THE FEASIBILITY OF INTEGRATING HUMAN SERVICES IN HAWAII:

Some Issues, Problems, and Opportunities

Charles H. Nishimura
Stanley K. Okinaka
Researchers

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Legislative Reference Bureau
State Capitol
Honolulu, Hawaii 96813

FOREWORD

This study on the feasibility of integrating human services in the State of Hawaii was conducted pursuant to Senate Resolution No. 133 of the 1976 Regular Session of the Hawaii State Legislature. The text of the resolution is set forth in *Appendix A*.

The undertaking of the study proved to be a formidable task. The difficulty experienced by the Bureau's researchers can be attributed largely to two factors. One is the relative newness of the human services integration movement and the consequent paucity of research and reference material at the initiation of the study and the continuing lack of "hard data" on the subject. The second factor is the lack of universal or standard definitions of the phrases *"human services"* or *"human services integration"*. The definitions of "human services" appearing in the literature range from simple characterizations such as those activities which respond to the income and personal service needs of families and individuals to highly global perceptions which include virtually all people-related services provided by government. Similarly, the term "human services integration" and its acronym "SI", "services integration", have invited the postulation of a host of different definitions and concepts.

Various strategies and program models have been implemented nationwide at all levels of government and in the State of Hawaii as well. The principal thrust of the strategies and models is the removal or amelioration of the fragmentation, duplication, and allied problems associated with the planning, management, and delivery of human services. The principal strategies are the comprehensive human resource agency concept, the multi-service center approach, and the information systems approach. While limited and qualified successes are in evidence within the scope of the three basic strategies, the overwhelming consensus of the literature is that the anticipated basic objectives of services integration remain unachieved. The general literature concludes, however, that given the finite resources of government and the growing base of social and human services, the concept of services integration, as an active ongoing concern, is likely to remain an agenda item at the highest policy making levels into the foreseeable future.

In conclusion, this study is a modest attempt to highlight the principal issues, problems, and opportunities with respect to the provision of human services and to furnish thereby certain insights into the complex area of human need programs and their administration for the benefit of policy-makers and others concerned.

Various individuals both within the State and elsewhere served as resource persons to the Bureau's researchers. Among the individuals in Hawaii who gave so freely of their time and talents during the course of the entire study period and who deserve special recognition are Mr. Walter W. F. Choy, Director of the Hawaii Office of Economic Opportunity, Office of the Governor, and Mr. Edwin B. L. Tam, Administrator, Public Welfare Division, Hawaii State Department of Social Services and Housing. To these two individuals and the many other persons who served as resource persons (see *Appendix B*), the Bureau expresses its sincere appreciation.

Samuel B. K. Chang
Director

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PART I

INTRODUCTION AND SUMMARY OF MAJOR FINDINGS AND RECOMMENDATIONS

Chapter 1

INTRODUCTION

This report is a study of the concepts, practices, and experiences generally associated with the phrase "human services integration". It was conducted pursuant to Senate Resolution No. 133 which was adopted during the Regular Session of 1976. The resolution requested the Office of the Legislative Reference Bureau to assess, among things, the feasibility of an integrated services aproach to "human services", to ascertain whether federal funds and federal assistance might be available to support such an endeavor, and to submit specific recommendations for future action. The text of the resolution and the supporting committee report are contained in the Appendix as *Appendix A*.

OBJECTIVES OF THE STUDY

The objectives of the study are structured around the central concern of the resolution, i.e., to ascertain the feasibility of an integrated services approach to human services. Accordingly, the study objectives are as follows:

1. To provide an overview of the developments in the area of human services integration both here in Hawaii and at the national level;

2. To evaluate the experiences of selected jurisdictions at the federal, state, and local levels in attempting to strengthen services integration activities;

3. To formulate alternative approaches for improving the delivery of human services in Hawaii;

4. To ascertain the availability of federal funds and federal assistance to support a study or project in human services integration; and

5. To present findings and recommendations.

SCOPE OF THE STUDY

The study is primarily concerned with and focuses upon the concepts, strategies, and experiences relating to the planning, organization, and delivery of the so called human services. As discussed in *Chapter 3*, the concepts, strategies, and experiences relating to the term human services lack a universally recognized or accepted definition and the term is used to refer to one or more of a number of people-oriented services in the traditional helping social services including programs and services which address problems in health, education, manpower development, vocational rehabilitation, nutrition, consumer counseling, and mental health, among others.

STUDY METHODOLOGY

The study was conducted in four general phases: preliminary survey and orientation, data gathering, data analysis, and development of recommendations. Data reflected in the study were obtained through three principal sources: search and survey of the literature, interviews with resource people at the federal, state, and local levels of government and in the private sector, and the use of mail-out questionnaires.

ORGANIZATION OF THE REPORT

The report is presented in five parts.

Part I includes an introduction to the study and a summary of major findings and conclusions, and recommendations.

Part II contains an overview of the various definitions and concepts associated with human services and human services integration, the origins of services integration, and a review of various initiatives in the area of human services integration including the lessons learned at the national level.

Part III presents selected findings relating to human services integration activities in the State of Hawaii.

Part IV presents the Bureau's findings relating to fiscal concerns.

Part V contains the Appendices.

