counseling, training, and employment assistance and establishes a plan for restitution to victims and community work service. Charges are dismissed for those successfully completing the program.

### Corrections-Probation

6.1.02.11 Corrections-Probation is a program designed to treat and rehabilitate law violators so that they are reasonably prepared for return, at the end of a specified period of restriction, to their normal free status in the community. The probationary method of corrections is a method aimed at rehabilitation of selected offenders involving conditional suspension of the imposition of sentence under supervision and treatment in the community and the abandonment of punitive action if the conditions (primarily good behavior) are complied with. Under this program, a "probation officer" is legally charged with maintaining contact with his "probationer" with a view to administering the controlled status and specific or general conditions of probation concerning client mobility, employment, social relationships, and the like. The objective is to effect the restoration of the offender to normal community living so that controls may no longer be necessary. Additionally, probation sustains the offender's ability to continue working and to protect his family's welfare, while avoiding stigma and the possible damaging effects of imprisonment.

### Program Product

1. Number of persons placed on probation.
2. Number of persons on probation supervised.

## Legal Aid and Public Defender Service

6.1.03.00 Legal Aid and Public Defender Service encompasses programs designed to assist eligible individuals and groups with legal counseling and defense in both civil and criminal matters without cost to them or at substantially low cost.

### PROGRAMS

#### Legal Aid--Civil

6.1.03.02 Legal Aid--Civil is a program designed to provide legal services in civil matters to eligible individuals or groups unable to meet the cost of retaining a private attorney. The program elements include legal representation of individuals and groups before some administrative, quasi-judicial, or judicial tribunal. Legal aid is provided most commonly by nonprofit agencies who receive funds from the Legal Services Corporation.

#### Program Product

1. Number of persons receiving legal advice.
2. Number of persons receiving legal representation.
3. Number of cases won for the client.
4. Number of appeals taken to higher tribunals.
5. Number of appeals won.

#### Legal Aid--Criminal

6.1.03.03 Legal Aid--Criminal is a program designed to provide legal services in criminal matters to eligible individuals or groups unable to meet the cost of retaining a private attorney. Program elements include legal representation of individuals and groups before some judicial tribunal. Legal aid in criminal matters is provided most commonly through public defender organizations. Others providing this service include private attorneys appointed by judges on a case-by-case basis, volunteer attorneys, bar associations, and barristers clubs.

#### Program Product

1. Number of persons receiving legal representation.
2. Number of cases won for the client.
3. Number of appeals taken to higher tribunals.
4. Number of appeals won in higher tribunals.

## Legal Information

6.1.03.04 Legal Information is a program designed to help individuals with legal information at no cost or some subsidized cost. Under the program, individuals are informed of their legal rights in civil and criminal matters.

## Protective Service for Children and Adults

6.1.05.00 The Protective Service for Children and Adults encompasses programs designed to protect children and adults who are vulnerable to abuse, neglect, and/or exploitation in some form.

### PROGRAMS

#### Protection of Children from Neglect, Abuse, and Exploitation

6.1.05.01 Protection of Children from Neglect, Abuse, and Exploitation is a program designed to protect children who are or may be subject to physical or mental harm due to neglect, abuse, or exploitation by others. The program is geared to protecting those who are reported to be abused, exploited, or otherwise neglected; protecting them from experiences and conditions detrimental to their well-being; ensuring that they receive care in their own homes that, at the least, meets minimum community standards; and providing, when appropriate, substitute care, including emergency shelter care. Program elements include acceptance and study of reports of neglect to ascertain whether the situation and condition of the child warrant community intervention; work with parents to enable them to accept help and to correct conditions injurious to the child; work in behalf of or directly with child (including contacts with school, health services, and other community resources); initiation of court action or other activities to obtain suitable care for the child in or out of his or her own home; and protective travel plans to protect children from neglect, abuse, or exploitation while traveling.

#### Program Product

1. Number of children protected from neglect, abuse, or exploitation.
2. Number of families of neglected, abused, or exploited children helped.
3. Children-days of care outside the home provided.
4. Number of children taken to court for legal protection and separation from parents.

## Adult Services

6.1.05.02 Adult Services is a program designed to prevent or remedy the neglect, abuse, and exploitation of adults and to prevent or reduce unnecessary institutionalization. Program elements include assessment and referral activities; individual and family counseling; case work, including investigation of reported incidents of abuse and neglect; arranging for and supervising of homemaker services, foster care, and residential care; and initiating guardianship and conservatorship proceedings. The users of Adult Services include the elderly, the chronically mentally ill, and the mentally or physically disabled.

## Dispute Resolution Assistance

6.1.07.01 Dispute Resolution Assistance is a program offering an alternative to costly formal litigation in resolving a variety of disputes. The program offers conciliation, mediation, arbitration, and other services to the disputing parties. Types of disputes may include, but are not limited to, consumer, tenant/landlord, marital, contract, workplace, and neighborhood/community conflicts. Information and referral services are an integral part of the program.

### Program Product

1. Number of disputes conciliated, mediated, or arbitrated.

## SERVICES SYSTEM FOR PROTECTION AGAINST AND RELIEF FROM DISASTERS

6.2.00.00 The Services System for Protection Against and Relief from Disasters consists of services aimed at preventing disasters to the extent possible and providing relief and assistance to the victims of disasters of every type.

## Disaster Prevention and Relief Service

6.2.01.00 The Disaster Prevention and Relief Service encompasses programs designed to keep the community in readiness to face various types of natural and/or man-induced disasters and to provide fast, efficient, and effective response with relief assistance in the event a disaster occurs. These include certain meteorological and seismological programs aimed at advance warnings of impending disasters.

## PROGRAMS

### Disaster Preparedness and Relief

6.2.01.04 Disaster Preparedness and Relief is a program designed to provide assistance to persons (and refugees) who are deprived of essential needs of life because of natural disasters resulting from flood, fire, earthquake, hurricane, or similar catastrophe and man-induced disasters resulting from wars, riots, and major strikes and shutdowns. Voluntary organizations constitute an important element in disaster relief operations. Activities include training of volunteers to serve in emergencies and the development of plans and programs to be used in case of either natural or man-induced disaster. Basic relief is in terms of provision of emergency food, shelter, clothing, blankets, emergency medical care including replacement of eye-glasses and prosthetic appliances, transportation, advice, and referral; urgent household needs; temporary repair to owner-occupied homes; replacement of personal occupational supplies and equipment; and assistance with welfare inquiries.

#### Program Product

1. Number of individuals and/or households receiving some form of disaster relief assistance.
2. Number of volunteers trained for disaster relief operations.
3. Total dollar amount of cash grants provided.
4. Total quantity and dollar value of other assistance provided where such are measurable.
5. Total dollar value of relief/preparedness equipment purchased.
6. Total number of telegraphic messages delivered.

### SUPPORTIVE SERVICES SYSTEM FOR OPTIMAL INDIVIDUAL AND COLLECTIVE SAFETY

6.4.00.00 The Supportive Services System for Optimal Individual and Collective Safety consists of those services which are basically supportive in character and are designed to assure development, expansion, efficient delivery, and effectiveness of needed services in the substantive program areas of the broad social goal of the assurance of an optimal level of public protection, justice, and safety for all persons. The specific supportive services included in this services system are comprehensive planning and development; policy determination; research, analysis, and information dissemination; program planning and development; program evaluation; interagency coordination, cooperation, and exchange; consultation and technical assistance; standards setting, accreditation, and monitoring; public awareness; personnel development and training; equal access and opportunity; material resources development and provision; ombudsman; and advocacy.

Individual and Collective Safety Public  
Education and Awareness Service

6.4.09.00 The Individual and Collective Safety Public Education and Awareness Service encompasses programs concerned with the provision of mass public education and increasing the public's awareness of the various substantive programmatic endeavors aimed at the societal goal of the assurance of optimal individual and collective safety for all. Examples of substantive program areas in which public education and awareness types of activities may be undertaken are law enforcement and administration of justice, including crime and delinquency prevention and corrections; civil and criminal legal assistance; protection against illegal and unjust acts of foreign governments; protection of children and adults vulnerable to neglect, abuse, or exploitation; disaster prevention and relief, including fire protection and extinction; and specific and general areas of consumer protection and safety (excluding fire safety education which is covered under Program No. 6.2.02.01).

PROGRAMS

Individual and Collective Safety Public Education (Unspecified)

6.4.09.01 Individual and Collective Safety Public Education (Unspecified) is a program designed to make the public aware of the vast variety of public protection, justice, and safety needs; resources; and services. Under this program, a wide variety of materials and techniques is developed to publicize both the need for public protection, swift and effective administration of justice, and public safety and the availability of community resources in response to those needs where the same exist. Types of public awareness materials include leaflets; fliers; pamphlets; monographs; posters; publicity materials for billboards; and inserts in newspapers, magazines, journals. Techniques used for public education and awareness include television spots, radio announcements; slide presentations; public lectures; throwing leaflets from an airplane; use of blimps; advertisements on public and private vehicles (e.g., bumper stickers); distribution and/or sale of pins, buttons, and charms bearing the message or identification logo; site visits and observation opportunities; and development and presentation of testimony before legislative and other policy-making bodies.

Program Product

1. Number and types of public education/awareness materials distributed.
2. Number and types of public education/awareness activities conducted.
3. Estimated number of persons reached through public education/awareness activity.



### Safety Education--First Aid

6.4.09.02 Safety Education--First Aid is a program designed to instruct members of the public in the techniques of prevention of accidents and saving of lives when accidents or sudden illnesses occur. Under this program, participants are made aware of the causes of accidents and are taught the skills needed to provide instant "first aid" when an accident or sudden illness occurs and there is no immediate medical help available. Participants in first aid training usually receive some sort of a certificate upon completion of the course.

#### Program Product

1. Number of persons successfully completing first aid training.
2. Number of lives saved that can be directly attributed to someone trained in first aid providing the first aid.

### Water Safety Education

6.4.09.03 Water Safety Education is a program designed to teach the public safe techniques in swimming and life saving. Under this program, instruction is provided by trained personnel in the art and science of safe swimming and coming to the rescue of drowning persons when such emergencies occur. The purpose is to come to the rescue of anyone who, for some reason, is unable to stay afloat and, consequently, to save the life of such a person.

#### Program Product

1. Number of persons instructed in safe swimming and life saving.
2. Number of lives saved which can be directly attributed to life saving instruction learned in this program.

### Small Crafts Safety Education

6.4.09.04 Small Crafts Safety Education is a program designed to educate the public in the art and science of safe enjoyment of water-based recreation, in particular rowing, canoeing, sailing, and outboard boating. Under this program, participants are instructed in the art of handling various types of small crafts mentioned above for safe enjoyment of water-based recreation and sport. Instruction is also provided in the handling of small crafts in emergencies and rough weather conditions.

#### Program Product

1. Number of persons trained in the safe enjoyment of small crafts.

## Mass Consumer Education

6.4.09.05 Mass Consumer Education is a program designed to educate the public with regard to consumerism and consumer protection and safety-related issues and to increase the public's awareness of their rights and responsibilities as consumers of goods and services. Under this program, a wide variety of materials and techniques are used for mass consumer education. Types of public awareness materials include leaflets; fliers; pamphlets; monographs; posters; publicity materials for billboards; and inserts in newspapers, magazines, journals. Techniques used for public education and awareness include television spots, radio announcements; slide presentations; public lectures; throwing leaflets from an airplane; use of blimps; advertisements on public and private vehicles (e.g., bumper stickers); distribution and/or sale of pins, buttons, and charms bearing the message or identification logo; site visits and observation opportunities; and development and presentation of testimony before legislative and other policy-making bodies.

### Program Product

1. Number and type of public education/awareness material distributed.
2. Number and type of public education/awareness activities conducted.
3. Estimated number of persons reached through the public education/awareness activity.

## Adaptive Aquatics Education

6.4.09.06 Adaptive Aquatics Education is a swimming and aquatic program in which teaching methods and student activities are adapted to meet the needs of individuals who, because of mental or physical impairment, cannot readily achieve success in a regular swimming program.

Target population: Persons in need of program, expressed as a proportion of the total population.

### Program Product

1. Number of persons served.
2. Number of certificates issued.

### Sexual Assault and Domestic Violence Education

6.4.09.07 Sexual Assault and Domestic Violence Education is a program designed to educate the general public about the causes, effects, and prevention of sexual assault and domestic violence; to change related attitudes and behavior; and to increase awareness of the problems of sexual assault and domestic violence to reduce their occurrence. Program elements may include lectures, seminars, and workshops directed to (1) educating vulnerable groups in sexual assault and domestic violence prevention; (2) educating the male population of the community in order to discourage violence and promote sensitivity to the problems and needs of victims; (3) educating and training professional law enforcement personnel and staff in schools and other public and private organizations in sexual assault and domestic violence education and in dealing with victims and perpetrators. In addition to lectures, etc., mass media methods of communication are used to educate and increase the awareness of the general public such as public service broadcast announcements, distributions of pamphlets, fact sheets, etc., and advertisement of community programs for victims and perpetrators.

Target population: Total population.

#### Program Product

1. Number of educational presentations made.
2. Estimated number of persons reached by mass media communication.
3. Number of written materials distributed.

### Child Passenger Safety Education

6.4.09.08 Child Passenger Safety Education is a program designed to educate the public to the needs and advantages of child restraint in cars. Program elements may include safety seat loans, educational presentations, and literature distributions.

#### Program Product

1. Total number of community presentations.
2. Number and types of materials distributed.

### Firearms Safety Education

6.4.09.09 Firearms Safety Education is a program designed to teach members of the public the safe operation of firearms. Instruction includes the proper care, storage, and handling of firearms for safe enjoyment in recreation and sport.

#### Program Product

1. Number of persons trained in firearms safety.
2. Number of persons receiving the Hunter Safety certification.

## Individual and Collective Safety Ombudsman Service

6.4.13.00 The Individual and Collective Safety Ombudsman Service encompasses programs concerned with ombudsman type of activities in support of the various substantive programmatic endeavors aimed at the societal goal of the assurance of optimal individual and collective safety for all. Examples of substantive program areas in which ombudsman types of activities may be undertaken are law enforcement and administration of justice, including crime and delinquency prevention and corrections; civil and criminal legal assistance; protection against illegal and unjust acts of foreign governments; protection of children and adults vulnerable to neglect, abuse, or exploitation; disaster prevention and relief, including fire protection and extinction; and specific and general areas of consumer protection and safety. (For ombudsman program for consumer protection, see Program No. 6.3.05.02.)

### PROGRAMS

#### Ombudsman for Individual and Collective Safety (Unspecified)

6.4.13.01 Ombudsman for Individual and Collective Safety (Unspecified) is a comprehensive ombudsman program designed to respond to every issue or need for assistance in the various substantive programmatic endeavors aimed at the achievement of the societal goal of the assurance of individual and collective safety for all. The ombudsman function seeks to play the role of an impartial third party between the consumer of a service and the provider of the service. The purpose is the harmonious resolution of some dispute to the satisfaction of all concerned parties without necessarily ascribing blame to any one or more parties to the dispute. Most of the disputes or complaints referred to the ombudsman are based on some misunderstanding of the rights and duties of the parties at dispute or are due to a difference of opinion as to the interpretation of some law, rule, or regulation. Thus, one of the primary functions of an ombudsman is to iron out the differences and facilitate understanding between the parties at dispute. Program elements include receipt of complaints and resolution of disputes to the satisfaction of all parties, to the extent feasible.

#### Program Product

1. Number of complaints received and processed.
2. Number of disputes mediated.

## Individual and Collective Safety Advocacy Service

6.4.14.00 The Individual and Collective Safety Advocacy Service encompasses programs concerned with the advocacy of and advocacy assistance for the various substantive programmatic endeavors aimed at the societal goal of the assurance of optimal individual and collective safety for all. Examples of substantive program areas in which advocacy and advocacy assistance types of activities may be undertaken are law enforcement and administration of justice, including crime and delinquency prevention and corrections; civil and criminal legal assistance; protection against illegal and unjust acts of foreign governments; protection of children and adults vulnerable to neglect, abuse, or exploitation; disaster prevention and relief, including fire protection and extinction; and specific and general areas on consumer protection and safety.

### PROGRAMS

#### Consumer Protection and Safety Advocacy

6.4.14.03 Consumer Protection and Safety Advocacy is a program designed to plead, argue, or urge the case for the provision of adequate protective and safety measures for all consumers of food, goods, products, and services. Program elements include development of materials and communication of arguments to selected parties or the public at large, as needed, through the use of every available technique not prohibited by law. Under the advocacy program, the techniques used for putting across a message or a case for some cause is not substantially different from those used in a public education/awareness program. In addition, advocacy programs use more aggressive techniques such as picketing, demonstrations, marches, fasting, holding of public rallies, press conferences, and mass organized letter-writing campaigns.

NOTE: For the distinction between public education and advocacy programs, see 1.4.14.01.

Program Product

Indeterminable

7.0.00.00

GOAL VII: OPTIMAL SOCIAL FUNCTIONING

THIS BROAD SOCIAL GOAL IS TO ENABLE INDIVIDUALS TO FUNCTION IN SOCIETY AT THE OPTIMAL LEVEL OF THEIR CAPACITIES AND POTENTIAL. THIS INVOLVES PROVISION OF OPPORTUNITIES FOR PERSONAL DEVELOPMENT OF THE INDIVIDUAL; OPPORTUNITIES FOR SELF-FULFILLMENT AND HIS OR HER SOCIAL FUNCTIONING AT HOME, AMONG FRIENDS AND ACQUAINTANCES, AT WORK, AT PLAY, AND IN THE LARGER COMMUNITY IN GENERAL. THE SERVICES SYSTEMS ARE THUS GEARED TO PRESERVING AND STRENGTHENING INDIVIDUAL AND FAMILY LIFE AND TO CREATING AND PROMOTING CONDITIONS CONDUCIVE TO PERSONAL GROWTH, ENABLING INDIVIDUALS TO LEAD A PERSONALLY SATISFYING AND ENRICHING AND SOCIALLY USEFUL LIFE IN HARMONY WITH FAMILY, FRIENDS, AND COLLEAGUES AND IN PEACEFUL CO-EXISTENCE WITH FELLOW HUMAN BEINGS.

INDIVIDUAL AND FAMILY LIFE SERVICES SYSTEM

7.1.00.00 The Individual and Family Life Services System consists of services aimed at the preservation, strengthening, and restoration of families; provision of family substitute and family supplementary services; and a variety of individual and family auxiliary services to assist them in their normal social functioning.

Family Preservation and Strengthening Service

7.1.01.00 The Family Preservation and Strengthening Service encompasses programs designed to assist families and individual members of a family unit whose social functioning has been or might be impaired for one or more reasons such as marital conflict, disturbed parent-child relationships, or boyfriend/girlfriend relationships and who, because of societal conditions, personality, or relationship problems, experience or may experience some stress. The primary objective of the programs offered under this service is to preserve, strengthen, and, where possible, restore the family unit.

PROGRAMS

Counseling

7.1.01.01 Counseling (casework or casework counseling) is a program which uses the casework method (i.e., a professional relating to a client via interview, talking, discussion, and lending a sympathetic ear) to advise and to enable families and individuals to come to grips with and resolve emotional problems or temporary

stresses encountered by them. Under this program, a counselor helps his/her client with an experience or opportunity in which the client can express his/her attitudes and feelings about a problem of social functioning and can gain a new perspective through discussion of possible means of handling it. Counseling may be on a one-to-one basis or on a group basis and may be conducted by volunteers under the supervision of professional staff. Counseling services may apply to a variety of situations and may include a number of different populations.

#### Program Product

1. Number of individuals counseled in groups.
2. Number of families counseled.

#### Interventive Assistance to Mobile Families and Individuals

7.1.01.02 Interventive Assistance to Mobile Families and Individuals is a program which uses a crisis-oriented interventive delivery system of casework counseling for those individuals and family members who have resorted to mobility as a solution to impaired social and/or economic functioning. Under this program, intervention is usually of short duration, designed to stabilize the problem situation. Treatment plans are formulated, with the clients' participation, ultimately to enable them to continue to their destinations, return to their families, or resettlement at the point of intervention--whichever is best for them. The treatment plan often includes emergency assistance to meet the immediate need for food, shelter, clothing, medical and/or psychiatric care, financial aid, temporary employment, transportation, and referral to other appropriate resources. Client groups may include runaways, mobile elderly, migrants, immigrants, rural Alaskans.

Target population: Persons in need of program, expressed as a proportion of the total population.

#### Program Product

1. Number of individuals and families receiving interventive assistance.
2. Number of families reunited, restored, or rehabilitated on account of interventive assistance.

#### Comprehensive Family Life Education

7.1.01.03 Comprehensive Family Life Education is a program designed to help individuals, couples, and families to broaden their knowledge of attitudinal and behavioral alternatives available so that they can cope more effectively with the developmental stages of life. The program utilizes the professional group method of

assistance. Program elements cover a wide range of areas, including child development, money management, sex education, preparation for marriage, and the like. Techniques used include small group discussions, large group educational presentations, or media-related efforts.

#### Program Product

1. Number of individuals and families reached through the comprehensive family life education program.
2. Number of family life education activities conducted by type of activities.

#### Crisis Interventive Assistance to Families and Individuals

7.1.01.05 Crisis Interventive Assistance to Families and Individuals is a program which uses a crisis-oriented delivery system of casework counseling for individuals and families. Under this program, intervention is usually of short duration, designed to stabilize the problem situation. Treatment plans are formulated with the client's participation by defining the problem(s), considering the options available, and determining the best solution(s). Program elements may include counseling, information and referral, hot lines, and message services.