Chapter 2

SUMMARY OF MAJOR FINDINGS AND CONCLUSIONS, AND RECOMMENDATIONS

INTRODUCTION

"Human services integration" as a phrase and concept has received widespread attention and treatment in the recent literature on social services and directly allied subject areas. The phrase, along with its acronym "SI" representing the term "services integration", have been discussed and used at all levels of government and in the non-public sector as well. While varying definitions of the concept are advanced in the literature, the core ingredients of the concept stress the notion of a reform oriented movement to strengthen the provision of human services. Thus, the three "E's", i.e., efficiency, effectiveness, and economy, together with accountability are often highlighted as among the basic goals and objectives of the concept.

Similarly, there are varying assertions in the literature as to the origins of the concept. Certain authors contend that the historical antecedents of the concept have their genesis in the settlement house programs of the major immigrant receiving cities in the United States during the late 1800s. Other writers affirm that the concept is new. Perhaps, the answer lies somewhere in-between. There is significant support in the literature, however, for the observation that the recently articulated definitions and interpretations about services integration stem directly from the unprecedented proliferation of social programs during the 1960s when "...[T]he human services underwent an expansion that verged on the explosive".[1] As is discussed in *Chapter 4*, the sudden mushrooming of social programs in the 1960s with the concomitant entry of the public sector agencies into the service delivery arena, created a new scenario heretofore unknown, resulting in a complex maze of human service programs and deliverers, who often competed for the same service populations. Among the growing body of critics of the then evident, evolving, complex, and new service system were the clientele themselves who sought relief from the bewildering, fragmented, and confusing new setting.

At the governmental level, the U.S. Department of Health, Education, and Welfare has been the dominant force in fostering the services integration concept. Among the initial major undertakings of the HEW was the sponsorship of the Services Integration Targets of Opportunity (SITO) program. During the several years of its existence commencing in 1972, the SITO program provided approximately $12 million in funding support for some 44 research and demonstration projects. For the most part, the grantees were state and local level human service entities who received grant awards to test out new approaches and techniques designed to strengthen the provision of human services. More recent HEW initiatives include the Partnership Grant program which has made available federal grants for research and demonstration activities keyed to the basic objectives of services integration.

In summary, the services integration movement (SI) or that phase which can be directly linked to the 1960s, has been an important concern, if not a major domestic policy issue for the past several years. The concept has undergone extensive application in a number of settings involving various strategies and approaches. Many lessons have been learned and these lessons have served to provide new insights and understandings about the many complexities associated with human services planning and delivery and have been instrumental in bringing about much needed refinement in the concept.

MAJOR FINDINGS AND CONCLUSIONS

The services integration movement which became visible during the late 1960s can be grouped into three basic strategies or program approaches. One is the comprehensive human resource agency (CHRA) approach which seeks to strengthen administrative and program linkages by consolidating previously autonomous human service agencies under one agency. Another strategy is the human service center approach. Under the center approach, facilities variously known as the multi-service center, human service center, community service center, and neighborhood service center, various human need services, and social programs previously rendered from different locations are consolidated at a common location. Typically the service activities include casework and related counseling and treatment services and information and referral programs. Generally, staff from various public and non-public agencies who are outstationed from

their parent agencies at the center serve as the core staff. The third major category is the information systems approach. Under this approach, a computer supported information and data function is devised to support service planning, service coordination, and ultimately, service delivery.

The experiences to date with the services integration concept have given rise to a number of conclusions. They range from descriptions of the successes and failures of specific projects to broad generalizations about the overall accomplishments, or lack of accomplishments of the SI movement generally. The following basic conclusions are among those which appear in the current major literature:

- There is no one best approach or model for achieving greater services integration. Each jurisdiction or entity attempting to strengthen the provision of human services, as defined by the given jurisdiction or entity, must tailor its basic strategies and program models to its unique service requirements and the various constraints impinging thereupon.

- The movement at the state government level to establish a super department of human services, i.e., the comprehensive human resource agency, has been at a standstill since 1974 when 26 states were identified as having CHRAs.

- The non-public social service sector is an important element in the social and human service delivery setting. Thus, the entities in this sector must be active participants in any governmentally based plan or program for the provision of human need services.

- The state of the art in performing adequate evaluation of social intervention programs is still at a primitive state of development.

- The constraints which have hindered accomplishment of the key objectives of services integration stem from a number of diverse sources. Among the constraining forces are policies and practices of the federal government, particularly as they relate to categorical program funding, and the common requirement for a "single state agency" to administer a specific program. Another constraint is the apparent

difficulty in forging a lasting cooperative relationship between and among various agencies and between and among professionals in the various human service disciplines. Another constraint is the reality of the political structure at the various levels of government and a continuing tendency of elected officials to support "pet" projects or become preoccupied with fiscal concerns, often at the expense of the broader and longer range objectives inherent in the services integration concept.

- Expenditures for human services represent a large portion of total governmental expenditures and projections indicate that human service spending will progressively require a larger share of governmental spending. The enormity of governmental cost for human service programs is exemplified by data appearing in a recent issue of the Social Security Bulletin which reveal that social welfare expenditures for fiscal year 1975 totaled $286.5 billion, an increase by more than $21 billion over the fiscal year 1974 total.[2] Another dimension of the fiscal implications of human services spending can be gauged from the assertion that "Human services programs have become half of all governmental output, nearly one-fifth of the gross national product".[3] (Emphasis added).

In final summary, the "bottom line" results of the services integration movement and its varied countenances are far from impressive. While limited and qualified successes are in evidence, the overall conclusion is that the key objectives of effectiveness, efficiency, economy, and accountability remain essentially unachieved. Yet, it should not be concluded that the services integration movement has stopped. To the contrary, the major current literature generally concludes that SI is likely to remain an important issue for some time to come. One source in the major literature sums up this observation as follows:

> Clairvoyance is not required to recognize that the pressures for services integration will not cease.... Services integration as an HEW response...may not continue to be labelled as such, but the pressures of future decades will very likely strengthen the rationale for a broad definition of services integration as a means of governmental response to social needs.[4] (Emphasis added).

RECOMMENDATIONS

Introduction

The preceding discussion in this chapter has attempted to highlight the problems encountered and the lessons learned in the movement popularly known as human services integration. While the evolving movement has resulted in new understandings and refinements in the concept, many lessons are yet to be learned. As was noted, adequate techniques for evaluating social intervention activities are yet to be developed. For another, it was noted that expenditures for human services programs represent a large and growing share of governmental spending. It was also noted that each jurisdiction or entity seeking to achieve the objectives of services integration should tailor its approach and program models to the unique requirements and constraints of that jurisdiction or entity. Finally, it was noted that services integration is likely to remain as an important issue into the forseeable future. It is in the context of these findings and conclusions that the Bureau presents the following recommendations.

Major Recommendation

The Bureau recommends that initiatives directly relating to further movement toward implementation of a comprehensive human resource agency at the state government level in the State be deferred until further facts concerning the efficacy of the CHRA approach become available.

Discussion and Rationale: Since 1974, when 26 states were identified as having active comprehensive human resource agencies (CHRSs), there has been no further movement to establish CHRAs in the remaining 24 states. Several key factors appear to be contributing heavily to the non-movement in the CHRA concept during the past several years. They include the following:

- *Evaluative techniques in the human services area are inadequate. There is no hard data to enable competent assessment of whether the CHRA structure is superior to other alternative organizational structures. Anticipated dollar savings through the CHRA approach, a common objective, have not materialized. In addition, there is no compelling evidence that greater coordination or efficiency in service delivery has in fact occurred.*

- *There is evidence that strong forces have coalesced to push for a return to the structure/system existing prior to creation of the CHRA in those states which have implemented a CHRA.*

- *The level of federal funding support for various services integration efforts at the sub-national level has gradually eroded during the past several years.*

- *Several widely reviewed and discussed CHRA experiences have revealed major problems of varying scope and nature. For example, in the case of the State of Georgia, sheer size of the department has been a problem. In the State of Florida, the President of the State Senate was recently quoted as follows: "The time has come for leaders of government, representing a public which is nauseated with the faults, the inefficiencies and apparent deliberate refusal to correct their own errors, to put a stop to this".[5] Finally, in the State of California, a two-year demonstration project which commenced in 1974 and which sought to test the feasibility of merging its Departments of Employment Development and Rehabilitation ended in a firm recommendation by a third entity not to merge the two departments.*

- *Several legislative measures introduced in the Hawaii State Legislature during recent years calling for the creation of a CHRA have not fared well. The recommendation of the State of Hawaii Commission on Organization which proposed the establishment of a comprehensive department of human services has apparently not received significant support from the State Legislature or other high level policy-makers. See Chapter 6 and Exhibit II in the Appendix for further information concerning the proposed new department.*

Alternative Recommendations

The Bureau offers the following recommendations for strengthening the provision of human services in Hawaii.

. Establish a staff office of human services within the Office of the Governor.

Discussion and Rationale: At the present time several autonomous offices (sub-departmental level entities) whose program thrusts are keyed to special target groups such as the aged, children and youth, immigrants, and other disadvantaged groups are in existence. For the most part, these offices are within or administratively linked to the Office of the Governor. The principal offices include the Executive Office on Aging, the Office on Children and Youth, the Hawaii Office of Economic Opportunity, the Progressive Neighborhoods Program, the Commission on the Handicapped, the Office of Affirmative Action, and the Commission on Population and the Hawaiian Future.

In the Bureau's judgment, the combining of the above offices into a single staff office of human services is clearly consistent with the policy objectives of the state legislature in the area of strengthening the provision of human services. Of the various public and private agencies currently engaged in the delivery of human services, no single staff agency in state government is so organized or otherwise lawfully empowered to perform the key functions essential to master coordination and master planning for the various human services.

A single staff agency serving as the focal point for human services program activities, other than the provision of direct services, should materially enhance overall coordination. Important sub-benefits likely to flow from strengthened coordination include (1) facilitating client access to available services, (2) facilitating research, evaluation, and other allied data management functions, (3) facilitating coordination between service agencies in the public and non-public sectors, and (4) enhancing executive and legislative decision-making in human services matters through the facilitation of data and information access.

Major Functional Responsibilities of the Recommended Office of Human Services, Office of the Governor

The recommended office would be involved in all activities relating to human services programs and activities except the delivery of direct services. In addition, the office must be clearly defined as operational rather than advisory and be directly responsible to the Governor. The basic functions of the office should include:

(1) *A central, permanent, information-gathering and record-keeping function concerning every state government, county government, and private program directed toward the alleviation of social problems. This function should employ automatic data processing systems for accurate and current data on all such programs, whether administered by public or private agencies. Pertinent demographic and population data, including the numbers and locations of residents of the State broken down according to age, income of families, ethnic origin, etc., must be collected and assembled. At the present time there is apparently no clear responsibility for this vital function. This data cannot be found in one place and much of it is unavailable from any source.*

(2) *A referral, resource, and consultation function. The information available as a result of performance of (1) above (maintenance of program information and data) should be provided to all agencies which can expect to benefit from such use in terms of*

strengthened service provision. There should be a resultant ability to determine rapidly all sources of possible assistance to persons in need of human services with specific needs in a specified location. This function may be developed according to available funding and support. An initial activity under this functional category might be the development of a master inventory of the various human and social services available and the dissemination, including periodic updates, of the inventory.