#### Parent Training

7.1.01.06 Parent Training is a program designed to provide support and training to parents and to improve, strengthen, and preserve a functioning family unit. The training may take place on an individual or group basis and may be conducted in the home, in a classroom, or at a center. Program objectives are to provide skills and knowledge to correct and prevent ineffective parenting and/or to assist in the development of additional parenting skills. The ultimate goal is to create a more stable, nurturing home environment beneficial to the growth of the child(ren). Program elements may include observation and assessment of the parent, child, and parent-child behavior and interaction; development of an educational program; individual, group, and family counseling; and support groups.

#### Cultural Transition Facilitation

7.1.01.07 Cultural Transition Facilitation is a program designed to assist individuals and families to resolve or alleviate the problems encountered with cultural and/or socioeconomic resettlement. The program, which uses social casework and teaching procedures, is operated by professional staff and volunteers. Program elements include assistance in adjusting to change of status



for individuals and families moving from one community to another, immigrants new to the country, and persons forced by a new economic/job status to lower their standard of living; individual and group sessions concerning readjustment for individuals and families engaged in resettlement; and assistance in locating and securing housing, education, and other needed services.

Target population: Persons in need of program, expressed as a proportion of the total population.

#### Program Product

1. Number of individuals and/or families helped with cultural transition problems.

#### Resettlement/Relocation Facilitation

7.1.01.08 Resettlement/Relocation Facilitation is a program designed to provide individuals and families with assistance, information, and support to reduce the stresses and problems associated with relocation/resettlement. Program elements may include orientation to the community through information packets and home visits; assistance in locating and securing housing, education, recreation, and other community services and resources. Target populations may include military personnel, immigrants, retirees, company/corporate transferees, rural Alaskans, and other newcomers.

#### Program Product

1. Total number of packets distributed.
2. Number of home visits.

#### Family Substitute/Foster Care Service

7.1.02.00 The Family Substitute/Foster Care Service encompasses programs designed to provide individuals with various kinds of substitute family living environments to suit their particular needs because the natural family living environment is either nonexistent or is temporarily absent or is not desirable because of one or more physical, social, or emotional problem(s) of the individual.

#### PROGRAMS

##### Adoption

7.1.02.01 Adoption is a program designed to blend the needs of three groups of people: abandoned children and/or children whose natural parent(s) are unwilling or unable to assume responsibility for their material and spiritual well-being; natural parent(s) who,

for one reason or another, wish to relinquish their children for legal adoption; and couples (or sometimes individuals) who wish to adopt others' children legally to be their own. The primary objective of the program is to provide children with permanent homes under new legal parentage, including mutual rights and responsibilities which prevail in the natural parent-child relationship. Program elements include study and evaluation of the child and his or her needs and arrangements for care of child prior to adoptive placement; adoptive home recruitment, study, and selection; placement and supervision until adoption is legally consummated; and post-adoption advice and guidance to the natural and the adoptive parents regarding adoption-related problems.

NOTE: Because of significant variations in the degree of effort and costs involved in the adoption of different categories of children, adoption of "hard-to-place" children should be separated from the adoption of "children-in-demand" for per-unit cost computation purposes.

Program Product

1. Number of completed adoptions (children).
2. Unduplicated count of actual number of persons served.
3. Number of natural parents served.
4. Number of prospective adoptive parents served.

Foster Family Care--Children

7.1.02.02 Foster Family Care--Children (Foster Home Care or Foster Care) is a program designed to provide a substitute family life experience in an agency-supervised home to children who need care for a temporary or an extended period during which the normal family environment is either nonexistent or greatly hampered because of some social, emotional, or physical reason. Program elements include study and evaluation of the child and his or her needs; recruitment, screening, and selection of foster homes; supervision of the person placed in a foster home to the end that all basic human needs are met with the minimum level of assistance necessary to promote optimal independent functioning; work with the natural family during foster family placement; and follow-up readjustment assistance to the individual and his or her natural family after termination of foster placement.

Program Product

1. Total number of children placed in foster family care.
2. Total number of days of foster care provided.

### Foster Family Care--Adults

7.1.02.03 Foster Family Care--Adults is a program designed to provide a wholesome family atmosphere for the mental and physical care of adults in a substitute family setting. Program elements include recruitment, study, and selection of foster homes; placement of adults in foster homes; supportive casework services throughout the placement procedure and the period of adjustment between the individual and the substitute family. The program also includes family care to adults accompanied by children.

#### Program Product

1. Number of adults placed in foster family care.
2. Days of foster family care provided.

### Group Home--Children

7.1.02.04 Group Home--Children is a program designed to provide a comprehensive treatment-oriented living experience in an agency-owned or -operated facility for children who, for some reason, are unable to adjust in their own or foster homes or for whom those alternatives are inappropriate. The living arrangement is based on a normalized concept of family living. The residence is shared and is supervised by live-in house parents. The program is geared to the specific needs of the child and to his/her eventual return to his/her own home and community as soon as personal and social adjustment and development permit. Program elements include study and evaluation of the child and his/her needs; establishment of group homes; supervision of the person placed in a group home to the end that all basic human needs are met with the minimum level of assistance necessary to promote optimal independent functioning; work with the family during group home placement, as needed; and follow-up readjustment assistance to the individual and his/her family after termination of the group home placement.

#### Program Product

1. Number of children placed in group homes.
2. Total number of days of group home care provided.

### Group Home--Adults

7.1.02.05 Group Home--Adults is a program designed to provide a comprehensive treatment-oriented living experience in an agency-owned or -operated facility for adults who, for some reason, are unable to adjust in their own or foster homes or for whom those alternatives are inappropriate. The living arrangement is based on a normalized concept of family living. The residence is shared and is supervised by live-in house parents. The program is geared to the

specific needs of the adult and to his/her eventual return to his/her own home and community as soon as his/her personal and social adjustment and development permit. Program elements include establishment of group homes; supervision of the person placed in a group home to the end that all basic human needs are met with the minimum level of assistance necessary to promote optimal independent functioning; work with the family during group home placement, as needed; and follow-up readjustment assistance to the individual and his/her family after termination of group home placement.

#### Program Product

1. Number of adults placed in group homes.
2. Total number of days of group home care provided.

#### Emergency Shelter Care--Children

7.1.02.06 Emergency Shelter Care--Children is a program designed to provide temporary care and protection in foster families, subsidized group homes, or group care facilities until a satisfactory plan can be made for children whose parents are unable to care for them and who must be removed from their homes because of some emergency or crisis in the family, including neglect. Program elements include exploration to determine appropriate service and development of a plan for service; work in behalf of or directly with children during placement (including provision of facilities and the essentials of daily living such as meals, clothing, arrangements of education, recreation, religion, medical/dental care); child care supervision and social work; work with parent(s) while child is in placement; and referral to and mobilization of appropriate community resources.

#### Program Product

1. Number of children provided with emergency shelter care.
2. Number of 24-hour days of emergency shelter care.
3. Number and type of emergency shelters enlisted.

#### Institutional Care--Children

7.1.02.08 Institutional Care--Children is a program designed to provide substitute care in an institutional setting to those for whom and for whatever reason other living arrangements are not suitable. The program provides care and treatment to children who have behavior problems and/or who have parents unable to care for them adequately and who require separation from their own homes and a group living experience. The program is geared to the needs of individuals who are either not suited to a foster home or group home placement or for whom, for whatever reason, no other substitute living arrangements are possible. Program elements include study and

evaluation of the child and his or her needs; establishment of the institution; supervision of the individual placed in the institution to the end that total care and treatment are provided and all basic human needs are met; work with the child's family during the placement period, as needed; and follow-up readjustment assistance to the individual and his or her family after termination of placement in the institution.

#### Program Product

1. Number of children placed in institutional care.
2. Children-days of institutional care provided.

#### Institutional Care--Adults

7.1.02.09 Institutional Care--Adults is a program designed to protect the personal welfare, promote social adjustment, and maintain and improve the physical status and functioning of the aged and the chronically ill adults through the provision of long-term care for those no longer able to maintain independent living arrangements because of physical and/or emotional disability and for whom no other substitute care type of arrangements are feasible. Program elements include room and board in a congregate setting; nursing services (professional or practical) under medical supervision; physical and occupational therapy; family and individual counseling; recreational activities; religious services; rehabilitation services; informal education.

NOTE: This program differs from Program No. 2.1.02.01, Inpatient Medical Care, in that the amount of medical treatment available is less intensive and the emphasis is on continuing care rather than on rehabilitation and return to the community.

#### Domiciliary Care for Veterans

7.1.02.10 Domiciliary Care for Veterans is a program designed to motivate the veteran to return to the community in a self-sustaining and independent living situation or to assist the veteran to reach optimal usefulness and social functioning in a protective environment. Under this program, eligible veterans receive preventive medical assistance and physical, social, and psychological support in a sheltered environment. It also includes a one-year program of assistance for returning veterans who have the potential to maintain a self-sustaining independent living situation in the community.

#### Program Product

1. Number of veterans receiving domiciliary care.
2. Veteran-days of domiciliary care provided.

#### Supportive Assistance to Pregnant Females

7.1.02.12 Supportive Assistance to Pregnant Females is a program designed to provide comprehensive, supportive assistance to pregnant females. Assistance may be rendered in a residential setting or on an outpatient basis. Continued care for the mother and infant may be provided on a short-term basis after the birth. Program elements may include pregnancy testing; information and referral to other service organizations; the provision of basic needs, schooling, medical care, vocational guidance, and individual and group counseling; the loan of clothing and equipment for mother and infant; parent training classes; couple counseling; and assistance with the location and counseling of the baby's father of unwed females.

#### Program Product

1. Total number of days in residence.
2. Total number of outpatient visits (includes pregnancy screening, counseling, parent training sessions).

#### Independent Living Residences

7.1.02.13 Independent Living Residences is a program which provides a range of independent living alternatives in the community. The living environment is one which is minimally supervised and requires the individual to assume responsibility for the management of their care needs and the maintenance of their residence. The program is geared to the specific needs of the individual and includes the provision of physical adaptation of the living environment as needed. The ultimate goal is the attainment of an optimal level of independent functioning with eventual return to his/her home and community. Program elements may include personal care assistance, independent living skills training, transportation, one-to-one and group counseling, peer support and recreational activities. Target populations may include the physically disabled, emotionally disturbed, and developmentally disabled.

#### Program Product

1. Total number of days of residential care.

### Institutional Care for Adjudicated Delinquents

7.1.02.14 Institutional Care for Adjudicated Delinquents is a program designed to provide substitute care in an institutional setting to children who are adjudicated delinquents and who have exhausted community-based resources such as foster homes, group homes, or less restrictive institutional placements. Program elements include study and evaluation of the child and his or her needs; development and implementation of a treatment program to meet those needs; supervision of the individual placed in the institution to the end that total care and treatment are provided and all basic human needs are met; and work with the child's family during the placement period, when possible. Follow-up readjustment assistance to the individual and his or her family after termination of placement in the institution is provided by probation field services.

### Foster Parent Support and Training

7.1.02.15 Foster Parent Support and Training is a program designed to provide ongoing support and training to foster parents and empower foster parents to function more effectively with a greater sense of professionalism; to increase cooperation between foster parents and state caseworkers; to decrease turnover of foster parents; and to decrease multiple placement of children in foster care. Program elements include pre-placement training of new foster families, comprehensive classroom training, training of state caseworkers to more effectively interact with foster families, in-home support services on an ongoing basis, support groups based on neighborhood clusters or special needs of children, and crisis intervention and support.

### Extended Residential Care for the Mentally Retarded

7.1.02.16 Extended Residential Care for the Mentally Retarded is a program designed to provide temporary living situations for the severely/profoundly mentally retarded and multiply handicapped who cannot remain in their own homes. Placements are usually made on the basis of the severity of the handicap, special medical problems, nursing or special care required, behavioral problems, family crisis, or unique training or developmental needs. Placement may be in foster homes, family care homes, group homes, extended residential care centers, supervised boarding homes, or nursing homes.

#### Program Product

1. Total number of days of residential care provided in one year.
2. Total number of persons served.

## Family Supplementing Service

7.1.03.00 The Family Supplementing Service encompasses programs designed to supplement the care provided and received in a normal family living environment as and when needed.

### PROGRAMS

#### Day Care--Children

7.1.03.01 Day Care--Children is a program designed to provide children with optimal substitute parental care in a group setting (usually 12 or more children) during some portion of a 24-hour day when, for whatever reason, the children concerned have nobody to take care of them in their own homes. The program is designed to provide protection, care, and developmental experiences in a group facility or in family day care homes (or sometimes in children's own homes by qualified personnel) for children usually living in their own homes, whose parents need help in making child care arrangements for part of the day when they are at work or away from home for other reasons. Program elements include exploration to determine most suitable arrangements for the child; work in behalf of or directly with the child in day care (including provision of facilities and the essentials of daily living, as required); a daily program of care and educational activities; health supervision; transportation; work with family day care mothers; work with parents to help them make the best use of day care and to cope with problems in child development and rearing; family day care home recruitment, home finding, and development.

#### Program Product

1. Number of children receiving day care assistance.
2. Hours of day care provided.

#### Day Care--Adults

7.1.03.02 Day Care--Adults is a program designed to provide adults (including those with special needs) with optimal personal care in a protective setting conducive to their needs during some portion of a 24-hour day. Program elements include the promotion of social functioning and emotional well-being through opportunities for involvement in appropriate activities and self-education programs, companionship, and satisfying leisure time activities. The care may be provided by an individual or by group facilities such as day care and drop-in centers or through community programs such as after work/school programs, social clubs, and community events. Such programs provide temporary relief for the primary care provider.



## Program Product

1. Number of persons receiving services.

### Respite Care

7.1.03.03 Respite Care is a program designed to provide a brief period (of usually more than 24 hours) of relief or rest to individuals who need it and who do not possess the wherewithal to make independent arrangements to take care of themselves (e.g., the developmentally disabled) or to take care of their dependents (children and dependent adults). The program is designed to provide a home-like living environment to the participants and to take care of their needs during the respite period.

### Homemaker Assistance

7.1.03.04 Homemaker Assistance is a program designed to help maintain normal household functioning when an individual's or family's life is threatened with disruption by long- or short-term illness, disability, social maladjustment, or other problems which require assistance in the home to sustain independent living. Under this program, trained homemakers working under agency supervision go into homes as substitute homemakers. Program elements may include home and yard maintenance, shopping, chore assistance, escorting, light housekeeping, companionship, and information about and referral to other agencies.

## Program Product

1. Total number of homemaker visits.

### Special Day Care--Children

7.1.03.05 Special Day Care--Children is a program designed to provide children with special needs with optimal personal care in a supervised, protected setting during some portion of a 24-hour day. This program is geared specifically to the individual needs of the child. Program elements may include assessment and evaluation; social skills building; structured school programs; and individual, group, and family counseling. The care may be provided by an individual or in a group facility. The program provides necessary assistance to the primary care provider/parent who needs to be away from the home. Target populations may include mentally retarded, emotionally disturbed, physically disabled, developmentally disabled.

## Auxiliary Social Service for Individuals and Families

7.1.04.00 The Auxiliary Social Service for Individuals and Families encompasses a variety of needed programs which might be characterized as auxiliary or adjunctive--but not necessarily less important--to the mainstream social service programs.

### PROGRAMS

#### Retirement Preparation

7.1.04.01 Retirement Preparation is a program designed to encourage and assist older workers to undertake personal planning for life in retirement prior to the date of termination of active, gainful employment in order to prevent personal maladjustment and to promote personal and social adjustment during the initial period of their retired lives. Program elements include advice and consultation; planning of finances, living arrangements, health care and maintenance, and the use of leisure time; maintaining a file of resources available to older persons; and organizing discussion groups.

#### Program Product

1. Number of prospective retirees assisted with retirement planning.

#### Supportive Assistance to Separated Families (Primarily Military)

7.1.04.04 Supportive Assistance to Separated Families (Primarily Military) is a program designed to provide general supportive assistance to members of families--usually military--who are separated from each other by great distances (sometimes in different countries). Program elements include general advice and guidance; assistance to obtain emergency leave; speedy establishment of communication both within the United States and transnationally between separated members of a family (particularly the servicemen in times of emergencies); assistance with the search and identification of family members in other parts of the country or the world; emergency financial aid in the form of cash grants or interest-free loans; assistance in obtaining legitimate government benefits; and referral to other community resources. (May include the provision of a protective setting during times of separation.)

NOTE: While the program is geared primarily to provide supportive assistance to separated families, the same type of assistance may be provided to individuals (e.g., seamen).

### Telephone Reassurance

7.1.04.05 Telephone Reassurance is a program designed to help the elderly and certain other selected individuals in physical and/or social isolation with regular telephone contact and communication to ensure their health and safety and to reassure these persons that help is available, if and when needed. Under this program, trained personnel (usually volunteers) telephone selected individuals at predetermined times on a regular basis and generally check to see if everything is under control. If there is no answer or if an emergency is determined to exist, appropriate community resources are mobilized to come to the help and rescue of the client.

#### Program Product

1. Number of persons receiving telephone reassurance assistance.
2. Number and types of emergencies uncovered through this program.

### Adult-Child Surrogate Relationships Development

7.1.04.06 Adult-Child Surrogate Relationships Development is a program designed to provide adult companionship, guidance, and/or role models to children and youths who, for some reason, lack the companionship and guidance of an adult figure or model. The program is usually intended for children and youth from families where adult figures of the same sex are either not available at all (e.g., motherless or fatherless homes) or available on a very limited and inadequate basis (e.g., alcoholic parent or extensively absent parent). Program elements include enlistment and screening of children and youth (e.g., "little brother" or "little sister"); systematic matching of these children and youth with suitable adults (e.g., "big brother" or "big sister"), taking into consideration the needs and relevant social characteristics of both parties; special orientation, developmental, and supervisory activities; and referral for auxiliary services to community resources as needed. The program may also provide special types of adult figures to enhance the support of parents or guardians with children having special problems or needs (e.g., handicapped children) and for "normal" children of parents who are in some way limited or handicapped (e.g., mentally retarded, blind/deaf).

#### Program Product

1. Number of adults and children involved in the programs.
2. Hours of adult-child surrogate relationships provided.

### Foster Grandparents

7.1.04.07 Foster Grandparents is a program designed to provide part-time volunteer opportunities for low-income persons aged 60 and over and to render supportive person-to-person services in health, education, welfare, and related residential settings to children having special needs. Program elements include selection and matching of foster grandparents with children; payment of foster grandparent stipends and fringe benefits; transportation assistance; and provision for needed materials and supplies such as uniforms, smocks, laundry supplies, and equipment. Assignment of foster grandparents to children with special needs may occur in residential and nonresidential facilities, including day care or preschool establishments and to children living in their own homes.

#### Program Product

1. Number of elderly persons working as foster grandparents.
2. Number of children enrolled in foster grandparent program.

### Translation and Interpretation Assistance

7.1.04.09 Translation and Interpretation Assistance is a program designed to assist in the social functioning of individuals by providing them with essential translation and interpretation services. Under this program, trained bilingual or trained sign-language personnel come to the aid of individuals or agencies who need translation or interpretation assistance involving some important situation.

### Companionship

7.1.04.12 Companionship is a program designed to provide part-time volunteer opportunities for low-income persons aged 60 or over to render supportive person-to-person services in health, welfare, and friendship to shut-in senior citizens living in their own homes who can only get about with assistance. Companions provide both friendship and service, doing such things as cooking or sharing a meal, reading, accompanying persons to doctors or shopping. Companionship helps to promote independent living and to prevent institutionalization.

#### Program Product

1. Number of elderly persons working as senior companions.
2. Number of persons provided companionship service.
3. Number of hours of companionship provided.

## Promotion of Individual Well-Being and Social Functioning

7.1.04.15 Promotion of Individual Well-Being and Social Functioning is a program to assist and support individuals in changing behavior and improving their psychological well-being through development of positive social roles, individual support systems, and coping skills. It may be premised on challenging traditional gender role behavior and changing attitudes toward relationships among members of the same or opposite sex or other groups. The program may be organized around issues such as sex role stereotyping, parenting, sexual assault, or domestic violence. Program elements may include developing, assisting, and facilitating peer support groups and peer counseling as well as individual and public education and training through seminars, workshops, conferences, and lectures.

Target group: Persons in need.  
Base population: Anchorage population.

## Personal Care Attendants

7.1.04.16 Personal Care Attendants is a program designed to provide personal care to individuals requiring such services in the home to sustain independent living. Program elements include assistance with bathing; toileting; care of the skin, mouth, and hair; preparation of meals and eating; light housekeeping; and financial management. Personal care attendants have received instruction on personal care techniques, first aid, and cardio-pulmonary resuscitation.

## Community Centers

7.1.04.17 Community Centers is a program designed to provide individuals with a gathering place. Such centers may employ staff or may be operated exclusively by volunteers. The degree of organization and formality in programming varies according to the type of center, its purpose, and availability of staff. Program elements may include companionship, arts and crafts, leisure-time activities, peer support, and information and referral. Target populations may include seniors, teens, street people, specific neighborhood residents, and specific cultural or racial groups.

## Independent Living Skills Training

7.1.04.18 Independent Living Skills Training is a program designed to promote optimal independence in everyday life affairs to physically, developmentally, and emotionally disabled individuals. Skills can be offered by a peer, primary care provider or more formally in a classroom or residential setting. Areas of independent

living skills include personal care management; financial management (making payments and budgeting); meal planning and purchasing; the use of transportation; scheduling appointments; completing applications; the use and upkeep of adaptive equipment and health aids; and map, sign, and consumer product directions.