(3) *A continuous needs assessment function. The office should determine the needs of those seeking or needing human services through direct contact with service recipients and personnel of service providing agencies. Whenever feasible and possible, scientific sampling instruments and designs should be utilized. Essential to performance of this function is constant monitoring utilizing current professional knowledge concerning human needs and proper and effective means of meeting them. Contact and dialogue with special interest groups which seek the well-being of children and youth, the elderly, the disadvantaged, etc., should be an important activity within the scope of this function.*

(4) *A program impact and performance assessment function. Currently, no single governmental entity at the state*

government level appears to have clear authority or responsibility for determining whether existing programs in the social and human services area are effective in achieving their goals and objectives. While it is recognized that the art and science of evaluating social programs are in need of extensive development and refinement, this function must be viewed as among, if not the most critical one, and should be accorded the highest priority. Indeed, given the growing rate of public resource expenditures for human need programs, adequate evaluation capability must be developed to assure prudent allocation of our scarce public resources.

(5) *An advocacy role within government and the community. The unmet legitimate social and human needs of the people should be systematically reported and advocated to the Governor, the legislature, and the service-providing agencies. Inherent in this function is a responsibility to arouse not only concern, but solution or amelioration of these problems. In addition, the office should be provided authority to comment and make recommendations to the Governor and to the legislature. This function would include not only advocacy in terms of programs and laws, but also the ability to freely and openly suggest increases or decreases in appropriations for specific programs, and to suggest viable alternatives.*

(6) *A public awareness advisory function. The office should have the responsibility for continually making Hawaii's citizens aware of the nature of our human and social programs, the success or failure of programs designed to meet those needs, and gaps and other deficiencies in existing programs and services which necessitate revising or adding to present programs.*

(7) *An interagency coordinating function. All agencies providing human and social services should be involved in regular and continuing efforts to strengthen planning and coordination. These efforts should extend across a wide range--from entry into interagency contracts and agreements for the purposes of executing specific responsibilities, to joint research and experimental programs, to on-going long-range planning across the entire field of human services. Coordination will likely occur only when catalyzed by a governmental body at a sufficiently high level within the structure of state government.*

(8) *A research and demonstration function. Developing innovative approaches and programs in the human services field should be an important function of the office. Establishment and observation of pilot programs and other test and research efforts would be required. The results of these efforts, in combination with other information, could then*

be used as bases for improvements in program planning, program development, and service delivery.

Summary: As envisioned by the Bureau, the proposed office of human services would be headed by a single executive reporting directly to the Governor. The office would consist of five basic organizational elements as follows:

- *Office of the director*
- *Division of child development and youth affairs*
- *Division of elderly affairs*
- *Division of research and development*
- *Division of administrative and technical services*

The proposed new office could be created by enactment of state legislation and a suggested bill for an act to accomplish this purpose is shown as Exhibit II in the Appendix.

. Whether or not the proposed staff office of human services is established as recommended by the Bureau, consideration should be given to the establishment of an ad hoc task force to review the findings and recommendations presented by the Pan Pacific Regional Consultants, Inc., in their study entitled "Community Service Centers: An Organizational Diagnosis", August, 1976. (See *Chapter 6* for fuller discussion of the recommendations presented).

Discussion and Rationale: The human service center approach has shown great promise as a viable alternative mechanism for strengthening the delivery of human services. The center concept has encountered problems; however, indications are that, it is still one of the more practical approaches for strengthening

service delivery and it appears clearly in the public interest that the center program be continued. The center approach has potential for reducing administrative and related overhead costs through the collocation of human services staff at one common site, while at the same time greatly facilitating client access to human services. This recommendation is essentially in support of the recommendation of the Governor's Ad Hoc Commission on Operations, Revenues and Expenditures presented in a multi-volume report released in November 1976. Among the Commission's recommendations was one which proposed that "the State of Hawaii should explore and study in depth an "integrated services" approach which co-locates, co-relates, and hopefully integrates, the resources of the various agencies serving the welfare recipients..."[6]

- Establish a task force to undertake the development of a management information system providing commonly required and essential information by major state agencies engaged in the provision of human services.

Discussion and Rationale: This recommendation is again in support of a recommendation presented by the Governor's Ad Hoc Commission on Operations, Revenues and Expenditures in its November 1974 report. Insofar as can be ascertained, major executive agencies including the Departments of Social Services and Housing; Health; and Labor and Industrial Relations have separate computer supported information and data systems. While it may be true that certain federal provisions may require certain types of specialized record keeping and may also prohibit the sharing of certain information with other agencies, the thrust of federal regulations in recent years has been in the direction of relaxing or waiving requirements formerly existing in the area of data and information. It may be that a carefully developed proposal which outlines the benefits which the State of Hawaii hopes to derive from a consolidated human services information system coupled with appropriate

safeguards to prevent abuse, may receive federal approval as required. The recommended task force should also include representatives of the State Department of Budget and Finance and of the private social service sector.

. Finally, the Bureau recommends that the progress of the Maui County Department of Human Concerns as discussed in greater detail in *Chapter 7* be carefully watched by the legislature and the executive.

Discussion and Rationale: The Maui County Department of Human Concerns which became operational in January 1977 closely resembles the Comprehensive Human Resource Agency which has been implemented in 26 states. Indeed, this department can be viewed as a prototype for a department of human resources at the state government level and its experiences should be of major significance to the legislature and other top level decision-makers who are interested in the idea of establishing such an entity at the state level.

PART II

HUMAN SERVICES INTEGRATION: AN OVERVIEW

Chapter 3

HUMAN SERVICES AND HUMAN SERVICES INTEGRATION DEFINED

INTRODUCTION

The phrases "human services" and "human services integration" have enjoyed a surge of popularity in recent years and have literally become household words among the various practitioners in the helping social services and allied professions and among a host of others both within and without government. Yet, curiously enough, neither phrase has a universally recognized or accepted definition and their usages have been subject to a wide range of interpretation and application.

WHAT ARE HUMAN SERVICES?

Extensive review of the major literature coupled with other data acquired during the course of the Bureau's study has brought the finding that there is no universally recognized or utilized definition of the phrase human services. The phrase, while having a people-oriented connotation, appears to elude precise definition and its various usages can refer to one or more notions about people services, human needs, human problems, human concerns, human development, and ultimately the well-being of an entire community.

The origins of the phrase human services are not readily discernible, although in current popular usage, appear to be directly traceable to the decade of the 1960s which ushered in a massive proliferation of federally based social programs across the nation. The frequent current usage of the phrase human services in the general literature serves to strongly suggest that the phrase has entered the common lexicon of not only the practitioners and administrators in the traditional people helping fields but also that of policy making officials at all levels of government, social planners, budget planners, and others, including service recipients themselves. The terms social services, social welfare services, and human resources services are frequently used as virtual synonyms to the term human services.

According to one source:

> ...human services has become the emergent service philosophy among the helping bureaucracies both public and private. The term human services has become a symbol of modernity to many who deliver social services. Human services has focused attention on previously little-recognized agencies and has altered the helping approach in some fields. Yet few are able to define the concept of human services, and few people are aware of its emergent nature, let alone its implications for service integration, or training.[1] (Emphasis added)

The various definitions of human services advanced in the literature range from rather simple descriptions of those people-oriented programs or services such as public assistance, social services, and manpower development services to highly global perceptions which include almost any service or activity designed to strengthen or enhance individual, family, or community functioning. The following are selected definitions of the phrase human services found in the literature and which are generally representative of the many definitions advanced:

> . Human services...those...activities which respond to the income and personal service needs of families and individuals.[2]

> . Human service programs address problems in health, education, manpower, vocational rehabilitation, nutrition and housing, among others. These services comprise human resources, i.e., those services provided to individuals or their families to help them achieve, maintain or support personal independence and economic self-sufficiency.[3]

> . Human resource services are those services which prevent, ameliorate, correct, or treat malfunctions in the physical, social, mental, or economic well-being of an individual or family. It includes services provided either directly to individuals or to groups which provide those services.[4]

> . Social service (human services)... Any service or activity designed to promote the social welfare (health care) of the individual or community. These may be differentiated from physical

services such as sewage treatment or road repair, but their relationship must be borne in mind.... Generally, social or human services include: housing, employment, income, health, mental health, education, leisure, and recreation. Often human services are described in terms of client groups: youth services, services to the handicapped, to the aging, minorities, etc. Also, services that apply to many subject areas and client groups may be included: legal services, transportation, emergency services, supportive services and information and referral services.[5]

. Human services are those intended to support and encourage individual self-actualization and, through that, the survival, growth and enhancement of individuals, families, communities and other social groupings, ultimately resulting in improving the quality of life.[6]

. Human services...the latest in a long history of phrases which seek to capture evolving conceptions about the well-being of individuals, the well-being of neighbors, and the well-being of communities.[7]

. "Human services" means services provided to individuals or their families in need thereof to help them achieve, maintain, or support the highest level of personal independence and economic self-sufficiency, including, but not limited to, health, education, manpower, social, and vocational rehabilitation services and services to older persons; and the term "human services program" means a project or program under which one or more human services are provided.[8]

. "Human services"...include a broad range of activities and services designed to help citizens overcome or avoid crises in their lives. These services involve areas which include social services, public health, rehabilitation, corrections, mental health, alcohol and other drug abuse programs, remedial education, the courts, community action and outreach, and information and access.[9]

THE ANATOMY OF HUMAN SERVICES

As would appear evident from the foregoing discussion, the phrase human services is an amorphous expression which

can, and has invited the postulation of various definitions. In its basic and perhaps narrowest sense, the idea of human services is keyed to the concept of economic dependency, i.e., in practice, to public assistance:

> Operationally, the narrow definition thus translates into the provision of a variety of services required by persons of limited income in an industrial society who would otherwise succumb at a minimum to starvation or severe distress. It further assumes that those not on relief can provide such services for themselves.[10]

In its broadest sense, human services "...attempts to include as human services virtually all of the activities of modern society upon which the existence and well-being of citizens depend: a somewhat utopian assemblage, ranging from the creation of jobs through the achievement and maintenance of a clean and pleasant environment to the production of conditions conducive to happiness".[11]

Current Perceptions of Human Service: A Middle Path

At least one source in the current literature has suggested that there is a middle path which more accurately and adequately characterizes the current social perceptions denoted by the phrase human services.[12] The thesis advanced by this source is that in modern society, almost anyone can be vulnerable to one or more ever present hazards which can cause dependency because of illness, disability, or lost opportunity to procure the necessities of daily living. For example, any person may be permanently crippled by injury, accident, or devastating illness and even the wealthiest and healthiest families bear offspring which can be severely retarded or physically damaged. Consequently the network of programs and services which once reflected society's attempt to deal with various handicapped or disadvantaged groups now becomes a necessity for the well-being of the entire community, and cannot only be viewed as a gesture of charity on the part of the safe and secure to be directed at the occasional victim. Conceived in these terms, human services comprise an intricate variety of programs and services for the well-being or protection of not only individuals, but of family groups, and ultimately, the entire community and nation.