#### Life Skills Training

7.1.04.19 Life Skills Training is a program designed to assist nonreading and low-reading adults with basic skills development by providing active listening and specialized skill training through the use of professional volunteers and staff. The objective of this program is to foster independent functioning which frequently results in an individual's improved self-esteem. Life skills training may include teaching an individual how to fill out applications, study for the driver education test, use the telephone book, read bus schedules and ride public transportation, get prescriptions filled, read and respond to want ads, schedule medical and other appointments, read and understand consumer product directions, write checks and use a bank account, read signs and maps, and fill out tax forms.

Target population: Persons in need of program, expressed as a proportion of the total population.

#### Program Product

1. Number of persons served.

#### Casework Management

7.1.04.21 Casework Management is a program designed to assist disadvantaged individuals in accessing services needed to maintain independent living in a community setting. Program elements include information and referral, outreach, assisting individuals in applying for benefits, individual and group counseling, monitoring and follow-up case assessment, and follow-up.

#### SOCIAL ADJUSTMENT AND SOCIAL DEVELOPMENT SERVICES SYSTEM

7.2.00.00 The Social Adjustment and Social Development Services System consists of services aimed at promoting sound personality development and social maturation of individuals through various recreational, democratic group participation, and intergroup relations activities.

## Recreational Service

7.2.01.00 The Recreational Service encompasses programs which use recreation (refreshment of strength and spirits after routine daily toil) as a vehicle for improving personal and social adjustment and development of the individual. The programs embrace a wide variety of participatory recreation and spectator recreational activities.

### PROGRAMS .

#### Participatory Recreation (Unspecified)

7.2.01.01 Participatory Recreation (Unspecified) is a program designed to offer opportunities to individuals for constructive and satisfying use of leisure time. The program consists of a range of activities in which individuals may take part for diversion from routine toil such as ballroom, folk, and rock dancing; swimming; bowling; walking, hiking, and picnicking; fishing; and participation in various indoor and outdoor games, sports, and athletics (e.g., Ping-Pong, badminton, tennis, basketball, football, baseball, soccer, and Lacrosse). Program elements include recreation centers; provision of recreational facilities such as tennis courts, golf courses, stadiums, pavilions, dance halls, swimming pools, bowling alleys, and designated trails; provision of recreational equipment and supplies such as footballs, baseballs, tennis rackets, and balls; and trained staff to supervise and/or coach individuals participating in various recreational activities. This is a general recreation program which does not specialize in any one kind of recreation and includes the overall goals of comprehensive youth development and delinquency prevention.

#### Program Product

1. Number of persons using recreational facilities and opportunities by types of recreational activities.

#### Day Camping

7.2.01.04 Day Camping is a program designed to provide creative recreational experience in cooperative group living in the out-of-doors, utilizing the resources of natural surroundings to contribute to mental, physical, social, and spiritual enjoyment and growth. The program elements are the same as in Program No. 7.2.01.03, except that the participants are transported to and from the site each day. The program does not include "day camps" operated on agency premises in the city. The overall goal of this program is youth development, and one result is delinquency prevention.

## Program Product

1. Number of persons provided recreational day camping experience.
2. Number of camper days.

## Resident Camping

7.2.01.06 Resident Camping is a program designed to provide a creative recreational experience in cooperative group living in the out-of-doors, utilizing the resources of natural surroundings to contribute to mental, physical, social, and spiritual enjoyment and growth. The program elements are the same as in Program No. 7.2.01.03, except that the participants remain overnight at the camp for more than two nights. The overall goal of this program is youth development, and one result is delinquency prevention.

## Program Product

1. Number of persons provided resident camping.
2. Number of camper days.

## Adaptive Recreation

7.2.01.07 Adaptive Recreation is a program designed to provide participatory recreational activities to individuals with a sensory, physical, or mental handicap. Program elements include general information and referral; screening, evaluating, and assessing of individual's disability or handicap; establishing an instruction plan which includes adaptation of teaching methods, equipment, setting up activities; follow-up and monitoring of progress; and advocacy. Recreational activities may be provided on an outreach basis by accessing and adapting existing facilities. The goal of this program is to enable the individual to function independently in a recreational mode. Program activities are provided by specially trained staff, volunteers, and family members.

## Social Group Adjustment and Development Service

7.2.02.00 The Social Group Adjustment and Development Service encompasses programs designed to promote social adjustment and development of individuals (primarily children and youth) through a variety of character-building activities geared to provide them with opportunities for normal personality growth in a peer group setting.



## PROGRAMS

### Social Development

7.2.02.02 Social Development is a program designed to provide individuals with a variety of group activities with the primary objective of promoting sound personality and social development of the participants. The activities are geared to transmitting social values and customs; facilitating learning or social skills and self-expression in groups; and eliciting and stimulating leadership potentialities of the participants. As a reflection of this program, one overall result is delinquency prevention.

NOTE: The program elements may include some recreational activity. The distinction, however, is that the activity is geared to the immediate and specific goal of social development and not merely to pass the time in an enjoyable manner. Recreational activities may be used as a tool for social development. The distinction between a Social Development Program and a Social Adjustment Program is an important one. The former is specifically designed to help children and youth who exhibit some behavioral problem and are in need of rehabilitation. The latter, however, is designed to assist the so-called "normal" children and youth with opportunities for social development. Adjustment implies need for change from an unacceptable standard. Development implies growth or improvement upon an existing acceptable condition.

### Program Product

1. Number of individuals provided social development opportunities.

### Comprehensive Youth Development

7.2.02.03 Comprehensive Youth Development is a program designed to mobilize parents, neighborhood residents, community leaders, and organizations to develop personal fitness and character in children and youth. This program involves a volunteer association of youth and adults, representing a community extension of the family during the developmental period of young people. This comprehensive youth development delivery system consists of several independent and closely interrelated components, all of which are necessary to enable adults in the community to interact more positively with youth. Minimum basic program elements include selection, motivation, recruitment, and recognition of volunteer adult talent for the leadership and support of youth; training and preparation of

volunteer adults to understand the needs of youth and utilize a variety of youth program features depending on youth age level, adult volunteer position, and community situation; intensive professional coaching and guidance of volunteers in a variety of leadership roles and projects; provision of literature, materials, facilities, etc. to support adult volunteers; working cooperatively with existing indigenous community organizations, providing them with ways of expressing and carrying out their concerns and objectives for youth; and provision of outdoor facilities supportive to and integrated with weekly group meetings, group structures, and training objectives as well as helping youth appreciate the importance of the natural environment.

#### Program Product

1. Number of youths registered in the program.

#### Recreation for Social Adjustment (Rehabilitation)

7.2.02.04 Recreation for Social Adjustment (Rehabilitation) is a program utilizing recreational activities (i.e. sports, calisthenics, arts, and crafts) to work with individuals experiencing some problems with social functioning. Most or all of the activities of a recreational program are part of this program. However, additionally trained personnel work with clients to assist them with their social adjustment and functioning problems.

#### Social Development through Recreation

7.2.02.05 Social Development through Recreation is a program utilizing recreational activities to promote social development and personal growth of the participants. Recreational activities such as basketball, softball, football, volleyball, soccer, cross-country skiing, bicycle moto-cross, etc. are under the supervision of a trained leader. Activities may be structured into a team or league and, while competitive, primarily contribute to mental, physical, social, and spiritual enjoyment and growth.

#### Social Adjustment Through Self-Help

7.2.02.06 Social Adjustment Through Self-Help is a program designed to assist individuals sharing common experiences or situations to achieve personal and social adjustment. The program elements include peer support, peer counseling, information-sharing/education, referral, advocacy, training, and promotion of other support systems. Activities may be conducted on a one-to-one or group basis and may include the matching of individuals to serve as "buddies" or sponsors who provide additional, more individualized support.

## Intergroup Relations Service

7.2.03.00 The Intergroup Relations Service encompasses programs designed to reduce tensions among potentially antagonistic and prejudicial groups within the community and to promote understanding and harmony among such groups. The antagonisms and prejudices may be based on differences in age, sex, race, color, creed, national origin, income level, and stereotypes attached to various distinguishable groups in the community.

### PROGRAMS

#### Promotion of Intercultural Understanding and International Relations

7.2.03.03 Promotion of Intercultural Understanding and International Relations is a program designed to promote and improve intercultural understanding and relations by a variety of activities involving individuals from other cultures and/or nations. Program elements include lectures, talks, debates, discussion groups involving representatives of other cultures/nations; experiments in international living and entertaining; educational exchanges; and organized travels and excursions. Overnight lodging may be a component of this program from which socialization and educational activities stem.

### CULTURAL AND SPIRITUAL ENRICHMENT AND DEVELOPMENT SERVICES SYSTEM

7.3.00.00 The Cultural and Spiritual Enrichment and Development Services System consists of services aimed at the promotion of arts and humanities and other services which help human creativity to flourish and which uplift the human spirit.

#### Artistic and Cultural Opportunities Service

7.3.02.00 The Artistic and Cultural Opportunities Service encompasses programs designed to provide individuals with opportunities to participate in artistic activities as well as to enjoy works of art as spectators. The objective in either case is the cultural enrichment and development of the individual and opportunities for self-fulfillment.

## PROGRAMS

### Cultural Development and Enrichment

7.3.02.03 Cultural Development and Enrichment is a program designed to provide opportunities to individuals to learn traditional skills, history, and customs specifically associated with a culture or race of people. Program elements may include arts and crafts, food, dress, dance, language, and history. Such activities may be conducted in a formal or informal environment.

#### Program Product

1. Number of activities or classes conducted.

### INDIVIDUAL AND FAMILY LIFE SUPPORTIVE SERVICES SYSTEM

7.4.00.00 The Individual and Family Life Supportive Services System consists of those services which are basically supportive in character and are designed to assure development, expansion, efficient delivery, and effectiveness of needed services in the substantive program areas of the broad social objectives of family preservation, strengthening, and restoration; provision of family substitute and supplementary services where such are needed; and provision of a variety of auxiliary social services for the optimal functioning of all persons. The specific supportive services included in this services system are comprehensive planning and development; policy determination; research, analysis, and information dissemination; program planning and development; program evaluation; interagency coordination, cooperation, and exchange; consultation and technical assistance; standards setting, accreditation, and monitoring; public awareness; personnel development and training; equal access and opportunity; material resources development and provision; ombudsman; and advocacy.

### Individual and Family Life Public Education and Awareness Service

7.4.09.00 The Individual and Family Life Public Education and Awareness Service encompasses programs concerned with making the public aware of the needs and resources in the various substantive programmatic endeavors aimed at the objective of supporting and strengthening individual and family life and assisting in the normal social functioning of individuals and families. Examples of substantive program areas in which public education and awareness types of activities may be undertaken are family preservation, strengthening, and restoration services; family substitute and family supplementing services; and numerous auxiliary social support endeavors designed to maintain the normal social functioning of individuals and families.

## PROGRAMS

### Individual and Family Life Public Education (Unspecified)

7.4.09.01 Individual and Family Life Public Education (Unspecified) is a program designed to make the public aware of the needs and resources for the variety of individual and family life services and to augment such opportunities where feasible. Under this program, a wide variety of materials and techniques are developed to publicize both the need for one or more individual and family life service and the availability of various resources in the community where the same exists. Types of public awareness materials include leaflets; fliers; pamphlets; monographs; posters; publicity materials for billboards; and inserts in newspapers, magazines, journals. Techniques used for public education and awareness include television spots, radio announcements; slide presentations; public lectures; throwing leaflets from an airplane; use of blimps; advertisements on public and private vehicles (e.g., bumper stickers); distribution and/or sale of pins, buttons, and charms bearing the message or identification logo; site visits and observation opportunities; and development and presentation of testimony before legislative and other policy-making bodies.

#### Program Product

1. Number and types of public education/awareness materials distributed.
2. Number and types of public education/awareness activities conducted.
3. Estimated number of persons reached through public education/awareness activity.

### Individual and Family Life Equal Access and Opportunity Service

7.4.11.00 The Individual and Family Life Equal Access and Opportunity Service encompasses programs concerned with equal access and opportunity in the various substantive programmatic endeavors aimed at the objective of supporting and strengthening individual and family life and assisting in the normal social functioning of individuals and families. Examples of substantive program areas in which equal access and opportunity types of activities may be undertaken are family preservation, strengthening, and restoration services; family substitute and family supplementing services; and numerous auxiliary social support endeavors designed to maintain the normal social functioning of individuals and families.

## PROGRAMS

### Individual and Family Life Equal Access and Opportunity (Unspecified)

7.4.11.01 Individual and Family Life Equal Access and Opportunity (Unspecified) is a program designed to provide equal access and opportunity to all persons seeking one or more of the variety of individual and family life services available without regard to age, sex, religion, race or ethnic origin, national origin, or marital status. Program elements include development of special procedures and safeguards to ensure that no prospective user of any individual and family life service is discriminated against because of his or her age, sex, race, religion, national origin, or marital status; periodic spot checking and monitoring; receipt and processing of complaints of discrimination; and necessary legal or other corrective action where violations have been established.

#### Program Product

1. Number of complaints of discrimination received by type of discrimination.
2. Number of discrimination complaints settled.

### Individual and Family Life Advocacy Service

7.4.14.00 The Individual and Family Life Advocacy Service encompasses programs concerned with advocacy in the various substantive programmatic endeavors aimed at the objective of supporting and strengthening individual and family life and assisting in the social functioning of individuals and families. Examples of substantive program areas in which advocacy types of activities may be undertaken are family preservation, strengthening, and restoration services; family substitute and family supplementing services; and numerous auxiliary social support endeavors designed to maintain the social functioning of individuals and families.

## PROGRAMS

### Individual and Family Life Advocacy (Unspecified)

7.4.14.01 Individual and Family Life Advocacy (Unspecified) is a program designed to plead, argue, or urge the case for the provision of adequate family preservation, strengthening, restoration, substitution, supplementing, and social support services for all individuals in the society. Program elements include development of materials and communication of arguments to selected parties or the public at large, as needed, through the use of every available technique not prohibited by law. Under the advocacy program, the techniques used for putting across a message or a case for some

cause is not substantially different from those used in a public education/awareness program. In addition, advocacy programs use more aggressive techniques such as picketing, demonstrations, marches, fasting, holding of public rallies, press conferences, and mass organized letter-writing campaigns. Other techniques used include coalition-building and lobbying.

NOTE: For the distinction between public education and advocacy programs, see Program No. 1.4.14.01.

Program Product

Indeterminable

#### SOCIAL DEVELOPMENT SUPPORTIVE SERVICES SYSTEM

7.5.00.00 The Social Development Supportive Services System consists of those services which are basically supportive in character and are designed to assure development, expansion, efficient delivery, and effectiveness of needed services in the substantive program areas of the broad social objective of social adjustment, rehabilitation and opportunity for social development of all persons. The specific supportive services included in this service system are comprehensive planning and development; policy determination; research, analysis, and information dissemination; program planning and development; program evaluation; interagency coordination, cooperation, and exchange; consultation and technical assistance; standards setting, accreditation, and monitoring; public awareness; personnel development and training; equal access and opportunity; material resources development and provision; ombudsman; and advocacy.

#### Social Development Public Education and Awareness Service

7.5.09.00 The Social Development Public Education and Awareness Service encompasses programs concerned with making the public aware of the needs and resources in the various substantive programmatic endeavors aimed at the optimal level of social adjustment and development achievable for everyone in the community. Examples of substantive program areas in which public education and awareness types of activities may be undertaken are recreational services; social group work services for both social rehabilitation and development; and intergroup relations services.

## PROGRAMS

### Social Development Public Education and Awareness (Unspecified)

7.5.09.01 Social Development Public Education and Awareness (Unspecified) is a program designed to make the public aware of the needs and services for social adjustment and development programs and to augment such resources where feasible. Under this program, a wide variety of material and techniques are developed to publicize both the need for social development assistance and the availability of community resources where the same exists. Type of public awareness materials include leaflets; fliers; pamphlets; monographs; posters; publicity materials for billboards; and inserts in newspapers, magazines, journals. Techniques used for public education and awareness include television spots, radio announcements; slide presentations; public lectures; throwing leaflets from an airplane; use of blimps; advertisements on public and private vehicles (e.g., bumper stickers); distribution and/or sale of pins, buttons, and charms bearing the message or identification logo; site visits and observation opportunities; and development and presentation of testimony before legislative and other policy-making bodies.

#### Program Product

1. Number and types of public education/awareness materials distributed.
2. Number and types of public education/awareness activities conducted.
3. Estimated number of persons reached through public education/awareness activity.



## 8.0.00.00

### GOAL VIII: OPTIMAL ASSURANCE OF THE SUPPORT AND EFFECTIVENESS OF SERVICES THROUGH ORGANIZED ACTION

THIS BROAD SOCIAL GOAL IS THE ACHIEVEMENT OF AN OPTIMAL DEGREE OF ASSURANCE FOR THE MAINTENANCE AND EFFECTIVE AND EFFICIENT DELIVERY OF HUMAN SERVICE PROGRAMS, AS NEEDED, AND FOR THE DEVELOPMENT OF NEW PROGRAMS IN RESPONSE TO CURRENT AND FUTURE NEEDS THROUGH ORGANIZED SOCIAL AND POLITICAL ACTION. THE SERVICES SYSTEMS ARE THUS GEARED TO THE SOCIAL AND POLITICAL MOBILIZATION OF PEOPLE, THE DEVELOPMENT OF HUMAN AND MATERIAL RESOURCES AND ORGANIZATION CAPACITY BUILDING, AND THE ENHANCEMENT OF SERVICES EFFECTIVENESS.

#### MOBILIZATION OF PEOPLE SERVICES SYSTEM

8.1.00.00 The Mobilization of People Services System consists of services aimed at stimulating and interesting individuals from every walk of life to come together, to organize formally or informally, to provide leadership, to participate in the determination of human needs, to establish priorities among those needs, and to plan and augment services for the provision of those needs. The services operate at every conceivable level of human organization--from the neighborhood, through hamlet, village, town, city, county, state, to the national level. They involve voluntary and professional as well as formal political organizations.

#### Social/Community Organization Service

8.1.01.00 The Social/Community Organization Service encompasses programs designed to provide for or stimulate a process whereby people are helped to come together and find ways to give expression to their inherent desires to improve their own lot and to improve the environment in which they live with their fellow human beings.

#### PROGRAMS

#### Neighborhood Organization for Self-Determination and Improvement

8.1.01.01 Neighborhood Organization for Self-Determination and Improvement is a program designed to provide processes by which efforts of people living in a neighborhood are united with others outside the neighborhood, including public agencies, to develop and improve the economic, social, cultural, and environmental conditions of their neighborhood and indirectly to contribute to the good of

the larger community. The program is composed of two requisites: (1) the participation by the members of the neighborhood themselves in efforts to improve their level of living with optimal reliance on their own initiative and (2) the technical and other assistance in ways which encourage initiative, self-help, and mutual help and in ways which enhance their effectiveness.

Program Product

Indeterminable

### Volunteer Service

8.1.03.00 The Volunteer Service encompasses programs designed to promote some social good with the help and participation of individuals who have offered their services and have chosen to work part- or full-time without remuneration. The work of volunteers cuts across all human service fields. Volunteers are involved in (1) identifying community problems and human needs; (2) initiating and formulating policies at the highest level in social instrumentalities created to prevent, control, or treat social problems; (3) soliciting contributions for support of nonprofit organizations; (4) articulating and interpreting agencies' programs and problems; (5) convening community planning activities aimed at amending or designing services and programs to meet changing social needs; (6) taking leadership for the implementation of social programs; and (7) assisting paid personnel with a variety of duties and responsibilities.

### PROGRAMS

#### Volunteer Recruitment and Referral/Placement

8.1.03.02 Volunteer Recruitment and Referral/Placement is a program designed systematically and carefully to select or refer volunteers to provide some direct and/or indirect service in the community. Program elements include various methods of recruitment such as advertising, public appeals, word-of-mouth publicity; identification of volunteer opportunities in agencies in the community; screening of applicants; and selection within agencies and/or referral to agencies, systematically matching volunteer opportunities with skills, talents, desires, and personality of volunteers.

NOTE: This program classification is meant primarily for agencies which have volunteer recruiting and referral/placement as their major program thrust (e.g., a Volunteer Bureau). As a rule, standard human service programs using volunteers should not use this classification since

it would be only one of the elements of the program. The only exception would be if a given program involves the recruitment and placement of volunteers in substantially large numbers, utilizing a considerable amount of the agency's resources.

#### Program Product

1. Number of volunteers recruited, by specified type of activity.
2. Number of volunteers referred and/or placed in volunteer positions by type of activity.

#### CAPACITY BUILDING AND EFFECTIVENESS ENHANCEMENT SERVICES SYSTEM

8.2.00.00 The Capacity Building and Effectiveness Enhancement Services System consists of services aimed at (1) strengthening and supporting human service organizations by assisting them with human and material resources development and by other types of assistance to augment their capacity and (2) enhancing the effectiveness of these organizations by research, planning, evaluation, coordination, and information types of activities.

#### Resource Development Service

8.2.01.00 The Resource Development Service encompasses programs designed to strengthen and support human service organizations with the help of needed human and material resources.

#### PROGRAMS

#### Materials, Supplies, and Equipment Provision

8.2.01.05 Materials, Supplies, and Equipment Provision is a program designed to provide needed materials, supplies, and equipment for human service programs. The program objective is to enhance the capacity of substantive human service programs by providing needed materials, supplies, and equipment. Program elements include provision or development of materials, supplies, and equipment through restricted cash grants; low interest, guaranteed, and/or insured loans; and donations. The donation of Federal surplus property is one example of this type of program.

## Program Product

1. Total dollar amount of cash grants made.
2. Total dollar amount of guaranteed and/or insured loans advanced.
3. Total dollar value of material resources donated by type of resources.

## Fund Raising

8.2.01.06 Fund Raising is a program designed to assist human service organizations to raise money in support of their services. Program elements include both actual raising of money (one organization raising money in behalf of another organization as a service) through a variety of means and techniques and providing advice and technical know-how in raising funds.

NOTE: This classification is not intended for agencies raising funds in support of their own programs since that is not considered a program activity. It is means for agencies (e.g., a national agency such as United Way of America) to offer and provide a service to other organizations to assist them with fund-raising activities.

## Program Product

1. Total dollar amount raised in a given fund-raising effort or in a specified period.
2. Increase in per capita giving if cause and effect relationship can be established.
3. Percent increase in constant dollars.
4. Total new dollars raised.
5. Total dollars raised from sources previously unresponsive to the agency for which the funds were raised.

## Facilities Provision

8.2.01.08 Facilities Provision is a program designed to provide needed facilities for human service programs on a temporary or permanent basis. The program objective is to enhance the capacity of human service programs by providing needed facilities for a variety of activities. In providing facilities to a group of human service programs that are similar in terms of population served, geographical area, primary goal or objective, etc., facility provision may then have the additional objective of serving as a focal point for those similar programs. Facility provision may include the provision of technical equipment which contributes to the facility's objective of serving as a focal point for similar programs.

Information Collection and Dissemination, Public Education, and Information and Referral Service

8.2.03.00 The Information Collection and Dissemination, Public Education, and Information and Referral Service encompasses programs designed to help individuals and groups in the community with a wide variety of information and information-related services. These include facilities for data collection and dissemination, generalized public education, and information and referral.

PROGRAMS

Information and Referral (Separately Organized)

8.2.03.10 Information and Referral (Separately Organized) is a program designed to link people in need with the appropriate agency or service designed to eliminate or alleviate that need and to assist the long-range community planning processes by discovering gaps, overlaps, and duplication in services through the utilization of carefully documented information derived from contact with the general public and human service organizations. Program elements include maintenance of accurate, up-to-date information on resources available in the community; client interviewing and problem assessment; provision of needed information as to the location and the type of assistance available; referral if the assessment of the problem or problems of the client indicate that further assistance beyond mere information giving is necessary to effect the linkage of clients to needed services (including active participation of the staff in connecting the client to the needed service); and follow-up consisting of contacting the agency to which a referral has been made and/or the client to ascertain whether or not contact has been made and the service is being provided. In those situations where a linkage has not taken place, the program provides for reassessment of the client's situation to determine whether some other assistance should be provided. Another important element of this program is the systematic data collection for use in planning for meeting human service needs.

NOTE: This classification is intended for only the separately organized information and referral programs. The program can be an exclusive program of an agency or may function as a subdivision (department, bureau, section, etc.) of an agency. Information and referral assistance routinely provided as part of another program should not be confused with this specialized program.

**Program Product**

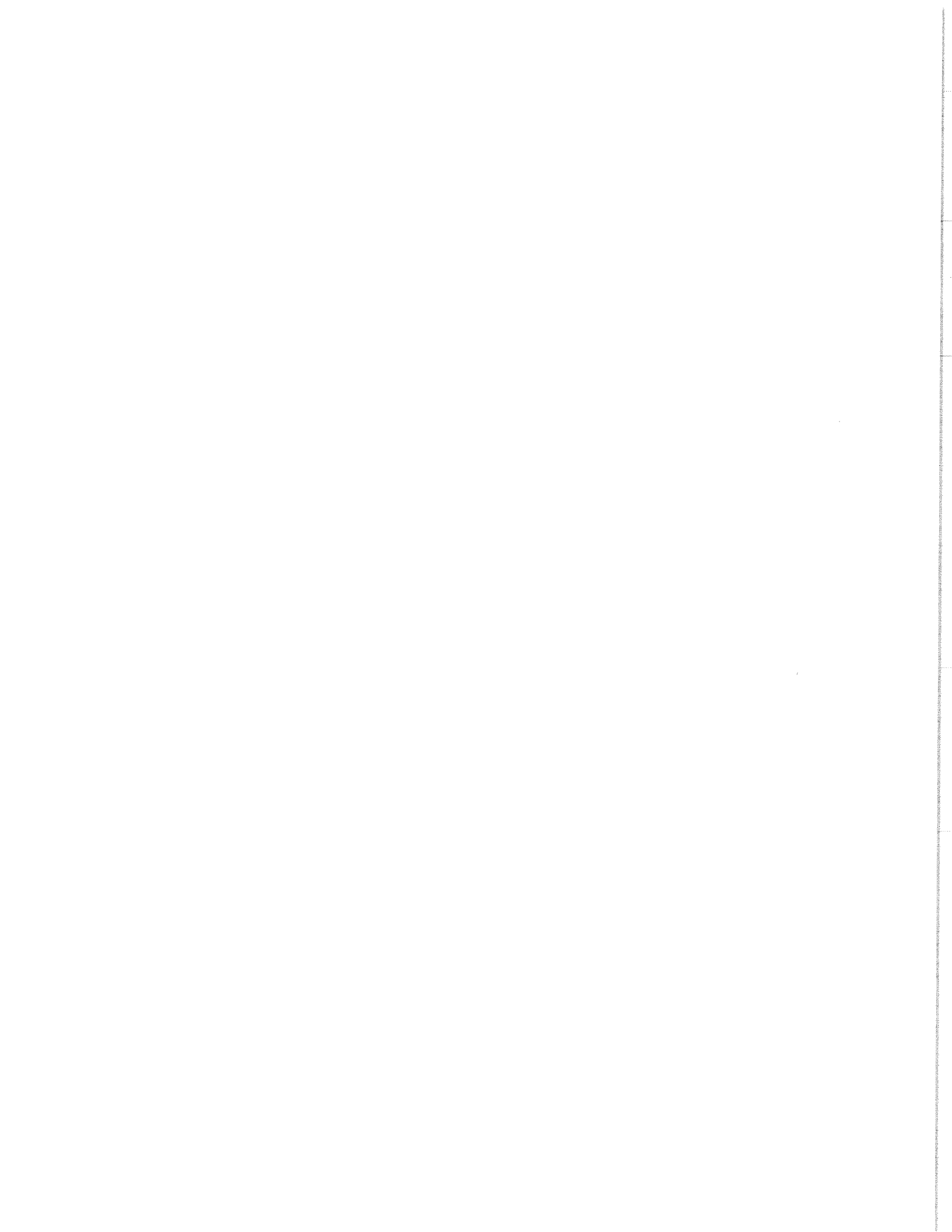
1. Number of persons provided needed information.
2. Number of persons referred to community resources for assistance by types of referrals.



APPENDIX C

REVENUES BY FUNDING SOURCE:  
ALL AGENCIES AND NONPROFITS





ANCHORAGE  
HUMAN SERVICE PROVIDERS  
REVENUES BY SOURCE  
PART A: ALL AGENCIES

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private*	Fees, Dues
Employment Services - Military	365	0	0	0	0	0	365	0	0	0
	100% =	0	0	0	0	0	100	0	0	0
Employment Services - Disabled	6,525	136	0	0	648	2,393	2,714	0	634	0
	100% =	2.1	0	0	9.9	36.7	41.6	0	9.7	0
Employment Services - Disadvantaged	4,038	0	0	0	78	2,210	1,750	0	0	0
	100% =	0	0	0	1.9	54.7	43.3	0	0	0
Employment Services - Other	2,702	62	0	0	0	630	2,010	0	0	0
	100% =	2.3	0	0	0	23.3	74.4	0	0	0
Income Program - Military	5,219	0	0	0	0	2	5,212	0	5	0
	100% =	0	0	0	0	0	99.9	0	0.1	0
Income Program - Disabled	10,657	0	0	0	2,937	0	7,606	0	111	3
	100% =	0	0	0	27.6	0	71.4	0	1	0
Income Program - Seniors	40,376	0	0	0	0	7,978	32,398	0	0	0
	100% =	0	0	0	0	19.8	80.2	0	0	0
Income Program - Low Income	15,496	289	0	3	6,437	2,743	6,024	0	0	0
	100% =	1.9	0	0	41.5	17.7	38.9	0	0	0
Income Program - Other	24,761	0	0	0	0	20,822	3,939	0	0	0
	100% =	0	0	0	0	84.1	15.9	0	0	0
Income Support Services	175	0	0	0	0	0	175	0	0	0
	100% =	0	0	0	0	0	100	0	0	0

\*Other private sources include contributions from corporate, private, or church sources, funds from national organizations, contracts with other nonprofits, revenues from special events, interest, and miscellaneous sources.

Anchorage Human Service Providers  
 Revenues by Source  
 Part A: All Agencies

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private	Fees, Dues
Hospitalization Prevention	2,365 100% =	42 1.8	357 15.1	0 0	0 0	0 0	1,914 80.9	0 0	4 0.2	48 2
Disease Management & Control	1,027 100% =	0 0	518 50.4	0 0	300 29.2	0 0	0 0	0 0	140 13.6	69 6.7
Maternal & Child Health	1,109 100% =	0 0	20 1.8	0 0	1,049 94.6	0 0	39 3.56	0 0	0 0	0 0
School-Public Health Promotion	1,362 100% =	7 0.5	602 44.2	0 0	571 41.9	63 4.6	0 0	10 0.7	10 0.7	99 7.3
Outpatient Rehabili- tation	1,122 100% =	0 0	0 0	0 0	592 52.8	0 0	271 24.2	0 0	253 22.6	6 0.5
Outpatient Medical Care - Low Income	2,065 100% =	202 9.8	668 32.4	0 0	0 0	0 0	716 34.7	0 0	48 2.3	431 20.9
Outpatient Medical Care - Other	1,323 100% =	26 2	0 0	0 0	0 0	0 0	986 74.5	0 0	120 9.1	191 14.4
Substance Abuse - Military	953 100% =	0 0	0 0	0 0	0 0	0 0	953 100	0 0	0 0	0 0
Substance Abuse - Outpatient	1,129 100% =	0 0	681 60.3	366 32.4	0 0	0 0	32 2.8	0 0	44 3.9	6 0.5
Substance Abuse - Inpatient	5,285 100% =	0 0	2,892 54.7	1,149 21.7	0 0	233 4.4	0 0	0 0	359 6.8	652 12.3
Suicide Prevention	163 100% =	0 0	94 57.7	0 0	34 20.9	0 0	0 0	13 8	22 13.5	0 0

Anchorage Human Service Providers  
 Revenues by Source  
 Part A: All Agencies

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private	Fees, Dues
Rape Relief	219	0	44	0	0	158	0	17	0	0
	100% =	0	20.1	0	0	72.2	0	7.8	0	0
Social Work Services - Military	120	0	0	0	0	0	120	0	0	0
	100% =	0	0	0	0	0	100	0	0	0
Inpatient Psychiatric Care	12,950	0	0	0	10,864	0	1,675	29	0	382
	100% =	0	0	0	83.9	0	12.9	0.2	0	3
Emergency Psychiatric Care	41	42	0	0	0	0	0	0	0	0
	100% =	102.4	0	0	0	0	0	0	0	0
Outpatient Psychiatric Care	2,167	0	748	0	324	101	573	0	60	361
	100% =	0	34.5	0	15	4.7	26.4	0	2.8	16.7
Health Education	799	11	189	49	48	-362	13	26	93	8
	100% =	1.4	23.7	6.1	6.	45.3	1.6	3.3	11.6	1
Medicare	12,757	0	0	0	0	0	12,757	0	0	0
	100% =	0	0	0	0	0	100	0	0	0
Medical Financial Assistance	720	0	0	0	614	0	106	0	0	0
	100% =	0	0	0	85.2	0	14.8	0	0	0
Food Stamps	5,767	0	0	0	316	0	5,451	0	0	0
	100% =	0	0	0	5.5	0	94.5	0	0	0
Meal Provision - Elder	1,024	34	0	0	0	948	7	0	0	35
	100% =	3.3	0	0	0	92.6	0.7	0	0	3.4
Meal Provision - Other	326	20	150	0	0	0	0	67	82	7
	100% =	6.1	46	0	0	0	0	20.6	25.2	2.2
Goods Distribution	0	0	0	0	0	0	0	0	0	0
	100% =	M	M	M	M	M	M	M	M	M

Anchorage Human Service Providers  
 Revenues by Source  
 Part A: All Agencies

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private	Fees, Dues
At Cost Fuel Distribution	1,435	0	0	0	0	0	1,435	0	0	0
	100% =	0	0	0	0	0	100	0	0	0
Low Income Housing Assistance	7,814	49	0	0	0	484	5,849	0	47	1,385
	100% =	0.6	0	0	0	6.2	74.9	0	1	17.7
Low-Moderate Income Housing Loan	3,513	0	0	0	0	3,272	0	0	239	2
	100% =	0	0	0	0	93.1	0	0	6.8	0.1
General Housing Acquisition	659	-1	-1	-1	-1	567	-1	-1	95	0
	100% =	0	0	0	0	86.1	-0.1	-0.1	14.5	0.1
Housing Assistance - Disabled	179	0	0	0	0	51	128	0	0	0
	100% =	0	0	0	0	28.5	71.5	0	0	0
Housing Assistance - Military	260	0	0	0	0	0	260	0	0	0
	100% =	0	0	0	0	0	100	0	0	0
Short Term Shelter	837	242	0	0	0	0	49	85	346	115
	100% =	28.9	0	0	0	0	5.9	10.2	41.3	13.7
Transportation - Seniors	504	8	0	0	0	459	0	23	7	7
	100% =	1.6	0	0	0	91.1	0	4.6	1.4	1.4
Transportation - Disabled	553	450	0	0	0	77	26	0	0	0
	100% =	81.4	0	0	0	13.9	4.7	0	0	0
Transportation - Other	41	0	0	0	0	0	0	12	29	0
	100% =	0	0	0	0	0	0	29.3	70.7	0
Nutrition Support Service	4	2	0	0	0	0	0	0	0	2
	100% =	50	0	0	0	0	0	0	0	50
Housing Support	48	47	0	0	0	0	0	0	1	0
	100% =	97.9	0	0	0	0	0	0	2.1	0

Anchorage Human Service Providers  
 Revenues by Source  
 Part A: All Agencies

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private	Fees, Dues
Comprehensive Emergency Assis- tance - Military	305 0	0 0	0 0	0 0	0 0	0 0	180 59	125 41	0 0	0 0
Comprehensive Emergency Assis- tance - Other	647 100% =	9 1.4	0 0	0 0	0 0	481 74.3	18 2.8	64 9.9	65 10.1	10 1.6
Education - Youth	1,365 100% =	43 3.2	0 0	0 0	33 2.4	362 26.5	847 62.1	12 0.9	6 0.4	62 4.5
Education - Adults	462 100% =	0 0	0 0	0 0	409 88.5	0 0	11 2.4	0 0	42 9.1	0 0
Supplemental Education - Youth	362 100% =	109 30.1	0 0	14 3.9	0 0	0 0	0 0	28 7.7	73 20.2	138 38.1
Supplemental Education - Military	95 100% =	0 0	0 0	0 0	0 0	0 0	95 100	0 0	0 0	0 0
Adult Basic Education	487 100% =	5 1.03	0 0	0 0	0 0	5 1	477 98	0 0	0 0	0 0
Supplemental Education -	1,632 100% =	164 10.1	0 0	280 17.2	25 1.5	423 25.9	211 12.9	14 0.9	162 9.9	353 21.6
Education Policy	1,606 100% =	0 0	0 0	0 0	103 6.4	1,503 93.6	0 0	0 0	0 0	0 0
Environmental Protection	24 100% =	0 0	0 0	0 0	0 0	0 0	0 0	0 0	22 91.7	2 8.3
Environmental Quality Support	58 100% =	0 0	0 0	2 3.5	0 0	0 0	0 0	0 0	53 91.4	3 5.2
Administration of Justice - Youth	3,498 100% =	0 0	81 2.3	18 0.5	2,872 82.1	527 15.1	0 0	0 0	0 0	0 0

Anchorage Human Service Providers  
 Revenues by Source  
 Part A: All Agencies

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private	Fees, Dues
Legal Aid - Military	136	0	0	0	0	0	136	0	0	0
	100% =	0	0	0	0	0	100	0	0	0
Legal Aid - Other	4,258	167	0	25	27	2,021	250	18	1,560	190
	100% =	3.9	0	0.6	0.6	47.5	5.9	0.42	36.6	4.5
Protective Services - Child	2,493	116	0	0	2,330	0	0	29	12	6
	100% =	4.7	0	0	93.5	0	0	1.2	0.5	0.2
Adult Services	248	0	0	0	248	0	0	0	0	0
	100% =	0	0	0	100	0	0	0	0	0
Disaster Protection and Relief	47	10	0	0	0	0	0	18	19	0
	100% =	21.3	0	0	0	0	0	38.3	40.4	0
Safety Support Services	668	129	50	0	37	148	0	38	54	212
	100% =	19.3	7.5	0	5.5	22.2	0	5.7	8.1	31.7
Counseling - Military	110	0	0	0	0	0	110	0	0	0
	100% =	0	0	0	0	0	100	0	0	0
Counseling - General	1,173	124	0	57	187	246	125	63	170	201
	100% =	10.6	0	4.9	15.9	21	10.7	5.4	14.5	17.1
Mobile Resettlement Services	178	60	107	0	0	10	0	0	1	0
	100% =	33.7	60.1	0	0	5.6	0	0	0.6	0
Comprehensive Family Life - Military	79	0	0	0	0	0	79	0	0	0
	100% =	0	0	0	0	0	100	0	0	0
Comprehensive Family Life - Other	67	0	28	0	0	35	0	0	3	1
	100% =	0	41.8	0	0	52.2	0	0	4.5	1.5
Crisis Intervention - Military	284	0	0	0	0	0	209	75	0	0
	100% =	0	0	0	0	0	73.6	26.4	0	0
Crisis Intervention - Other	217	95	0	3	84	0	5	17	13	0
	100% =	43.8	0	1.4	38.7	0	2.3	7.8	6	0

Anchorage Human Service Providers  
 Revenues by Source  
 Part A: All Agencies

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private	Fees, Dues
Parent Training	125 100% =	125 100	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Adoption	45 100% =	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	45 100
Foster Care - Children	405 100% =	5 1.2	0 0	0 0	188 46.4	201 49.6	0 0	0 0	0 0	11 2.7
Foster Care - Adults	70 100% =	0 0	0 0	0 0	26 37.1	40 57.1	0 0	0 0	0 0	4 5.7
Group Home - Children	2,316 100% =	0 0	0 0	0 0	1,619 69.9	453 19.6	0 0	36 1.6	184 7.9	24 1
Group Home - Adults	1,127 100% =	0 0	0 0	0 0	0 0	842 74.7	0 0	0 0	0 0	285 25.3
Emergency Shelter - Children	757 100% =	0 0	0 0	0 0	659 87.1	0 0	0 0	57 7.5	41 5.4	0 0
Institutional Care - Children	3,035 100% =	0 0	0 0	73 2.4	2,432 80.1	117 3.9	186 6.1	61 2	166 5.5	0 0
Institutional Care - Adults	12,565 100% =	0 0	0 0	0 0	0 0	4,926 39.2	7,073 56.3	0 0	56 0.5	510 4.1
Residential Care - Unwed Female	699 100% =	49 7	0 0	0 0	582 83.3	0 0	0 0	33 4.7	35 5	0 0
Independent Living	557 100% =	50 9	0 0	8 1.4	144 25.9	321 57.6	16 2.9	0 0	18 3.2	0 0
Institutional Care Administration of Justice - Delinquent	4,067 100% =	0 0	0 0	0 0	4,067 100	0 0	0 0	0 0	0 0	0 0
Residential Care - Mentally Retarded	2,251 100% =	0 0	0 0	0 0	0 0	0 0	2,240 99.5	0 0	0 0	11 0.5



Anchorage Human Service Providers  
 Revenues by Source  
Part A: All Agencies

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private	Fees, Dues
Day Care - Children	485	258	0	0	0	23	0	9	11	184
	100% =	53.2	0	0	0	4.7	0	1.9	2.3	37.9
Day Care - Disabled	860	667	0	71	0	0	0	0	35	87
	100% =	77.6	0	8.3	0	0	0	0	4.1	10.1
Day Care - Seniors	285	77	0	0	0	205	0	0	0	3
	100% =	27	0	0	0	71.9	0	0	0	1.1
Social Role Support	257	51	0	0	47	33	0	48	76	2
	100% =	19.8	0	0	18.3	12.8	0	18.7	29.6	0.8
Supplemental & Auxiliary Services - Other	31	15	0	0	0	15	0	0	1	0
	100% =	48.4	0	0	0	48.4	0	0	3.2	0
Resettlement - Military	112	0	0	0	0	0	66	46	0	0
	100% =	0	0	0	0	0	58.9	41.1	0	0
Resettlement - Other	93	18	0	0	0	0	0	0	75	0
	100% =	19.4	0	0	0	0	0	0	80.7	0
Supplemental & Auxiliary Services - Senior	838	71	0	0	0	321	313	100	33	0
	100% =	8.5	0	0	0	38.3	37.4	11.9	3.94	0
Community Centers	829	487	0	113	0	40	132	16	18	23
	100% =	58.8	0	13.6	0	4.8	15.9	1.9	2.2	2.8
Participatory Recreation - Military	7,064	0	0	0	0	0	1,000	35	11	6,018
	100% =	0	0	0	0	0	14.2	0.5	0.2	85.2
Participatory Recreation - Other	662	21	0	84	0	0	0	67	332	158
	100% =	3.2	0	12.7	0	0	0	10.1	50.2	23.9
Day Camping	216	0	0	49	0	0	0	11	57	99
	100% =	0	0	22.7	0	0	0	5.1	26.4	45.8
Resident Camping - Disabled	46	9	0	0	0	0	0	0	37	0
	100% =	19.6	0	0	0	0	0	0	80.4	0