SUMMARY AND SUGGESTED WORKING DEFINITION OF HUMAN SERVICES

This section has presented some of the notions and perceptions about human services and what they are, should be, or can include. If one subscribes to the view that what human services constitute at any given time is a reflection of the conditions of society and how to maintain the well-being of its members, it is likely that evolving circumstances will dictate the continuing need to redefine human services. It has been said that no two individuals are alike. Similarly, it has been said that no two communities are alike. Thus, it would seem that each community and its attendant governing structure should strive to tailor its programs and services to meet its human services obligations in accordance with prevailing expectations and standards.

The United States Department of Health, Education, and Welfare (DHEW) is, and will likely continue to be, the principal federal agency bearing primary responsibility for policy development and the provision of funding support for a broad array of human needs programs. Thus, for purposes of this study, the Bureau has adopted the DHEW's proposed definition which appears in the Federal Register, Vol. 41, No. 235, December 6, 1976, under Section 74.181 (Definitions) as follows:

> *"Human service" means any service or financial assistance provided to individuals or their families to help them achieve or maintain personal independence and economic self-sufficiency, including health, education, manpower, social, vocational rehabilitation, aging, food, food and nutrition, and housing services.*

WHAT IS HUMAN SERVICES INTEGRATION?

In recent years, perhaps no single issue within the broad spectrum of social welfare and human services has generated greater widespread interest than the subject of human services integration. The phrase human services integration and its acronym "SI" services integration have become popular by-words for what the general literature suggests represents an emergent new reform movement targeted at the removal of the various barriers impeding or constraining the effective and efficient planning and delivery of the various human services. The services integration

movement has permeated all levels of government with spill-over effects on the private voluntary social services sector and has ushered in a host of initiatives including major administrative reorganization and a number of demonstration projects of varying nature and scope. Attesting to the extensive interest in services integration is the expanding body of new literature on the topic. Refer to *Appendix C* for a special bibliography relating to human services integration.

SERVICES INTEGRATION: AN HISTORICAL PERSPECTIVE IN BRIEF

While the phrases human services integration and services integration have come into increasing popular usage during the past few years, their exact origins are difficult to pinpoint. It has been contended by one source that the concepts inherent in services integration are not new and that "...SI is part of an established effort of considerable duration to reform governmental service-delivery systems".[13] A similar sentiment is echoed in the conclusions from four conferences conducted by the American Society for Public Administration on services integration as follows:

> Services integration is a reaction to several decades of program development in which public service responsibilities were fragmented among agencies.... It is a process of overcoming the deficiencies noted above--fragmentation and duplication of effort, inefficient use of resources, etc.... In this sense services integration is not new or innovative as a concept.[14]

A contrasting view is provided by Kathleen G. Heintz who notes "Because the services integration concept is still in the experimental stages, it has not yet proved itself more effective than the traditional approach".[15] (Emphasis added).

Still another notable perspective advanced in the literature on the origins of services integration is:

> It is difficult, if not impossible, to pinpoint the source and genesis of the concept of services integration...as a matter of fact, it has been referred to as, an evolving art about which very little is known.[16]

SERVICES INTEGRATION DEFINED

Whether old or new, static or evolving, the concept of services integration as advanced in the recent literature and as articulated by the various persons interviewed by the Bureau's researchers has conjured up a wide range of notions and perceptions, albeit its reform orientation. The Council of State Governments in a special publication on human services integration notes:

> ...there is no generally accepted definition of services integration. In one study the services integration effort is described as the creation of new flexibility in accountable systems of delivery in response to locally determined priorities.... Another study pointed to the lack of a widely accepted definition and offered the following: "the linking together by various means of the services of two or more service providers to allow treatment of an individual's or family's needs in a more coordinated and comprehensive manner".[17]

Various sources in the literature refer to services integration as having (1) an objective or goal orientation or (2) a process or activity focus.

Services Integration as an Objective

The notion of services integration as an objective or goal pervades and transcends much of the recent literature on the subject. Additionally, many of the definitions of services integration which have been advanced implicitly or otherwise espouse the theme of SI as an objective or goal. One such definition appearing in a Rand Corporation study focusing on integration activities at the local level defines a local, comprehensive services integration project as: "An innovative organizational effort to coordinate or consolidate human services activities at the local level in traditional agencies as a means of enhancing the effectiveness, efficiency, and/or continuity of comprehensive service delivery".[18] Another definition appearing in a study done for the DHEW illustrates the point as follows: "A service delivery system which can provide all those services needed by a given client or community-constrained only by the state of the art and the availability of resources".[19]

Former Secretary of the United States Department of Health, Education, and Welfare, Elliot L. Richardson, widely acknowledged for his efforts in promoting services integration, has said:

> Services integration is aimed at: ...developing an integrated framework within which ongoing programs can be rationalized and enriched to do a better job of making services available within the existing commitments and resources. Its objectives must include such things as: (a) the coordinated delivery of services for the greatest benefit to the people; (b) a holistic approach to the individual and family unit; (c) the provision of a comprehensive range of services locally; and (d) the rational allocation of resources at the local level so as to be responsive to the local needs.[20] (Emphasis added).