Anchorage Human Service Providers  
 Revenues by Source  
 Part A: All Agencies

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private	Fees, Dues
Resident Camping - Other	341	0	0	14	0	0	0	15	12	300
	100% =	0	0	4.1	0	0	0	4.4	3.5	88
Adaptive Recreation	205	71	0	29	0	1	0	0	99	5
	100% =	34.6	0	14.2	0	0.5	0	0	48.3	2.4
Social Development	255	0	0	38	0	0	0	83	63	71
	100% =	0	0	14.9	0	0	0	32.6	24.7	27.8
Comprehensive Youth Development	536	0	0	0	0	0	0	168	46	322
	100% =	0	0	0	0	0	0	31.3	8.6	60.1
Social Development - Recreation	220	0	0	58	0	0	0	27	41	94
	100% =	0	0	26.4	0	0	0	12.3	18.6	42.7
Social Adjustment Self - Substance Abuse	29	0	0	10	0	5	0	15	2	0
	100% =	0	0	34.5	0	17.2	0	51.7	6.9	0
Social Adjustment Self - Disabled	13	0	0	0	0	0	0	0	13	0
	100% =	0	0	0	0	0	0	0	100	0
Social Adjustment Self - Other	445	0	0	0	13	0	350	0	73	9
	100% =	0	0	0	2.9	0	78.7	0	16.4	2
Inter-Cultural Under- standing	61	0	0	0	0	0	0	0	0	61
	100% =	0	0	0	0	0	0	0	0	100
Cultural Development	223	9	0	0	0	0	214	0	0	0
	100% =	4	0	0	0	0	96	0	0	0
Independent Family Life Education - Youth	51	45	0	0	2	0	0	4	0	0
	100% =	88.2	0	0	3.9	0	0	7.8	0	0
Independent Family Life Education - Disabled	295	45	0	0	0	200	50	0	0	0
	100% =	15.3	0	0	0	67.8	17	0	0	0

Anchorage Human Service Providers  
 Revenues by Source  
Part A: All Agencies

	<u>Total Revenue</u>	<u>MOA Social Services</u>	<u>MOA Health</u>	<u>MOA Other</u>	<u>State Health &amp; Social Services</u>	<u>State Other</u>	<u>Federal</u>	<u>United Way</u>	<u>Other Private</u>	<u>Fees, Dues</u>
Independent Family Life Education - Seniors	190	0	0	0	0	122	0	16	2	50
100% =		0	0	0	0	64.2	0	8.4	1.1	26.3
Independent Family Life Education - Other	286	23	33	0	0	94	57	0	60	19
100% =		8	11.5	0	0	32.9	19.9	0	21	6.6
Agency Support	184	137	0	0	0	0	47	0	0	0
100% =		74.5	0	0	0	0	25.5	0	0	0
Material Facility Provision	905	9	0	105	590	120	0	6	39	36
100% =		1	0	11.6	65.2	13.3	0	0.7	4.3	4
Information & Referral	334	70	0	1	89	96	0	13	62	3
100% =		21	0	0.3	26.7	28.7	0	3.9	18.6	0.9
<b>TOTAL</b>	<b>245,823</b>	<b>5,011</b>	<b>7,261</b>	<b>2,618</b>	<b>41,624</b>	<b>57,490</b>	<b>110,050</b>	<b>1,648</b>	<b>6,702</b>	<b>13,421</b>
100% =		2	3	1.1	16.9	23.4	44.8	0.7	2.7	5.5

ANCHORAGE  
HUMAN SERVICE PROVIDERS  
REVENUES BY SOURCE  
PART B: NONPROFITS

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private*	Fees, Dues
Employment Services - Disabled	1,348 100% =	136 10.1	0 0	0 0	648 48.1	0 0	0 0	0 0	564 41.8	0 0
Employment Services - Disadvantaged	1,261 100% =	0 0	0 0	0 0	0 0	19 1.5	1,242 98.5	0 0	0 0	0 0
Employment Services - Other	362 100% =	62 17.1	0 0	0 0	0 0	300 82.9	0 0	0 0	0 0	0 0
Income Program - Military	7 100% =	0 0	0 0	0 0	0 0	2 28.6	0 0	0 0	5 71.4	0 0
Income Program - Disabled	114 100% =	0 0	0 0	0 0	0 0	0 0	0 0	0 0	111 97.4	3 2.6
Income Program - Low Income	3 100% =	0 0	0 0	3 100.0	0 0	0 0	0 0	0 0	0 0	0 0
Income Support Services	175 100% =	0 0	0 0	0 0	0 0	0 0	175 100.0	0 0	0 0	0 0
Hospitalization Prevention	2,365 100% =	42 1.8	357 15.1	0 0	0 0	0 0	1,914 80.9	0 0	4 0.2	48 2.0
Disease Management and Control	140 100% =	0 0	0 0	0 0	0 0	0 0	0 0	0 0	140 100.0	0 0
School - Public Health Promotion	189 100% =	7 3.7	0 0	0 0	0 0	63 33.33	0 0	10 5.3	10 5.3	99 52.4

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private*	Fees, Dues
Outpatient Rehabilitation	1,122 100% =	0 0	0 0	0 0	592 52.8	0 0	271 24.2	0 0	253 22.6	6 0.5
Outpatient Medical Care - Low Income	1,190 100% =	202 17.0	83 7.0	0 0	0 0	0 0	529 44.5	0 0	48 4.0	328 27.6
Outpatient Medical Care - Other	1,323 100% =	26 2.0	0 0	0 0	0 0	0 0	986 74.5	0 0	120 9.1	191 14.4
Substance Abuse - Outpatient	1,129 100% =	0 0	681 60.3	366 32.4	0 0	0 0	32 2.8	0 0	44 3.9	6 0.5
Substance Abuse - Inpatient	5,285 100% =	0 0	2,892 54.7	1,149 21.7	0 0	233 4.4	0 0	0 0	359 6.8	652 12.3
Suicide Prevention	163 100% =	0 0	94 57.7	0 0	34 20.9	0 0	0 0	13 8.0	22 13.5	0 0
Rape Relief	219 100% =	0 0	44 20.1	0 0	0 0	158 72.2	0 0	17 7.8	0 0	0 0
Inpatient Psychiatric Care	296 100% =	0 0	0 0	0 0	250 84.5	0 0	0 0	29 9.8	0 0	17 5.7
Emergency Psychiatric Care	42 100% =	42 100.0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Outpatient Psychiatric Care	2,167 100% =	0 0	748 34.5	0 0	324 15.0	101 4.7	573 26.4	0 0	60 2.8	361 16.7
Health Education	754 100% =	11 1.5	144 19.1	49 6.5	48 6.4	362 48.0	13 1.7	26 3.5	93 12.3	8 1.1
Meal Provision - Elderly	1,024 100% =	34 3.3	0 0	0 0	0 0	948 92.6	7 0.7	0 0	0 0	35 3.4

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private*	Fees, Dues
Meal Provision - Other	326	20	150	0	0	0	0	67	82	7
	100% =	6.1	46.0	0	0	0	0	20.6	25.2	2.2
Goods Distribution	0	0	0	0	0	0	0	0	0	0
	100% =	M	M	M	M	M	M	M	M	M
At Cost Fuel Distribution	643	0	0	0	0	0	643	0	0	0
	100% =	0	0	0	0	0	100.0	0	0	0
Low Income Housing Assistance	49	49	0	0	0	0	0	0	0	0
	100% =	100.0	0	0	0	0	0	0	0	0
Low-Moderate Income Housing Loan	241	0	0	0	0	0	0	0	239	2
	100% =	0	0	0	0	0	0	0	99.2	0.8
General Housing Acquisition	665	0	0	0	0	568	0	0	96	1
	100% =	0	0	0	0	85.4	0	0	14.4	0.2
Housing Assistance - Disabled	59	0	0	0	0	51	8	0	0	0
	100% =	0	0	0	0	86.4	13.6	0	0	0
Short-term Shelter	788	242	0	0	0	0	0	85	346	115
	100% =	30.7	0	0	0	0	0	10.8	43.9	14.6
Transportation - Seniors	504	8	0	0	0	459	0	23	7	7
	100% =	1.6	0	0	0	91.1	0	4.6	1.4	1.4
Transportation - Disabled	553	450	0	0	0	77	26	0	0	0
	100% =	81.4	0	0	0	13.9	4.7	0	0	0
Transportation - Other	41	0	0	0	0	0	0	12	29	0
	100% =	0	0	0	0	0	0	29.3	70.7	0
Nutritional Support Services	4	2	0	0	0	0	0	0	0	2
	100% =	50	0	0	0	0	0	0	0	50

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private*	Fees, Dues
Housing Support	48 100% =	47 97.9	0 0	0 0	0 0	0 0	0 0	0 0	1 2.1	0 0
Comprehensive Emergency Assistance - Other	647 100% =	9 1.4	0 0	0 0	0 0	481 74.3	18 2.8	64 9.9	65 10.1	10 1.6
Education - Youth	1,365 100% =	43 3.2	0 0	0 0	33 2.4	362 26.5	847 62.1	12 0.9	6 0.4	62 4.5
Education - Adults	462 100% =	0 0	0 0	0 0	409 88.5	0 0	11 2.4	0 0	42 9.1	0 0
Supplemental Education - Youth	362 100% =	109 30.1	0 0	14 3.9	0 0	0 0	0 0	28 7.7	73 20.2	138 38.1
Adult Basic Education	487 100% =	5 1.03	0 0	0 0	0 0	5 1.0	477 98.0	0 0	0 0	0 0
Supplemental Education - Other	785 100% =	164 20.9	0 0	0 0	25 3.2	103 13.1	211 26.9	14 1.8	88 11.2	180 22.9
Education Policy	1,606 100% =	0 0	0 0	0 0	103 6.4	1,503 93.6	0 0	0 0	0 0	0 0
Environmental Protection	24 100% =	0 0	0 0	0 0	0 0	0 0	0 0	0 0	22 91.7	2 8.3
Environmental Quality Support	58 100% =	0 0	0 0	2 3.5	0 0	0 0	0 0	0 0	53 91.4	3 5.2
Legal Aid - Other	2,868 100% =	167 5.8	0 0	25 0.9	27 0.9	631 22.0	250 8.7	18 0.6	1,560 54.4	190 6.6
Protective Services - Children	400 100% =	116 29	0 0	0 0	237 59.3	0 0	0 0	29 7.3	12 3	6 1.5
Disaster Protection and Relief	47 100% =	10 21.3	0 0	0 0	0 0	0 0	0 0	18 38.3	19 40.4	0 0

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private*	Fees, Dues
Safety Support Services	668 100% =	129 19.3	50 7.5	0 0	37 5.5	148 22.2	0 0	38 5.7	54 8.1	212 31.7
Counseling - General	1,173 100% =	124 10.6	0 0	57 4.9	187 15.9	246 21.0	125 10.7	63 5.4	170 14.5	201 17.1
Mobile Resettlement Service	178 100% =	60 33.7	107 60.1	0 0	0 0	10 5.6	0 0	0 0	1 0.6	0 0
Comprehensive Family Life - Other	67 100% =	0 0	28 41.8	0 0	0 0	35 52.2	0 0	0 0	3 4.5	1 1.5
Crisis Intervention - Other	217 100% =	95 43.8	0 0	3 1.4	84 38.7	0 0	5 2.3	17 7.8	13 6.0	0 0
Parent Training	125 100% =	125 100.0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Adoption	45 100% =	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	45 100.0
Foster Care - Children	405 100% =	5 1.2	0 0	0 0	188 46.4	201 49.6	0 0	0 0	0 0	11 2.7
Foster Care - Adults	70 100% =	0 0	0 0	0 0	26 37.1	40 57.1	0 0	0 0	0 0	4 5.7
Group Home - Children	2,316 100% =	0 0	0 0	0 0	1,619 69.9	453 19.6	0 0	36 1.6	184 7.9	24 1.0
Group Home - Adults	1,127 100% =	0 0	0 0	0 0	0 0	842 74.7	0 0	0 0	0 0	285 25.3
Emergency Shelter - Children	757 100% =	0 0	0 0	0 0	659 87.1	0 0	0 0	57 7.5	41 5.4	0 0
Institutional Care - Children	3,035 100% =	0 0	0 0	73 2.4	2,432 80.1	117 3.9	186 6.1	61 2.0	166 5.5	0 0



Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private*	Fees, Dues
Institutional Care - Adults	7,073 100% =	0 0	0 0	0 0	0 0	0 0	7073 100.0	0 0	0 0	0 0
Resident Care - Unwed Females	699 100% =	49 7.0	0 0	0 0	582 83.3	0 0	0 0	33 4.7	35 5.0	0 0
Independent Living	557 100% =	50 9.0	0 0	8 1.4	144 25.9	321 57.6	16 2.9	0 0	18 3.2	0 0
Resident Care - Mentally Retarded	2,251 100% =	0 0	0 0	0 0	0 0	0 0	2,240 99.5	0 0	0 0	11 0.5
Day Care - Children	485 100% =	258 53.2	0 0	0 0	0 0	23 4.7	0 0	9 1.9	11 2.3	184 37.9
Day Care - Disabled	860 100% =	667 77.6	0 0	71 8.3	0 0	0 0	0 0	0 0	35 4.1	87 10.1
Day Care - Seniors	285 100% =	77 27.0	0 0	0 0	0 0	205 71.9	0 0	0 0	0 0	3 1.1
Social Role Support	257 100% =	51 19.8	0 0	0 0	47 18.3	33 12.8	0 0	48 18.7	76 29.6	2 0.8
Supply and Auxiliary Services - Others	31 100% =	15 48.4	0 0	0 0	0 0	15 48.4	0 0	0 0	1 3.2	0 0
Resettlement - Military	46 100% =	0 0	0 0	0 0	0 0	0 0	0 0	46 100.0	0 0	0 0
Resettlement - Other	93 100% =	18 19.4	0 0	0 0	0 0	0 0	0 0	0 0	75 80.7	0 0
Supply and Auxiliary Services - Seniors	838 100% =	71 8.5	0 0	0 0	0 0	321 38.3	313 37.4	100 11.9	33 3.9	0 0
Community Centers	829 100% =	487 58.8	0 0	113 13.6	0 0	40 4.8	132 15.9	16 1.9	18 2.2	23 2.8

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

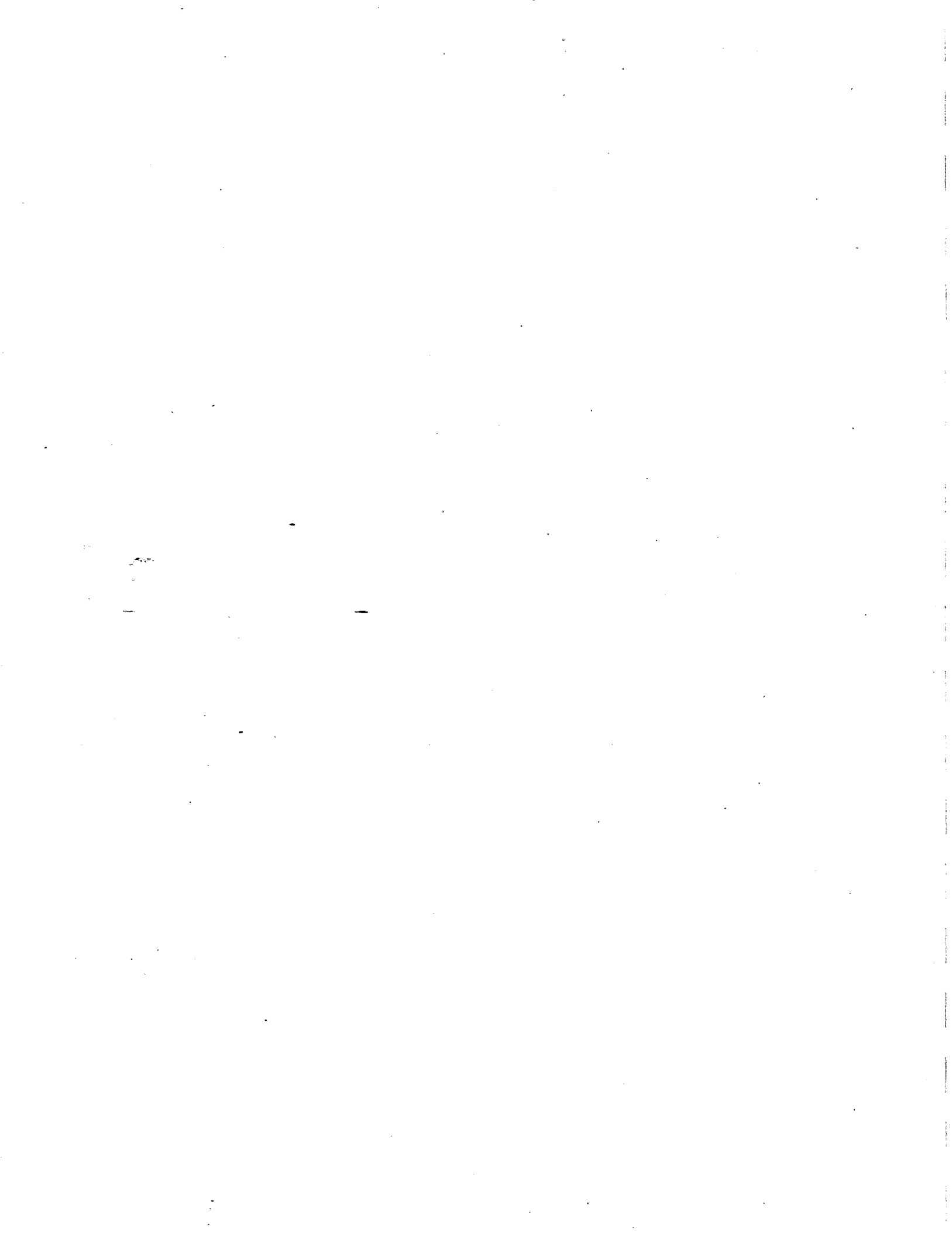
	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private*	Fees, Dues
Participatory Recreation - Military	64 100% =	0 0	0 0	0 0	0 0	0 0	0 0	35 54.7	11 17.2	18 28.1
Participatory Recreation - Other	662 100% =	21 3.2	0 0	84 12.7	0 0	0 0	0 0	67 10.1	332 50.2	158 23.9
Day Camping	216 100% =	0 0	0 0	49 22.7	0 0	0 0	0 0	11 5.1	57 26.4	99 45.8
Resident Camping - Disabled	46 100% =	9 19.6	0 0	0 0	0 0	0 0	0 0	0 0	37 80.4	0 0
Resident Camping - Other	341 100% =	0 0	0 0	14 4.1	0 0	0 0	0 0	15 4.4	12 3.5	300 88.0
Adaptive Recreation	205 100% =	71 34.6	0 0	29 14.2	0 0	1 0.5	0 0	0 0	99 48.3	5 2.4
Social Development	255 100% =	0 0	0 0	38 14.9	0 0	0 0	0 0	83 32.6	63 24.7	71 27.8
Comprehensive Youth Development	536 100% =	0 0	0 0	0 0	0 0	0 0	0 0	168 31.3	46 8.6	322 60.1
Social Development - Recreation	220 100% =	0 0	0 0	58 26.4	0 0	0 0	0 0	27 12.3	41 18.6	94 42.7
Social Adjustment Self Help Substance Abuse	29 100% =	0 0	0 0	10 34.5	0 0	5 17.2	0 0	15 51.7	2 6.9	0 0
Social Adjustment Self Help - Disabled	13 100% =	0 0	0 0	0 0	0 0	0 0	0 0	0 0	13 100.0	0 0
Social Adjustment Self Help - Other	95 100% =	0 0	0 0	0 0	13 13.7	0 0	0 0	0 0	73 76.8	9 9.5

Anchorage Human Service Providers  
 Total Activity in Anchorage  
 Part B: Nonprofits

	Total Revenue	MOA Social Services	MOA Health	MOA Other	State Health & Social Services	State Other	Federal	United Way	Other Private*	Fees, Dues
Inter-Cultural Understanding	61 100% =	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	61 100.0
Cultural Development	223 100% =	9 4.0	0 0	0 0	0 0	0 0	214 96.0	0 0	0 0	0 0
Individual Family Life Education - Youth	14 100% =	8 57.1	0 0	0 0	2 14.3	0 0	0 0	4 28.6	0 0	0 0
Individual Family Life Education - Disabled	250 100% =	0 0	0 0	0 0	0 0	200 80.0	50 20.0	0 0	0 0	0 0
Individual Family Life Education - Seniors	190 100% =	0 0	0 0	0 0	0 0	122 64.2	0 0	16 8.4	2 1.1	50 26.3
Individual Family Life Education - Others	286 100% =	23 8.04	33 11.5	0 0	0 0	94 32.9	57 19.9	0 0	60 21.0	19 6.6
People Service System	47 100% =	47 100.0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Material - Facility Provision	680 100% =	9 1.3	0 0	0 0	590 86.8	0 0	0 0	6 0.9	39 5.7	36 5.3
Information and Referral	334 100% =	70 21.0	0 0	1 0.3	89 26.7	96 28.7	0 0	13 3.9	62 18.6	3 0.9
<b>TOTAL</b>	<b>62,964</b> <b>100% =</b>	<b>4,551</b> <b>7.2</b>	<b>5,411</b> <b>8.6</b>	<b>2,216</b> <b>3.5</b>	<b>9,429</b> <b>15.0</b>	<b>9,994</b> <b>15.9</b>	<b>18,644</b> <b>29.6</b>	<b>1,449</b> <b>2.3</b>	<b>6,456</b> <b>10.3</b>	<b>4,817</b> <b>7.7</b>

APPENDIX D

EXPENDITURES--ALL AGENCIES AND NONPROFITS



ANCHORAGE  
HUMAN SERVICE PROVIDERS  
EXPENDITURES  
PART A: ALL AGENCIES

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Employment Services - Military	365 100% =	317 86.9	48 13.2	300 82.2	18 4.9
Employment Services - Disabled	6,538 100% =	6,538 100	0 0	6,538 100	0 0
Employment Services - Disadvantaged	4,038 100% =	4,038 100	0 0	3,965 98.2	73 1.8
Employment Services - Other	2,702 100% =	2,624 97.1	0 0	2,624 97.1	0 0
Income Program - Military	5,219 100% =	5,219 100	0 0	5,213 99.9	6 0.1
Income Program - Disabled	10,658 100% =	10,622 99.7	37 0.4	10,622 99.7	0 0
Income Program - Seniors	40,376 100% =	40,376 100	0 0	40,376 100	0 0
Income Program - Low Income	15,434 100% =	15,434 100	0 0	15,402 99.8	32 0.2
Income Program - Other	4,761 100% =	4,761 100	0 0	3,426 72	1,335 28
Income Support Services	175 100% =	175 100	0 0	175 100	0 0

Anchorage Human Service Providers  
Expenditures  
Part A: All Agencies

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Hospitalization					
Prevention	2,347	2,347	0	1,510	838
	100% =	100	0	64.3	35.7
Disease Management & Control	1,075	992	81	913	78
	100% =	92.3	7.5	84.9	7.3
Maternal & Child Health	1,094	1,094	0	1,026	69
	100% =	100	0	93.8	6.3
School-Public Health Promotion	1,348	1,348	0	1,348	1
	100% =	100	0	100	0.1
Outpatient Rehabilitation	937	937	0	908	27
	100% =	100	0	96.9	2.9
Outpatient Medical Care - Low Income	2,058	2,058	0	1,938	121
	100% =	100	0	94.2	5.9
Outpatient Medical Care - Other	1,434	1,098	336	847	249
	100% =	76.6	23.4	59.1	17.4
Substance Abuse - Military	953	953	0	914	39
	100% =	100	0	95.9	4.1
Substance Abuse - Outpatient	1,161	1,161	0	869	293
	100% =	100	0	74.9	25.2
Substance Abuse - Inpatient	4,879	4,879	0	2,380	2,499
	100% =	100	0	48.8	51.2
Suicide Prevention	163	138	25	121	18
	100% =	84.7	15.3	74.2	11
Rape Relief	233	233	0	217	16
	100% =	100	0	93.1	6.9

Anchorage Human Service Providers  
Expenditures  
Part A: All Agencies

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Social Work Services - Military	120 100% =	120 100	0 0	96 80	24 20
Inpatient Psychiatric Care	13,016 100% =	13,016 100	0 0	8,995 69.1	4,021 30.9
Emergency Psychiatric Care	57 100% =	57 100	0 0	57 100	0 0
Outpatient Psychiatric Care	2,590 100% =	2,590 100	0 0	2,334 90.1	246 9.5
Health Education	857 100% =	622 72.6	234 27.3	403 47	18 2.1
Medicare	12,757 100% =	12,757 100	0 0	12,757 100	0 0
Medical Financial Assistance	720 100% =	720 100	0 0	720 100	0 0
Food Stamps	5,768 100% =	5,768 100	0 0	5,768 100	0 0
Meal Provision - Elderly	1,017 100% =	1,017 100	0 0	985 96.9	33 3.2
Meal Provision - Other	331 100% =	323 97.6	8 2.4	288 87.0	35 10.6
Goods Distribution	19 100% =	19 100	0 0	13 68.4	5 26.3
At Cost Fuel Distribution	1,465 100% =	1,297 88.5	168 11.5	1,297 88.5	0 0



Anchorage Human Service Providers  
 Expenditures  
Part A: All Agencies

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Low Income Housing Assistance	7,218 100% =	7,218 100	0 0	7,218 100	0 0
Low-Moderate Income Housing Loan	3,858 100% =	3,858 100	0 0	3,858 100	0 0
General Housing Acquisition	56,988 100% =	56,988 100	0 0	56,988 100	0 0
Housing Assistance - Disabled	180 100% =	180 100	0 0	180 100	0 0
Housing Assistance - Military	260 100% =	260 100	0 0	255 98.1	5 1.9
Short Term Shelter	814 100% =	814 100	0 0	636 78.1	178 21.9
Transportation - Seniors	555 100% =	555 100	0 0	552 99.5	3 0.5
Transportation - Disabled	534 100% =	534 100	0 0	534 100	0 0
Transportation - Other	41 100% =	41 100	0 0	12 29.3	29 70.7
Nutritional Support Services	4 100% =	3 75	1 25	3 75	0 0
Housing Support	48 100% =	48 100	0 0	46 95.8	2 4.2

Anchorage Human Service Providers  
Expenditures  
Part A: All Agencies

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Comprehensive Emergency Assistance - Military	305	255	50	255	0
	100% =	83.6	16.4	83.6	0
Comprehensive Emergency Assistance - Other	670	670	0	601	69
	100% =	100	0	89.7	10.3
Education - Youth	1,381	1,381	0	1,381	0
	100% =	100	0	100	0
Education - Adults	462	50	412	20	30
	100% =	10.8	89.2	4.3	6.5
Supplemental Education - Youth	359	358	1	357	2
	100% =	99.7	0.3	99.4	0.6
Supplemental Education - Military	95	95	0	94	2
	100% =	100	0	99	2.1
Adult Basic Education	487	487	0	476	11
	100% =	100	0	97.7	2.3
Supplemental Education - Other	1,636	1,589	47	1,486	102
	100% =	97.1	2.9	90.8	6.2
Education Policy	1,606	208	1,398	208	0
	100% =	13	87.1	13	0
Environmental Protection	23	23	0	22	1
	100% =	100	0	95.7	4.4
Environmental Quality Support	58	58	0	38	20
	100% =	100	0	65.5	34.5
Administration of Justice - Youth	3,493	3,493	0	2,831	661
	100% =	100	0	81.1	18.9

Anchorage Human Service Providers  
Expenditures  
Part A: All Agencies

	<u>Total</u> <u>Expenditures</u>	<u>Anchorage</u> <u>Expenditures</u>	<u>Expenditures</u> <u>Outside</u> <u>Anchorage</u>	<u>Anchorage</u> <u>Expenditures</u> <u>on Anchorage</u> <u>Residents</u>	<u>Anchorage</u> <u>Expenditures</u> <u>on Non-Anchorage</u> <u>Residents</u>
Legal Aid - Military	136 100% =	136 100	0 0	136 100	1 0.7
Legal Aid - Other	4,276 100% =	2,127 49.7	2,146 50.2	2,080 48.6	48 1.1
Protective Services - Children	2,493 100% =	2,493 100	0 0	2,493 100	0 0
Adult Services	248 100% =	248 100	0 0	248 100	0 0
Disaster Protection - and Relief	48 100% =	48 100	0 0	48 100	0 0
Safety Support Services	620 100% =	606 97.7	11 1.8	526 84.8	76 12.3
Counseling - Military	110 100% =	110 100	0 0	110 100	0 0
Counseling - General	1,134 100% =	1,122 98.9	12 1.1	1,069 94.3	52 4.6
Mobile Resettlement Services	181 100% =	181 100	0 0	23 12.7	158 87.3
Comprehensive Family Life - Military	79 100% =	79 100	0 0	79 100	0 0
Comprehensive Family Life - Other	75 100% =	74 98.7	1 1.3	74 98.7	1 1.3
Crisis Intervention - Military	284 100% =	254 89.4	30 10.6	230 81	24 8.5

Anchorage Human Service Providers  
Expenditures  
Part A: All Agencies

	<u>Total</u> <u>Expenditures</u>	<u>Anchorage</u> <u>Expenditures</u>	<u>Expenditures</u> <u>Outside</u> <u>Anchorage</u>	<u>Anchorage</u> <u>Expenditures</u> <u>on Anchorage</u> <u>Residents</u>	<u>Anchorage</u> <u>Expenditures</u> <u>on Non-Anchorage</u> <u>Residents</u>
Crisis Intervention - Other	256 100% =	251 98.1	6 2.3	230 89.8	20 7.8
Parent Training	125 100% =	125 100	0 0	125 100	0 0
Adoption	42 100% =	42 100.00	0 0	39 92.9	3 7.1
Foster Care - Children	423 100% =	423 100	0 0	250 59.1	174 41.1
Foster Care - Adults	73 100% =	73 100	0 0	44 60.3	29 39.7
Group Home - Children	2,303 100% =	2,206 95.8	98 4.3	1,471 63.9	814 35.4
Group Home - Adults	1,127 100% =	1,127 100	0 0	1,127 100	0 0
Emergency Shelter - Children	813 100% =	813 100	0 0	732 90	81 10
Institutional Care - Children	3,042 100% =	3,042 100	0 0	1,695 55.7	1,348 44.3
Institutional Care - Adults	12,565 100% =	12,565 100	0 0	12,565 100	0 0
Resident Care - Unwed Females	700 100% =	700 100	0 0	678 96.9	22 3.1
Independent Living	556 100% =	556 100	0 0	556 100	0 0
Institutional Care - Adjudicated Delinquent	4,067 100% =	4,067 100	0 0	2,196 54	1,871 46

Anchorage Human Service Providers  
 Expenditures  
Part A: All Agencies

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Resident Care - Mentally Retarded	2,252 100% =	2,252 100	0 0	1,051 46.7	1,201 53.3
Day Care - Children	535 100% =	535 100	0 0	534 99.8	1 0.2
Day Care - Disabled	861 100% =	861 100	0 0	861 100	0 0
Day Care - Seniors	261 100% =	261 100	0 0	261 100	0 0
Social Role Support	267 100% =	267 100	0 0	266 99.6	1 0.4
Supply and Auxiliary Service - Other	30 100% =	30 100	0 0	29 96.7	1 3.3
Resettlement - Military	112 100% =	112 100	0 0	112 100	0 0
Resettlement - Other	130 100% =	110 84.6	20 15.4	108 83.1	3 2.3
Supplemental and Auxiliary Services - Seniors	840 100% =	775 92.3	65 7.7	774 92.1	1 0.1
Community Centers	614 100% =	614 100	0 0	547 89.1	67 10.9
Participatory Recreation - Military	7,066 100% =	7,066 100	0 0	7,066 100	0 0
Participatory Recreation - Other	584 100% =	581 99.5	3 0.5	581 99.5	0 0
Day Camping	230 100% =	229 99.6	1 0.4	229 99.6	0 0

Anchorage Human Service Providers  
Expenditures  
Part A: All Agencies

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Resident Camping - Disabled	44	44	0	31	13
	100% =	100	0	70.5	29.6
Resident Camping - Other	335	333	2	332	1
	100% =	99.4	0.6	99.1	0.3
Adaptive Recreation	221	190	31	173	17
	100% =	86	14.0	78.3	7.7
Social Development	244	231	13	231	0
	100% =	94.7	5.3	94.7	0
Comprehensive Youth Development	607	467	140	461	6
	100% =	76.9	23.1	76	1
Social Development - Recreation	216	216	0	214	2
	100% =	100	0	99.1	0.9
Social Adjustment - Self Help Substance Abuse	32	27	5	27	0
	100% =	84.4	15.6	84.4	0
Social Adjustment - Self Help - Disabled	13	13	0	12	1
	100% =	100	0	92.3	7.7
Social Adjustment - Self Help - Other	446	218	227	167	51
	100% =	48.9	50.9	37.4	11.4
Inter-Cultural Understanding	76	76	0	4	72
	100% =	100	0	5.3	94.7
Cultural Development	223	223	0	223	0
	100% =	100	0	100	0
Individual Family Life Education - Youth	37	35	2	35	0
	100% =	94.6	5.4	94.6	0

Anchorage Human Service Providers  
 Expenditures  
 Part A: All Agencies

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Individual Family Life Education - Disabled	295	230	65	187	43
	100% =	78	22.0	63.4	14.6
Individual Family Life Education - Seniors	193	127	66	126	1
	100% =	65.8	34.2	65.3	0.5
Individual Family Life Education - Others	286	285	1	243	42
	100% =	99.7	0.4	85	14.7
People Service System	129	129	0	129	0
	100% =	100	0	100	0
Material - Facility Provision	905	309	596	309	0
	100% =	34.1	65.9	34.1	0
Information and Referral	319	250	69	227	23
	100% =	78.4	21.6	71.2	7.2
<b>TOTAL</b>	<b>281,919</b>	<b>275,378</b>	<b>6,456</b>	<b>257,770</b>	<b>17,478</b>
	100% =	97.7	2.3	91.4	6.2

ANCHORAGE  
HUMAN SERVICE PROVIDERS  
EXPENDITURES  
PART B: NONPROFITS

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Employment Services - Disabled	1,362 100% =	1,362 100	0 0	1,362 100	0 0
Employment Services - Disadvantaged	1,261 100% =	1,261 100	0 0	1,188 94.2	73 5.8
Employment Services - Other	362 100% =	284 78.5	0 0	284 78.5	0 0
Income Program - Military	7 100% =	7 100	0 0	1 14.3	6 85.7
Income Program - Disabled	115 100% =	79 68.7	37 32.2	79 68.7	0 0
Income Program - Low Income	3 100% =	3 100	0 0	3 100	0 0
Income Support Services	175 100% =	175 100	0 0	175 100	0 0
Hospitalization Prevention	2,347 100% =	2,347 100	0 0	1,510 64.3	838 35.7
Disease Management and Control	188 100% =	105 55.9	81 43.1	95 50.5	10 5.3
School - Public Health Promotion	179 100% =	179 100	0 0	179 100	1 0.6
Outpatient Rehabilitation	937 100% =	937 100	0 0	908 96.9	27 2.9



Anchorage Human Service Providers  
 Expenditures  
Part B: Nonprofits

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Outpatient Medical Care - Low Income	1,183 100% =	1,183 100	0 0	1,115 94.3	68 5.8
Outpatient Medical Care - Other	1,434 100% =	1,098 76.6	336 23.4	847 59.1	249 17.4
Substance Abuse - Outpatient	1,161 100% =	1,161 100	0 0	869 74.9	293 25.2
Substance Abuse - Inpatient	4,879 100% =	4,879 100	0 0	2,380 48.8	2,499 51.2
Suicide Prevention	163 100% =	138 84.7	25 15.3	121 74.2	18 11.0
Rape Relief	233 100% =	233 100	0 0	217 93.1	16 6.9
Inpatient Psychiatric Care	362 100% =	362 100	0 0	226 62.4	136 37.6
Emergency Psychiatric Care	57 100% =	57 100	0 0	57 100	0 0
Outpatient Psychiatric Care	2,590 100% =	2,590 100	0 0	2,334 90.1	246 9.5
Health Education	812 100% =	577 71.1	234 28.8	358 44.1	18 2.2
Meal Provision - Elderly	1,017 100% =	1,017 100	0 0	985 96.9	33 3.2
Meal Provision - Other	331 100% =	323 97.6	8 2.4	288 87.01	35 10.6
Goods Distribution	19 100% =	19 100	0 0	13 68.4	5 26.3

Anchorage Human Service Providers  
 Expenditures  
 Part B: Nonprofits

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
At Cost Fuel Distribution	673	505	168	505	0
	100% =	75.0	25.0	75.0	0
Low Income Housing Assistance	49	49	0	49	0
	100% =	100	0	100.0	0
Low - Moderate Income Housing Loan	586	586	0	586	0
	100% =	100	0	100.0	0
General Housing Acquisition	343	343	0	343	0
	100% =	100	0	100.0	0
Housing Assistance - Disabled	60	60	0	60	0
	100% =	100	0	100.0	0
Short-term Shelter	765	765	0	620	145
	100% =	100	0	81.1	19.1
Transportation - Seniors	555	555	0	552	3
	100% =	100	0	99.5	0.5
Transportation - Disabled	534	534	0	534	0
	100% =	100	0	100.0	0
Transportation - Other	41	41	0	12	29
	100% =	100	0	29.3	70.7
Nutrition Support Services	4	3	1	3	0
	100% =	75	25	75	0
Housing Support	48	48	0	46	2
	100% =	100	0	95.8	4.2
Comprehensive Emergency Assistance - Other	670	670	0	601	69
	100% =	100	0	89.7	10.3
Education - Youth	1,381	1,381	0	1,381	0
	100% =	100	0	100	0

Anchorage Human Service Providers  
 Expenditures  
Part B: Nonprofits

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Education - Adults	462	50	412	20	30
	100% =	10.8	89.2	4.3	6.5
Supplemental Education - Youth	359	358	1	357	2
	100% =	99.7	0.3	99.4	0.6
Adult Basic Education	487	487	0	476	11
	100% =	100	0	97.7	2.3
Supplemental Education - Other	788	741	47	638	102
	100% =	94.0	6.0	81.0	12.9
Education Policy	1,606	208	1,398	208	0
	100% =	13.0	87.1	13.0	0
Environmental Protection	23	23	0	22	1
	100% =	100	0	95.7	4.4
Environmental Quality Support	58	58	0	38	20
	100% =	100	0	65.5	34.5
Legal Aid - Other	2,886	737	2,146	690	48
	100% =	25.5	74.4	23.9	1.7
Protective Services - Children	400	400	0	400	0
	100% =	100	0	100	0
Disaster Protection and Relief	48	48	0	48	0
	100% =	100	0	100	0
Safety Support Services	620	606	11	526	76
	100% =	97.7	1.8	84.8	12.3
Counseling - General	1,134	1,122	12	1,069	52
	100% =	98.9	1.1	94.3	4.6
Mobile Resettlement Service	181	181	0	23	158
	100% =	100	0	12.7	87.3

Anchorage Human Service Providers  
 Expenditures  
 Part B: Nonprofits

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Comprehensive Family Life - Other	75	74	1	74	1
	100% =	98.7	1.3	98.7	1.3
Crisis Intervention - Other	256	251	6	230	20
	100% =	98.1	2.3	89.8	7.8
Parent Training	125	125	0	125	0
	100% =	100	0	100.00	0
Adoption	42	42	0	39	3
	100% =	100	0	92.9	7.1
Foster Care - Children	423	423	0	250	174
	100% =	100	0	59.1	41.1
Foster Care - Adults	73	73	0	44	29
	100% =	100	0	60.3	39.7
Group Home - Children	2,303	2,206	98	1,471	814
	100% =	95.8	4.3	63.9	35.4
Group Home - Adults	1,127	1,127	0	1,127	0
	100% =	100	0	100	0
Emergency Shelter - Children	813	813	0	732	81
	100% =	100	0	90	10
Institutional Care - Children	3,042	3,042	0	1,695	1,348
	100% =	100	0	55.7	44.3
Institutional Care - Adults	7,074	7,074	0	7,074	0
	100% =	100	0	100	0
Resident Care - Unwed Females	700	700	0	678	22
	100% =	100	0	96.9	3.1
Independent Living	556	556	0	556	0
	100% =	100	0	100	0

Anchorage Human Service Providers  
 Expenditures  
 Part B: Nonprofits

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Resident Care - Mentally Retarded	2,252 100% =	2,252 100	0 0	1,051 46.7	1,201 53.3
Day Care - Children	535 100% =	535 100	0 0	534 99.8	1 0.2
Day Care - Disabled	861 100% =	861 100	0 0	861 100	0 0
Day Care - Seniors	261 100% =	261 100	0 0	261 100	0 0
Social Role Support	267 100% =	267 100	0 0	266 99.6	1 0.4
Supplemental and Auxiliary Service - Other	30 100% =	30 100	0 0	29 96.7	1 3.3
Resettlement - Military	46 100% =	46 100	0 0	46 100	0 0
Resettlement - Other	130 100% =	110 84.6	20 15.4	108 83.1	3 2.3
Supplemental and Auxiliary Service - Seniors	840 100% =	775 92.3	65 7.7	774 92.1	1 0.1
Community Centers	614 100% =	614 100	0 0	547 89.1	67 10.9
Participatory Recreation - Military	66 100% =	66 100	0 0	66 100	0 0
Participatory Recreation - Other	584 100% =	581 99.5	3 0.5	581 99.5	0 0
Day Camping	230 100% =	229 99.6	1 0.4	229 99.6	0 0