Services Integration as a Process or Activity

The view of services integration as having a process orientation is likewise advanced in the general literature. The American Society for Public Administration (ASPA), for example, has defined services integration as "...a process of overcoming deficiencies...such as fragmentation and duplication of efforts, inefficient use of resources, etc...."[21] (Emphasis added).

A closely related perspective is offered by Carlos Morales who defines services integration as, "...a process to effectuate better delivery of services...with additional meanings which might include some of the following: (1) one step further than coordination; (2) the requirement for one central management unit; (3) the giving up of sovereignty for planning, training, administration, and evaluation; and (4) the use of a common intake, reception, transportation, and other services functions at the delivery level...."[22] (Emphasis added).

In an article relating to services integration and the DHEW, appearing in a recent issue of "Evaluation", William A. Morrill, DHEW's Assistant Secretary for Planning and Evaluation, in addressing the process aspects of services integration asserts that SI is "...a slow, evolutionary process of developing linkages among services providers...."[23] (Emphasis added). Morrill enlarges upon this view in the same article as follows:

> Services integration is primarily a consensus-building process. This consensus-building is best complemented but not supplanted by systems development.

Organizational changes do not necessarily lead to, or even encourage, services integration. Reorganization of the human resources functions of state or local governments may, when coupled with an active consensus-building process, increase the viability of services integration efforts.

Services integration seldom reduces costs in the short term. Increased program effectiveness is likely to be seen much earlier than a decrease in delivery system costs.

The perception by service providers that they will benefit from a local integration initiative is crucial to their continued involvement in developmental efforts.

In large measure, successful services integration depends upon the leadership and talents of elected officials and of those persons responsible for developing consensus and effecting linkages.

Services integration at the delivery level most often requires shared information systems that are often expensive and always require enormous cooperation between public and private agencies.

Services integration works best where state and local governments, in tandem, develop a common services strategy.

Because of the large number of competitive service providers and the complexity of delivery systems in large cities, integrative linkages are much less likely to be adopted in major urban areas than in small cities and rural areas.[24]

The following are other definitions of the terms human services integration or services integration found in the major literature.

. Services integration...the interrelation of the delivery of human services from a large number of diverse, independent organizations.[25]

. Services integration...the process of overcoming the deficiencies of fragmentation and duplication of effort, inefficient use of resources, inefficient utilization of staff, etc.[26]

> . Services integration...refers to the problem of interrelating a proliferation of service delivery systems all designed to meet human needs.[27]
>
> . Services integration.... Any effort to improve the planning, coordination, delivery or evaluation of two or more human services.[28]
>
> . Services integration.... The creation of new combinations of services across agency and program lines in an attempt to respond to an individual's or family-unit's total problems...a holistic approach as opposed to a categorical approach.[29]
>
> . Services integration.... The linking together of administrative and/or direct services so as to enable a number of service providers to treat an individual's or family's needs in a more coordinated and comprehensive manner than any one of the providers could while acting alone with the recipient.[30]
>
> . Services integration.... A service delivery system which can provide all those services needed by a given client or community constrained only the state of the art and the availability of resources.[31]
>
> . Local comprehensive services integration project...defined as an innovative organizational effort to coordinate or consolidate human services activities at the local level in traditional agencies as a means of enhancing the effectiveness, efficiency, and/or continuity of comprehensive service delivery.[32]
>
> . Integrated human services means the facilitation and provision of all services for which needy persons are eligible and desirous, which may involve the activities of the department (of Social Services and Housing) and one or several allied agencies.[33]

One source defines services integration in terms of what it is not. James D. Isbister, in a memorandum, stated that <u>services integration is not</u> (Emphasis added):

1. Putting all human services under one roof in a community;

2. Elimination of categorical programs at federal, state, and local levels;

3. Elimination of differentiated roles or responsibilities of various professions and specialists;

4. Placing of overall decision-making power into the hands of a single program manager at state or local government level;

5. Elimination or downgrading of the unique role or contribution of those professional and citizen constituency groups;

6. Abandonment of specialized approaches to insure appropriate attention to neglected problem areas of population.[34]

SUMMARY AND SUGGESTED WORKING DEFINITION OF HUMAN SERVICES INTEGRATION

As can be surmised from the various definitions advanced, the term human services integration, much like the term human services, appears to elude a universally acceptable definition. The elusive nature of services integration is eloquently summarized in the following passage appearing in a State of Arizona report which reads in part as follows:

> ...Although services integration is not a new or innovative concept, the paths leading to it are similar to the protected wilderness, that is one has a good idea where to go, but the path leading towards it is foggy.[35]

In *Chapter 5*, the Bureau will review the factors which have accelerated new interest and action in services integration, various conceptual approaches towards services integration, and the translation of these approaches into actual implementation. As will be evident from the discussion in *Chapter 5*, services integration can assume various countenances including that of a "super department" of human services, the multi-service center, and computer supported activities.

The general consensus of the major literature is that the concept of human services integration will continue to command a position of significance in the operations of government at the federal, state, and local levels into the foreseeable future. Assuming, therefore, that human services integration will continue to be a topic of interest, a definition of human services integration should strongly stress flexibility and adaptability as major cornerstones undergirding any plan or program relating to services integration. With this consideration in mind, the Bureau offers the following working definition of human services integration:

> Human services integration means an evolutionary process guided by a systematic evaluative mechanism geared toward the timely provision of appropriate services to those in need and in consonance with the judicious utilization of available resources to meet such human needs in an efficient, effective, and coordinated manner.