Anchorage Human Service Providers  
 Expenditures  
 Part B: Nonprofits

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Resident Camping - Disabled	44	44	0	31	13
	100% =	100	0	70.5	29.6
Resident Camping - Other	335	333	2	332	1
	100% =	99.4	0.6	99.1	0.3
Adaptive Recreation	221	190	31	173	17
	100% =	86	14	78.3	7.7
Social Development	244	231	13	231	0
	100% =	94.7	5.3	94.7	0
Comprehensive Youth Development	607	467	140	461	6
	100% =	76.9	23.1	76	1
Social Development - Recreation	216	216	0	214	2
	100% =	100	0	99.1	0.9
Social Adjustment Self Help Substance Abuse	32	27	5	27	0
	100% =	84.4	15.6	84.4	0
Social Adjustment Self Help - Disabled	13	13	0	12	1
	100% =	100	0	92.3	7.7
Social Adjustment Self Help - Others	96	78	17	77	1
	100% =	81.3	17.7	80.2	1.0
Inter-cultural Understanding	76	76	0	4	72
	100% =	100	0	5.3	94.7
Cultural Development	223	223	0	223	0
	100% =	100	0	100	0
Individual Family Life Education - Youth	14	12	2	12	0
	100% =	85.7	14.3	85.7	0

Anchorage Human Service Providers  
 Expenditures  
 Part 8: Nonprofits

	<u>Total Expenditures</u>	<u>Anchorage Expenditures</u>	<u>Expenditures Outside Anchorage</u>	<u>Anchorage Expenditures on Anchorage Residents</u>	<u>Anchorage Expenditures on Non-Anchorage Residents</u>
Individual Family Life Education - Disabled	250	185	65	145	40
	100% =	74	26	58	16
Individual Family Life Education - Seniors	193	127	66	126	1
	100% =	65.8	34.2	65.3	0.5
Individual Family Life Education - Others	286	285	1	243	42
	100% =	99.7	0.4	85	14.7
People Service System	47	47	0	47	0
	100% =	100	0	100	0
Material - Facility Provision	681	85	596	85	0
	100% =	12.5	87.5	12.5	0
Information and Referral	319	250	69	227	23
	100% =	78.4	21.6	71.2	7.2
<u>TOTAL</u>	63,160	56,957	6,118	47,519	9,305
	100% =	90.2	9.7	75.2	14.7

**APPENDIX E**

**INDIVIDUAL LISTING OF AGENCIES AND PROGRAMS**





ANCHORAGE  
HUMAN SERVICE PROVIDERS  
DESCRIPTION OF PROGRAMS

<u>GROUP CODE</u>	<u>UWASIS CODE</u>	<u>UWASIS PROGRAM</u>	<u>NAME</u>
INCOME SECURITY & ECONOMIC OPPORTUNITY			
EMPLOY SRVS-MILITARY	110101	EMPLOYMENT ASSESMEN	VA VOCATIONAL COUNSL
EMPLOY SRVS-MILITARY	110101	EMPLOYMENT ASSESMEN	ELMENDORF FAMILY SUP
EMPLOY SRVS-MILITARY	110101	EMPLOYMENT ASSESMEN	FT RICH EDUCATION
EMPLOY SRVS-MILITARY	110102	PRE-JOB GUIDANCE	ELMENDORF FAMILY SUP
EMPLOY SRVS-MILITARY	110309	VOCATIONAL REHAB	VA VOCATIONAL COUNSL
EMPLOY SRVS-DISABLED	110306	SHELTERED EMPLOYMENT	EMPLOYMT & TRNG CTR
EMPLOY SRVS-DISABLED	110307	WORK ACTIVITY CTRS	EMPLOYMT & TRNG CTR
EMPLOY SRVS-DISABLED	110309	VOCATIONAL REHAB	VOCATIONAL REHAB
EMPLOY SRVS-DISABLED	110315	WORK STATIONS IND	EMPLOYMT & TRNG CTR
EMPLOY SRVS-DSADV	110101	EMPLOYMENT ASSESMEN	COOK INLET NATIVE AS
EMPLOY SRVS-DSADV	110103	JOB SEARCH ASSISTANC	COOK INLET NATIVE AS
EMPLOY SRVS-DSADV	110301	EMPLOY ASSIST-DADV	DIV OF EMPLOYMENT SC
EMPLOY SRVS-DSADV	110301	EMPLOY ASSIST-DADV	DHSS-FAMILY & YOUTH
EMPLOY SRVS-DSADV	110301	EMPLOY ASSIST-DADV	JOB CORPS
EMPLOY SRVS-DSADV	110311	JOB TRAINING-EDADV	CAREER DEV & TRAING
EMPLOY SRVS-DSADV	110312	OJ TRAINING-EDADV	CAREER DEV & TRAING
EMPLOY SRVS-DSADV	110313	WORK EXPERIENCE-EDAD	CAREER DEV & TRAING
EMPLOY SRVS-DSADV	110314	EMPLOYABILITY DEV-ED	CAREER DEV & TRAING
EMPLOY SRVS-OTHER	110102	PRE-JOB GUIDANCE	AK WOMENS RESOURCE
EMPLOY SRVS-OTHER	110103	JOB SEARCH ASSISTANC	DIV OF EMPLOYMENT SC
EMPLOY SRVS-OTHER	110103	JOB SEARCH ASSISTANC	AK WOMENS RESOURCE
EMPLOY SRVS-OTHER	110103	JOB SEARCH ASSISTANC	ANCH BLDG & CONST
INCOME PRGM-MILITARY	120106	LIFE INSURANCE-VETS	VETERANS ADMIN
INCOME PRGM-MILITARY	120206	FINANCIAL AID-VETS	VETERANS ADMIN
INCOME PRGM-MILITARY	120209	VOLUNTARY FIN ASSIST	AMERICAN LEGION
INCOME PRGM-MILITARY	120209	VOLUNTARY FIN ASSIST	ELMEND AIR FORCE AID
INCOME PRGM-MILITARY	120209	VOLUNTARY FIN ASSIST	FT RICH ARMY COM SER
INCOME PRGM-DISABLED	120103	DISABILITY INS.	SOCIAL SECURITY ADM
INCOME PRGM-DISABLED	120203	SUPPLEMENTAL SECURIT	SOCIAL SECURITY ADM
INCOME PRGM-DISABLED	120203	SUPPLEMENTAL SECURIT	DHSS-PUBLIC ASSIST
INCOME PRGM-DISABLED	120209	VOLUNTARY FIN ASSIST	EASTER SEALS SOC AK
INCOME PRGM-DISABLED	120209	VOLUNTARY FIN ASSIST	LIONS JOINT SIGHT CM
INCOME PRGM-DISABLED	120209	VOLUNTARY FIN ASSIST	AL ASKA SHRINE TEMPL
INCOME PRGM-SENIORS	120104	RETIREMENT INS.	SOCIAL SECURITY ADM
INCOME PRGM-SENIORS	120105	SURVIVORS INS.	SOCIAL SECURITY ADM
INCOME PRGM-SENIORS	120210	TAX RELIEF	COMM & REGIONAL AFF
INCOME PRGM-SENIORS	120212	LONGEVITY BONUS	PIONEER BENEFITS

Anchorage  
 Human Service Providers  
Description of Programs

<u>GROUP CODE</u>	<u>UWASIS CODE</u>	<u>UWASIS PROGRAM</u>	<u>NAME</u>
INCOME PRGM-LOW INC	120201	AFDC	DHSS-PUBLIC ASSIST
INCOME PRGM-LOW INC	120202	GENERAL ASSISTANCE	DHSS-PUBLIC ASSIST
INCOME PRGM-LOW INC	120209	VOLUNTARY FIN ASSIST	COMMUNITY&HOUSING SV
INCOME PRGM-LOW INC	120209	VOLUNTARY FIN ASSIST	NATIV OUTRCH MINSTRY
INCOME PRGM-LOW INC	120211	CHILD CARE ASSIST	MOA-SS DAY CARE
INCOME PRGM-OTHER	120101	UNEMPLOYMENT INS.	DIV OF EMPLOYMENT SC
INCOME PRGM-OTHER	120213	CHILD SUPPORT ENF.	DEPT OF REVENUE
INCOME SUPPORT SRVS	141101	EQUAL EMPLOY OPP	ELMENDORF SOC ACTION

HEALTH

HOSPITALIZATION PREV	210106	HOMEMAKER ASSIST	HOME HEALTH INC
HOSPITALIZATION PREV	210204	SKILLED NURSING	OUR LADY OF COMPASSN
HOSPITALIZATION PREV	210206	HOME HEALTH CARE	HOME HEALTH INC
HOSPITALIZATION PREV	210208	HOSPICE CARE	HOSPICE OF ANCHORAGE
DISEASE MGT & CONTRL	210101	COMMUNICABLE DIS CTL	MOA-DHEP DISPENSARY
DISEASE MGT & CONTRL	210102	CHRONIC DISEASE CTL	AMER DIABETES ASSN
DISEASE MGT & CONTRL	210110	ORGAN & TISSUE BANK	LIONS FDN EYE BANK
DISEASE MGT & CONTRL	210113	CHRONIC DIS. MGT	AMER CANCER SOCIETY
DISEASE MGT & CONTRL	210113	CHRONIC DIS. MGT	AMER DIABETES ASSN
DISEASE MGT & CONTRL	210113	CHRONIC DIS. MGT	MUSCULAR DYSTROPHY A
DISEASE MGT & CONTRL	210114	SEX TRANSMIT DIS CTL	MOA-DHEP STD CLINIC
MATERNAL & CHILD HLT	210108	MAT & CHILD HEALTH	COMMUNICATIVE DISORD
MATERNAL & CHILD HLT	210108	MAT & CHILD HEALTH	CHILD DEVELOPMT SERV
MATERNAL & CHILD HLT	210116	FOOD SUPPLEMENT-WIC	WIC CLINIC
SCH-PUB HLTH PROMOTE	210111	SUPERVISED PHYS FIT	YMCA
SCH-PUB HLTH PROMOTE	210112	PHYS FIT & HEALTH ED	ANCHORAGE SENIOR CTR
SCH-PUB HLTH PROMOTE	210112	PHYS FIT & HEALTH ED	YMCA
SCH-PUB HLTH PROMOTE	210117	COMM HEALTH NURSING	COMMUNITY HLTH NURSG
OUTPATIENT REHAB	210402	OUTPATIENT REHAB	AK TREATMENT CENTER
OUTPATIENT REHAB	210402	OUTPATIENT REHAB	AK TREATMENT CENTER
OUTPATIENT REHAB	210402	OUTPATIENT REHAB	AK TREATMENT CENTER
OUTPATIENT REHAB	210402	OUTPATIENT REHAB	AK TREATMENT CENTER
OUTPATIENT REHAB	210402	OUTPATIENT REHAB	AK TREATMENT CENTER
OUTPATIENT REHAB	210402	OUTPATIENT REHAB	AK TREATMENT CENTER
OUTPATIENT REHAB	210402	OUTPATIENT REHAB	AK TREATMENT CENTER
OUTPAT MED CARE-LOWI	210115	SUBSIDIZED DENTAL	MABEL T CAVERLY SEN
OUTPAT MED CARE-LOWI	210205	COMM CLINIC CARE	ANCH NEIGH HEALTH CT
OUTPAT MED CARE-LOWI	210205	COMM CLINIC CARE	OPEN DOOR CLINIC
OUTPAT MED CARE-LOWI	210301	FAMILY PLANNING	MOA-DHEP FAMILY PLN

Anchorage  
 Human Service Providers  
Description of Programs

<u>GROUP CODE</u>	<u>UWASIS CODE</u>	<u>UWASIS PROGRAM</u>	<u>NAME</u>
MEDICAL FINANCIAL AS	241405	FIN AID-HANDICAP CHD	HANDICAP CHILD PROG
RES CARE-MENTAL RET	710216	RES CARE-MENTAL RET	HOPE COTTAGES
<b>BASIC MATERIAL</b>			
<b>NEED</b>			
FOOD STAMPS	310202	FOOD STAMPS	DHSS-PUBLIC ASSIST
MEAL PROVISION-SENIOR	310301	AGENCY EATERIES	ANCHORAGE SENIOR CTR
MEAL PROVISION-SENIOR	310302	HOME MEALS	SALV ARMY SEN CITIZN
MEAL PROVISION-SENIOR	310303	CONGREGATE MEALS	CHUGIAK SEN CITZ CTR
MEAL PROVISION-SENIOR	310303	CONGREGATE MEALS	SALV ARMY SEN CITIZN
MEAL PROVISION-OTHER	310303	CONGREGATE MEALS	BEAN'S CAFE
MEAL PROVISION-OTHER	310304	FREE FOOD DISTRIB.	CATH SOCIAL SERVICES
MEAL PROVISION-OTHER	310304	FREE FOOD DISTRIB.	FOOD BANK OF AK
MEAL PROVISION-OTHER	310304	FREE FOOD DISTRIB.	FISH
MEAL PROVISION-OTHER	310304	FREE FOOD DISTRIB.	ST CHRIS EPISC CHRCH
GOODS DISTRIBUTION	320102	APPAREL DISTRIBUTION	CATH SOCIAL SERVICES
GOODS DISTRIBUTION	320202	HHLD GOODS DISTRIB	CATH SOCIAL SERVICES
AT COST FUEL DIST	320203	FREE OR AT COST FUEL	DHSS-PUBLIC ASSIST
AT COST FUEL DIST	320203	FREE OR AT COST FUEL	ANCH COMTY DEVMT COR
LOW INC HSING ASSIST	330203	RENT SUPPLEMENTS	STATE HOUSING AUTH
LOW INC HSING ASSIST	330205	PUBLIC HOUSING	STATE HOUSING AUTH
LOW INC HSING ASSIST	330206	HOME IMPVMT ASSIST	COMMUNITY&HOUSING SV
LOW INC HSING ASSIST	330207	HSING ASSIST-SPECIAL	CHUGIAK SEN CITZ CTR
LOW INC HSING ASSIST	330208	WEATHERIZATION	COMMUNITY&HOUSING SV
LOW-MOD INC HSING LN	330201	LOW INCOME HSING LOA	ANCH NEIGH HSING SER
LOW-MOD INC HSING LN	330204	INTEREST SUBSIDY	AHFC
GENL HSING ACQUIS	330101	REAL ESTATE ACQUIST	ANCH NEIGH HSING SER
GENL HSING ACQUIS	330209	HOUSING LOANS	COMM & REGIONAL AFF
GENL HSING ACQUIS	330209	HOUSING LOANS	AHFC
HSING ASSIST-DISABLE	330207	HSING ASSIST-SPECIAL	COMMUNITY&HOUSING SV
HSING ASSIST-DISABLE	330207	HSING ASSIST-SPECIAL	ACCESS ALASKA
HSING ASSIST-MIL	330301	HOUSING SEARCH	ELMENDORF HOUSING RF
SHORT TERM SHELTER	330301	HOUSING SEARCH	COMMUNITY&HOUSING SV
SHORT TERM SHELTER	330302	NON-PERM RESIDENCE	YMCA ARMED SERVICES

Anchorage  
 Human Service Providers  
Description of Programs

<u>GROUP CODE</u>	<u>UWASIS CODE</u>	<u>UWASIS PROGRAM</u>	<u>NAME</u>
EDUCATION POLICY	430401	ED PRGM DEVELOPMENT	AK COUNCIL ON PREVTN
EDUCATION POLICY	430701	ED PRGM TECH ASSIST	AK RESOURCES FOR IMP
<b>ENVIRONMENTAL QUALITY</b>			
ENVIRMNTL PROTECTION	510201	SOLID WASTE MGT	AK CTR FOR ENVRMT
ENVIRMNTL QUALITY SP	530801	PUB ED-ENVIRONMENT	AK CTR FOR ENVRMT
<b>INDIVIDUAL &amp; COLLECTIVE SAFETY</b>			
ADM OF JUS-YOUTH	610104	SUBSTANCE ABUSE PREV	MOA-DHEP TASC
ADM OF JUS-YOUTH	610209	DETENTION	MCLAUGHLIN YOUTH CTR
ADM OF JUS-YOUTH	610210	PRETRIAL DIVERSION	AK DEPT OF LAW
ADM OF JUS-YOUTH	610211	PROBATION	DHSS-FAMILY & YOUTH
LEGAL AID-MILITARY	610304	LEGAL INFORMATION	ELMENDORF LEGAL SERV
LEGAL AID-MILITARY	610701	DISPUTE RESOLUTION	ELMENDORF HOUSING RF
LEGAL AID-OTHER	610302	LEGAL AID-CIVIL	AK LEGAL SERVICES
LEGAL AID-OTHER	610303	LEGAL AID-CRIMINAL	PUBLIC DEFENDER
LEGAL AID-OTHER	610304	LEGAL INFORMATION	AK LEGAL SERVICES
LEGAL AID-OTHER	610304	LEGAL INFORMATION	AK YOUTH ADVOCATES
LEGAL AID-OTHER	610701	DISPUTE RESOLUTION	CONFLICT RESOL CNTR
PROTECTIVE SVC-CHILD	610501	PROTECTION-CHILDREN	DHSS-FAMILY & YOUTH
PROTECTIVE SVC-CHILD	610501	PROTECTION-CHILDREN	CTR CHILDREN & PARENT
ADULT SERVICES	610502	ADULT SERVICES	DHSS-FAMILY & YOUTH
DISASTER PROT & RELF	620104	DISASTER PREP & REL	AMERICAN RED CROSS
SAFETY SUPPORT SVCS	640901	SAFETY PUBLIC ED	CTR CHILDREN & PARENT
SAFETY SUPPORT SVCS	640901	SAFETY PUBLIC ED	MADD
SAFETY SUPPORT SVCS	640902	ED-FIRST AID	AMERICAN RED CROSS
SAFETY SUPPORT SVCS	640903	WATER SAFETY ED	AMERICAN RED CROSS
SAFETY SUPPORT SVCS	640903	WATER SAFETY ED	YMCA
SAFETY SUPPORT SVCS	640904	SMALL CRAFTS SAFETY	AMERICAN RED CROSS
SAFETY SUPPORT SVCS	640905	MASS CONSUMER ED	AK PUBLIC INTEREST
SAFETY SUPPORT SVCS	640906	ADAPTIVE AQUATICS ED	AMERICAN RED CROSS
SAFETY SUPPORT SVCS	640907	SEXUAL ASSAULT ED	STAND AG RAPE STAR
SAFETY SUPPORT SVCS	640908	CHILD PASSENGER SAFE	COOK INLET NATIVE AS

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<u>GROUP CODE</u>	<u>UWASIS CODE</u>	<u>UWASIS PROGRAM</u>	<u>NAME</u>
CRISIS INTERVENT-MIL	710105	CRISIS INTERVENTION	ELMENDORF RED CROSS
CRISIS INTERVENT-MIL	710105	CRISIS INTERVENTION	ELMENDORF FAMILY SUP
CRISIS INTERVENT-MIL	710105	CRISIS INTERVENTION	FT RICH ARMY COM SER
CRISIS INTERVENT-OTH	710105	CRISIS INTERVENTION	AK YOUTH ADVOCATES
CRISIS INTERVENT-OTH	710105	CRISIS INTERVENTION	COAL FOR ECON JUST
CRISIS INTERVENT-OTH	710105	CRISIS INTERVENTION	FAMILY CONNECTION
CRISIS INTERVENT-OTH	710105	CRISIS INTERVENTION	IDENTITY
CRISIS INTERVENT-OTH	710105	CRISIS INTERVENTION	LOST & FOUND RECOVERY
CRISIS INTERVENT-OTH	710105	CRISIS INTERVENTION	MISSING CHILDREN
CRISIS INTERVENT-OTH	710105	CRISIS INTERVENTION	NATIV OUTRCH MINSTRY
CRISIS INTERVENT-OTH	710105	CRISIS INTERVENTION	RIGHT TO LIFE
PARENT TRAINING	710106	PARENT TRAINING	HOPE COTTAGES
ADOPTION	710201	ADOPTION	CATH SOCIAL SERVICES
FOSTER CARE-CHILDREN	710202	FOSTER CARE-CHILDREN	AK RESOURCES FOR IMP
FOSTER CARE-CHILDREN	710202	FOSTER CARE-CHILDREN	FAMILY CONNECTION
FOSTER CARE-CHILDREN	710202	FOSTER CARE-CHILDREN	HOPE COTTAGES
FOSTER CARE-CHILDREN	710215	RES CARE-MENTAL RET	ANC COM MENTAL HEALT
FOSTER CARE-ADULTS	710203	FOSTER CARE-ADULTS	AK RESOURCES FOR IMP
FOSTER CARE-ADULTS	710203	FOSTER CARE-ADULTS	HOPE COTTAGES
GROUP HOME-CHILDREN	710204	GROUP HOME-CHILDREN	AK BAPTIST FAM SERV
GROUP HOME-CHILDREN	710204	GROUP HOME-CHILDREN	AK CHILDRENS SERVICE
GROUP HOME-CHILDREN	710204	GROUP HOME-CHILDREN	HOPE COTTAGES
GROUP HOME-CHILDREN	710204	GROUP HOME-CHILDREN	SALV ARMY BOOTH HOME
GROUP HOME-ADULTS	710205	GROUP HOME-ADULTS	HOPE COTTAGES
EMERG SHLTR-CHILDREN	710206	EMERGENCY CARE-CHILD	AK CHILDRENS SERVICE
INST CARE-CHILDREN	710208	INST. CARE-CHILDREN	AK CHILDRENS SERVICE
INST CARE-CHILDREN	710208	INST. CARE-CHILDREN	AK CHILDRENS SERVICE
INST CARE-CHILDREN	710208	INST. CARE-CHILDREN	OUR LADY OF COMPASSN
INST CARE-ADULTS	710209	INST. CARE-ADULTS	ANC PIONEER HOME
INST CARE-ADULTS	710209	INST. CARE-ADULTS	OUR LADY OF COMPASSN
INST CARE-ADULTS	710210	DOMICILIARY CARE VET	OUR LADY OF COMPASSN
RES CARE-UNWED FEMAL	710212	RES CARE-UNWED FEMAL	BIRTHRIGHT OF AK
RES CARE-UNWED FEMAL	710212	RES CARE-UNWED FEMAL	SALV ARMY BOOTH HOME

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Description of Programs

<u>GROUP CODE</u>	<u>UWASIS CODE</u>	<u>UWASIS PROGRAM</u>	<u>NAME</u>
PARTICIPATORY REC-MI	720101	PARTICIPATORY REC	YMCA ARMED SERVICES
PARTICIPATORY REC-MI	720101	PARTICIPATORY REC	ELMENDORF MORALE/WEL
PARTICIPATORY REC-OT	720101	PARTICIPATORY REC	BOYS CLUB
PARTICIPATORY REC-OT	720101	PARTICIPATORY REC	CAMPFIRE CHUGACH CNL
PARTICIPATORY REC-OT	720101	PARTICIPATORY REC	MUSCULAR DYSTROPHY A
PARTICIPATORY REC-OT	720101	PARTICIPATORY REC	YMCA
DAY CAMPING	720104	DAY CAMPING	BOYS CLUB
DAY CAMPING	720104	DAY CAMPING	CAMPFIRE CHUGACH CNL
DAY CAMPING	720104	DAY CAMPING	YMCA
RESIDNET CAMPING-DIS	720106	RESIDENT CAMPING	ASSN FOR RETARD CITZ
RESIDNET CAMPING-DIS	720106	RESIDENT CAMPING	EASTER SEALS SOC AK
RESIDNET CAMPING-DIS	720106	RESIDENT CAMPING	MUSCULAR DYSTROPHY A
RESIDNET CAMPING-OTH	720106	RESIDENT CAMPING	BOYS CLUB
RESIDNET CAMPING-OTH	720106	RESIDENT CAMPING	CAMPFIRE CHUGACH CNL
RESIDNET CAMPING-OTH	720106	RESIDENT CAMPING	YMCA
ADAPTIVE RECREATION	720107	ADAPTIVE RECREATION	AK HANDICAPPED SPORT
ADAPTIVE RECREATION	720107	ADAPTIVE RECREATION	ALPINE ALTERNATIVES
ADAPTIVE RECREATION	720107	ADAPTIVE RECREATION	ASSN FOR RETARD CITZ
ADAPTIVE RECREATION	720107	ADAPTIVE RECREATION	SPECIAL OLYMPICS
SOCIAL DEVELOPMENT	720202	SOCIAL DEVELOPMENT	BOYS CLUB
SOCIAL DEVELOPMENT	720202	SOCIAL DEVELOPMENT	CAMPFIRE CHUGACH CNL
COMP YOUTH DEVELOPMT	720203	COMP YOUTH DEVELOP	BOYS CLUB
COMP YOUTH DEVELOPMT	720203	COMP YOUTH DEVELOP	SUSITNA GIRL SCOUTS
COMP YOUTH DEVELOPMT	720203	COMP YOUTH DEVELOP	W AK BOY SCOUTS
SOCIAL DEVLHNT-REC	720205	SOCIAL DEV-CAMPING	GIRLS CLUB OF AK
SOCIAL DEVLHNT-REC	720205	SOCIAL DEV-CAMPING	YMCA
SOCIAL ADJ SELF-SUBA	720206	SOCIAL ADJUST-SELF	AL-ANON
SOCIAL ADJ SELF-SUBA	720206	SOCIAL ADJUST-SELF	ALA-TEEN
SOCIAL ADJ SELF-SUBA	720206	SOCIAL ADJUST-SELF	AK COUNCIL ON PREVTVN
SOCIAL ADJ SELF-SUBA	720206	SOCIAL ADJUST-SELF	MADD
SOCIAL ADJ SELF-SUBA	720206	SOCIAL ADJUST-SELF	NARCOTIC ANONYMOUS
SOCIAL ADJ SELF-DIS	720206	SOCIAL ADJUST-SELF	ANCH EPILEPSY SOC
SOCIAL ADJ SELF-DIS	720206	SOCIAL ADJUST-SELF	CLEFT PALATE PARENTS
SOCIAL ADJ SELF-DIS	720206	SOCIAL ADJUST-SELF	MULT SCLEROSIS SOC
SOCIAL ADJ SELF-DIS	720206	SOCIAL ADJUST-SELF	PARNTS AUTISTIC CHIL
SOCIAL ADJ SELF-DIS	720206	SOCIAL ADJUST-SELF	RECOVERY INC

Anchorage  
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<u>GROUP CODE</u>	<u>UWASIS CODE</u>	<u>UWASIS PROGRAM</u>	<u>NAME</u>
INF & REFERRAL	820310	INF + REFERRAL	AK CTR FOR ENVRMT
INF & REFERRAL	820310	INF + REFERRAL	AK WOMENS RESOURCE
INF & REFERRAL	820310	INF + REFERRAL	CHUGIAK SEN CITZ CTR
INF & REFERRAL	820310	INF + REFERRAL	OLDER PERSON ACTION
INF & REFERRAL	820310	INF + REFERRAL	SUICIDE PREVENTION



COMMENTS ON THE 1980 AND 1990 CENSUS IN ALASKA

Dr. John A. Kruse  
Institute of Social and Economic Research

Census Round Table  
July 20, 1984

I would first like to say that the occurrence of this meeting is a significant indication of the commitment of the Census Bureau and the State to plan for the 1990 census in Alaska. There is a lot to be done, but I think the steps we need to take are quite clear, and I hope a major product of this meeting is a planning agenda which can be followed in the coming months.

Few government activities touch everyone as directly as the decennial census. Everybody seems to have a census horror story. The point that most people miss is that the 1980 census was clearly the best yet, particularly in Alaska. Sure, there were substantial problems, and I will outline many of them. We must keep in mind, however, that the decennial census provides the most reliable population count and socioeconomic data for regions and places in Alaska, and that the U.S. Bureau of the Census is by far the most qualified organization to collect this data.

The other major temptation people have is to attribute all the problems associated with the census to the Census Bureau itself. Indeed, we observed them making a substantial number of mistakes, but a significant portion of the blame has to be accepted by those of us who provide or, perhaps more appropriately, don't provide good information, sound advice, adequate appropriations, and lists of qualified potential personnel for appointment to the decennial census staff in Alaska. I hope today to suggest some steps that the state might take to assume its share of the responsibility for achieving a high quality product in the 1990 census.

I'd now like to briefly highlight some of the decisions which I believe affected the quality of the 1980 census and may, therefore, be important to consider in planning for the 1990 census. My memory is not too good and my files are worse, but I recall that the state did establish a census planning committee to work with the Census Bureau in planning the 1980 census. I believe that committee was instrumental in changing the 1970 census districts to correspond to a combination of ANCSA Native corporation and borough boundaries. This step, while creating some temporary headaches for me and others in comparing 1970 and 1980 census data, was extremely important and hopefully has produced a stable set of census areas in Alaska.

The Alaska state census committee also, I believe, produced a list of Alaska places which could be used by the Census Bureau in its planning activities. Unfortunately, our concept of places in Alaska as discrete geographical locations doesn't match the type of settlement patterns now occurring along Alaska's highways. As a result, I don't think the Census Bureau had adequate information on how they should geographically define unincorporated settlements accessed from the highways southeast of Fairbanks, in the Copper River/Wrangell region, and on the Kenai Peninsula.

The Alaska state census committee recommended that the 1980 census of northern and western Alaska be timed to occur before the breakup season to avoid transportation problems. The Census Bureau agreed with this approach and scheduled the census to begin January 22, 1980, in these areas. As we will see, there were significant costs associated with this approach. We will have to make a similar decision again for the 1990 census, and I hope we carefully consider the costs and benefits of each alternative.

The final major state influence on the 1980 census that I am aware of was the submission of candidates for top census positions in Alaska by our Congressional delegation. This is apparently a

normal procedure, but the manner in which it is carried out varies significantly by state. In our case, I believe that many of the difficulties encountered in the 1980 census resulted in the placement of underqualified people in critical planning and management positions. I will return to this point later.

In my view, then, the important areas of state involvement in planning for the 1980 census were census area boundaries, place lists, timing of the census itself, and selection of key census personnel.

It is also important to be aware of specific decisions made by the Census Bureau in planning for the 1980 census in Alaska. Alaska was treated differently than the rest of the country in the 1980 census. Not only did we have two census dates--one for the northern and western areas, and one for the rest of the state--but we also collected census information in different ways. In urban areas, census forms were mailed to residents but picked up in person by enumerators. In the rest of the United States, I believe the Census Bureau asked residents to return their form by mail and only used personal follow-ups when necessary. In rural areas of Alaska, enumerators personally delivered the form and completed the census form with a household member.

The more labor-intensive enumeration procedures followed in Alaska were presumably intended to avoid the problem of locating houses with rural postal addresses during follow-ups and problems associated with asking rural residents who may not read English well or who feel uncomfortable with written forms to complete and return census questionnaires. The point to be made here is that the 1980 census was conducted differently in Alaska, and that meant different training manuals and different field procedures.

For reasons I do not know, the Census Bureau also did not choose to use the most recent maps available in planning for the 1980 Census. Indeed, the Bureau had itself developed reasonably current maps in connection with its monthly Current Population Survey, and I do not believe these maps were used in the decennial census. I am also not clear on what role the state was expected to or did play in the provision of maps to the Census Bureau.

Initially, I believe the Census Bureau decided to handle planning for the enumeration of special places (places that cannot be enumerated with conventional enumeration techniques) from Seattle rather than train Alaska-based personnel in special place enumeration procedures. Like everywhere else in the country, the Bureau planned to use a special "Individual Census Report" form, or ICR, in Alaska. The form was intended to not only obtain responses to the standard census questions, but also to determine where the person completing the form should be enumerated (that is, his current location or somewhere else). The handling of special places in Alaska is a story in itself, and I will return to it in a moment.

I am sure I am missing some important Bureau planning decisions that significantly influenced the 1980 census in Alaska, but the last two I can think of were the wage schedule and method of payment of interviewers. The Census Bureau adopted a wage schedule that is about half what we paid interviewers in Alaska at that time. In addition, the Bureau paid enumerators on a piece rate in established urban areas and rural villages. Enumerators were paid for all types of resolved listings, including vacancies, but received no payment for callbacks. This may sound like a small point, but an improperly designed payment system can play havoc with an entire field operation. To quote one crew leader in Anchorage:

The real problem was that the enumerators didn't get paid for a callback, but they did get paid for a vacancy. So if they wrote the word "vacancy" on the form, they would get paid. We knew it would happen---it's just human nature. We talked to our supervisors about it. They just said that all enumerators knew that callbacks were part of the job and that there wasn't really any way to stop the fake vacancies except to follow every one of them around.)

In addition to these state and federal decisions, a number of other unanticipated events occurred which influenced the quality of the 1980 census in Alaska. These ranged from a severe windstorm on Hillside in Anchorage, to late arrival of field and training materials, to a remark by an Alaska legislator that Alaskans should not feel obligated to answer census questions. Some of these unanticipated events doubtlessly could have been avoided, but any effort as large and complicated as a census is bound to encounter unanticipated problems. We certainly had our share.

I would like to turn now to a brief description of what happened during the census, starting with one of the worst problems: bad maps.

Good maps are critical to the success of a census because they allow census supervisors to precisely define what area a particular enumerator should cover and to construct field assignments that are neither too large or too small. According to 82 census enumerators we talked to after the 1980 census, half of them had problems with maps. Imagine trying to work with a 1970 map of residential areas surrounding Fairbanks. Imagine being assigned an area that you think has 250 housing units and instead has 2,000. These sorts of problems apparently frequently occurred, causing delays, frustrated enumerators to quit, and supervisors to have to handle more enumerators than they could manage and check effectively.

Peter Bounpane has already alluded to the problem of 1980 census maps, so our experience with poor maps in Alaska was obviously not unique. He also mentioned that the Bureau is instituting a new

automated system of producing maps. Any automated system can only produce maps that are as good as the information entered as raw data into the system. Someone has to locate the new streets and subdivisions and make at least rough estimates of housing counts to make the geographic information useful in census planning. This work is already being done in Anchorage and presumably some other formal jurisdictions in Alaska, but is probably not being done in many of the areas that are undergoing significant growth.

Hopefully the information currently being produced by local governments will be used in planning for the next census. If this is to occur, the state will need to assemble the information for the Census Bureau or at least compile a comprehensive list of local contacts. The state would also benefit if it would collect similar information in unincorporated areas of the state. But I am getting ahead of myself; let me return to my description of what happened in the 1980 census.

Here are some of the problems we observed or were told about by census personnel: field offices were opened too late to permit adequate planning; field and training materials frequently arrived too late to use; many rural enumerators didn't arrive for scheduled training sessions, with the result that they received inadequate training; it was difficult to obtain approval to travel, with the result that enumerators were delayed in reaching remote villages, and supervisors were unable to check up on enumerators; poorly trained enumerators and field office personnel did not complete and file paperwork properly, with the result that some fieldwork had to be repeated or could not be checked for accuracy; some enumerators did not fully appreciate the need to rigorously follow census procedures, with the result that they produced incomplete listings of housing units or substituted one sampled household for another; over half the enumerators we interviewed misinterpreted the meaning of census employment questions; census activities in northern and

western Alaska were not completed before the census began in the remainder of the state, resulting in confusion among central office staff and added delays.

Perhaps the problem that caused the most grief for the Census Bureau, the state, and ultimately the North Slope Borough, concerned the special place enumeration in Alaska. The problem started with the fact that as of January, 1980, no one in the Anchorage district office had any idea how they were going to handle special places like Prudhoe Bay. In fact, they hadn't even thought about the fish processing units, the lumber camps, and the petroleum exploration camps. Many of these special places are located in the area designated for the census starting in January. The specific time of enumeration would significantly affect the population count since the level of activity at most of these special places varies widely by season.

To make matters worse, the Individual Census Report form I mentioned earlier contained a question designed to determine where a person was to be enumerated which read, "Are you a person who usually lives here or who stays here most of the week while working?" Most people working at Prudhoe Bay could answer that question truthfully either way, depending on how they interpret the phrase "usually lives here." We contacted the Bureau's methods division to see how most people in similar circumstances would answer this question and were told that no one knew. We encouraged the Census Bureau to clarify the question and to devote more attention to the enumeration of special places. I might add that our involvement in this issue resulted from work we were doing for the State reapportionment board.

Unfortunately, Bureau personnel thought that we (the state) were pressing for a particular method of counting people in special places. We weren't, but the ensuing confusion over motives and

methods led the Census Bureau to basically throw up its hands and say, "ok, we'll ask everyone to provide their home address, and if they have one, we'll make sure that they are enumerated there." The Bureau then went through great pains to check all these ICRs against completed standard census forms to make sure everyone was accounted for. As it turned out, most special place people had already been listed by their families as household members anyway. Surely, a better way can be found to handle special places in 1990.

I do not know the relative frequency of census problems in the rest of the country, but I suspect that the different procedures used in Alaska contributed to the above problems since less time was devoted to perfecting the procedures. I also mentioned earlier that I believe many of the problems encountered in the 1980 census resulted from the appointment of underqualified personnel to key positions in the Alaska census operation. When we walked into district headquarters in January, 1980 local officials were so busy unpacking boxes of census materials that they seemed to have no time to actually plan the fieldwork. We received smiles and blank stares when we asked about a host of expected situations. We found field offices being set up literally days before fieldwork was set to begin and office personnel scurrying around with no idea of how to efficiently proceed with the task at hand. Over the course of the nine months in which census activities occurred in Alaska, we had three district managers, the top census post in the state. I can't help but think that the lack of organization throughout the Alaska census operation had something to do with the lack of professionally trained personnel in management positions.

Most of the problems mentioned above (lack of materials, poor management, bad maps, sample assignments that were too large, low pay, difficulty in obtaining permission to travel, unanticipated field problems, and others) led to high turnover rates among enumerators and supervisory personnel. High turnover rates, in



turn, compounded field problems. It was difficult for new enumerators to pick up where old ones left off. For a while it appeared that the census would simply break down in some places like Fairbanks, and it had to be started over in several rural communities around the state.

These problems aren't worth remembering unless we use the knowledge to avoid similar problems in the future, or to guide our use of current census data. The following figure is intended to provide an overview of how I think most census problems arose. When I prepared this figure in 1981, I attributed most problems related to the Census Bureau to an inadequate budget and inappropriate procedures. Since then, some census personnel have indicated that they don't believe the lack of money was a major problem. I don't have the necessary information to judge, although I am confident that, knowing what we know now, the money ultimately spent on the Alaska portion of the 1980 census could have been better spent. Let's hope that at least as much money will be available in real dollars on a per capita basis for the 1990 census in Alaska and that we can arrive at a more effective strategy for spending it.

I have dwelled on the problems encountered in the census, but before turning to our post-census experience, I want to read you a quote that I believe fairly characterizes the final outcome of the 1980 census:

It was a headache. And still I will say that the people who worked in the office [district office in Anchorage] up to the end were very dedicated to getting Alaska enumerated properly. And I'm very satisfied that Alaska was counted properly.

I checked once and found that more than 50 percent of the office people were Alaska born, and they were very interested in having Alaska counted properly. There were mistakes, but they were honest ones, and most of them were corrected.

Well, what happened after the census, and what does this experience suggest about our approach to the 1990 census? The first thing that happened, and something I think the Census Bureau will never repeat, is a limited dissemination of incomplete census counts to be used by state and local governments as "preliminary review counts." This caused great consternation and should be avoidable in the future.

Next to arrive were the population counts to be used in redistricting. I don't think I will try to describe our use of that data except to say that we had some difficulty with discrepancies on census maps and later on had to deal with a "small" addition of 1,400 people to Eagle River that created havoc with a revised redistricting plan.

We were quite excited about the release of Censpac, the software program designed to process census data. We subsequently spent four man-months trying to get it to work on a Honeywell mainframe and ultimately gave up. Since then, we have been limping along with SPSS and still cannot easily produce a single-page report of census data for one place. I hope the Census Bureau will devote more attention to software development or refrain totally and let the private market take over.

The late arrival of census summary tapes, I understand, has proved to be a national problem. Unfortunately, we were perhaps more dependent on STF2 and STF4 than most states because these tapes report data by race, and we have a high demand for data reported for Native and non-Native Alaskans. Since these tapes were not released until 1982 and 1983, we missed a number of opportunities to apply census data to local, state, and federal public policy questions.

As many of you know, census summary tapes usually contain data for several different summary levels such as the state, census area,

place, or tract. We have found that many applications of census data require us to aggregate different types of records. This process has proven to be quite cumbersome because each record on a given summary tape does not have a complete set of geocoding information. Alaska Native village records, for example, have no place or census area code. I mention this problem because it is exemplary of the types of problems that, I believe, become limiting factors in the use of census data. Another such problem is the fact that STF2 and STF4 contain records for all places of above 1,000 population and all Alaska Native villages, but no records for other small places. This means that we cannot compare census results by size of place or aggregate place data to construct larger geographic units.

I have been picking on the Census Bureau for awhile. Let me turn for a minute to pick on the state, including my own organization. We are still waiting for the release of a summary of 1970 and 1980 census data by place from the Department of Community and Regional Affairs. As far as I know, the Department of Labor has yet to produce a planned compendium of census maps showing enumeration districts. And I know ISER has not produced an analytical piece on the census. Part of the delay in disseminating census results has resulted from the delay in receiving tapes. We also diverted our attention from producing simple summaries to the development of an integrated data base containing 1970 and 1980 census data by 1980 census areas, a task that consumed 12 man-months of effort and \$20,000 in computer resources. An underlying problem, however, is that the state has not made the financial commitment necessary to disseminate census data. Everybody uses it, but no single use accounts for enough of the total demand for census data to prompt the governor to seek or the legislature to appropriate sufficient funds to process census data efficiently.

I have one final point and then I would like to list the actions that I would hope to see taken in anticipation of the 1990 census. My final point concerns the content of the census itself. I have heard many people talk about wanting to add questions to the standard census form. I can think of several I would like to add too, but I think we should focus our attention and dollars elsewhere. I think the theme, "back to basics" is appropriate for the 1990 census. If the basic census data is not reliable or timely, there is little point in collecting additional information using the same procedures. We already have a wealth of untapped information in the standard census products. With a few refinements in how this data is organized in 1990, we will have even more.

My recommendations are as follows:

1. Obtain state funding for an executive director of a state census planning committee and cover the travel costs of committee members to attend meetings.
2. Charge the executive director with the task of assembling information required for census planning and include state funds for accomplishing this task.
3. Urge our congressional delegation to support appropriation requests for 1990 census planning and implementation.
4. Request that our congressional delegation delegate the responsibility of identifying persons to fill key appointments for directing the census effort in Alaska to the state census planning committee.
5. Consider adopting April 1 as the statewide census start date.
6. Retain the same census area boundaries.
7. Use the same procedures in urban areas of Alaska as elsewhere in the country.
8. Continue to use the face-to-face interviewing technique in rural Alaska.
9. Pay census personnel more and do not use the same piece rate payment system.

10. Allocate more money for travel by enumerators and supervisors, and allow for more flexibility in making travel arrangements.
11. Rely more on a "hands-on" approach to enumerator and supervisor training and less on lengthy written material.
12. Figure out some way to get us Native/non-Native breakdowns earlier.

Thank you.