Chapter 4

THE ORIGINS OF HUMAN SERVICES INTEGRATION

AN OVERVIEW OF THE ORIGINS AND FOUNDATIONS OF "SI"

As noted in *Chapter 3*, divergent views are advanced regarding the origins of the concept of human services integration. Depending on one's point of view, the widespread recent interest in services integration can be thought of either as a new development or an evolving phenomenon of considerable duration.

The prevailing view in the recent literature generally holds however, that the basic cornerstones undergirding the concept of services coordination, a principal ingredient inherent in notions about SI, were laid in the earliest efforts, traceable to the 1880s of treating the "whole person", which were being applied in various settlement houses of major immigrant receiving cities in the eastern United States. As public social services developed and expanded during the 1930s, legislation at both the federal and state levels increasingly incorporated traditional casework approaches to services intended for individuals and families. By the early 1960s separate federal, state, and local social services agencies had been formed including the federal Bureau of Public Assistance whose activities included the reviewing of state plans as to the adequacy of social services that were delivered.[1]

Of various sources in the literature which assert that the historical antecedents to public services integration in the United States stem from the voluntary sector, i.e., the private or charitable agency sector, an excerpt from a publication entitled "Managing Human Services" published in 1977 by the International City Management Association,[2] reads as follows:

> The earliest attempts at coordination date back to the nineteenth century case registries and service inventories performed by the charitable organization societies in major cities. In the twentieth century, local health and welfare councils established in many cities were responsible for producing the first plans in the United States outlining broad human needs and developing strategies for fulfilling those needs. Unified funding

> agencies such as the United Way and United Fund organizations were also established to centralize funding, establish program priorities and disperse priority determined resources. These organizations, which still exist in many American cities, were made up of representatives of such individual agencies and programs as the Lighthouse for the Blind, the Legal Aid Society...and dozens of others. Their purposes included the sharing of information, the joint raising of funds, the avoidance of unnecessary duplication, the service of unmet needs, and a general goal of working together.

Services integration has been described as:

> ...a new name for an old attempt to bring together the many agencies and programs that deliver human services to our citizens. At one time that concern was primarily in the private sector, but the expansion of the public sector as a dominant force in human services has made it a public management issue. In particular, the two decades since the 1950s have been marked by a rapidly expanding role for local, state, and federal governments in the areas of funding and delivery of services to people in need. This, in turn, paved the way for a complex network of public and private funding and operation of human services programs. Since the late 1960s and early 1970s, the very extensiveness of the evolving network of human services has generated a movement to achieve some overall responsiveness and coherence in this public enterprise.[3]

The enactment of the 1962 amendments to the Social Security Act has been interpreted widely as the initiation of a concern for comprehensive social services. This view is expressed in a number of reference materials examined by the Bureau's researchers.

Historical antecedents or origins of services integration notwithstanding, the recent acceleration of interest in developing better mechanisms to plan, administer, and deliver human services seems directly attributable to federal program activities commencing in the 1960s. The decade of the 1960s ushered in a massive proliferation of new federal categorical programs coupled with the infusion of hundreds of millions of grant dollars for a wide range of social

welfare and directly allied programs. The effect of the mushrooming of new social programs was to create a new scenario, heretofore unknown, when public sector agencies entered the service delivery arena with an unprecedented array of new programs and service delivery strategies. The burgeoning of service delivery activities at the public sector level created several new problems with major implications. One was to cause a blurring of private sector responsibilities as they related to the new and expanding public agency responsibilities. Another and perhaps more significant adverse outcome was the creation of a complex new maze of service delivery networks which caused competition and conflict between and among the various service delivers and left the intended recipients of the services bewildered and confused.

Related effects of government's vastly enlarged direct role in the service delivery area included the following: (1) many publicly financed and administered services programs lacked a set of common goals and objectives, (2) public services programs were not coordinated and duplications and gaps in service delivery resulted, and (3) the emergence of strategies and approaches to achieve greater coordination between and among the various levels of government in the provision of the various human services programs.

Thus, the die was cast in the late 1960s for a series of federally based attempts, including congressional legislation, executive initiatives, departmental initiatives, and efforts at the state and local government levels to restore order to the chaos which has come about. The sections which follow touch upon highlights of selected principal federal initiatives which attempted to cope with this new problem.

NEW DIRECTION IN SERVICES INTEGRATION

The general literature holds that the actual beginnings of the term "services integration" as a federal policy commitment and direction was not formalized until 1971 when the term appeared in a Department of Health, Education, and Welfare (DHEW) memorandum. The memorandum entitled "Services Integration - Next Steps", authored by former DHEW Secretary Elliot Richardson, set the stage for various federal initiatives which emerged therefrom. These initiatives include the proposed Allied Services Act, the Services Integration Targets of Opportunity (SITO) projects program, Revenue Sharing, Special Revenue Sharing, Block Grant programs, the Capacity Building programs, and the Social Security Amendments of 1974 (Title XX amendments).

FEDERAL SERVICES INTEGRATION INITIATIVES

Some Background

The sections which follow review those federal initiatives which sought to resolve or ameliorate problems relating to the planning, management, coordination, and delivery of human services. Several of these initiatives appear to be targeted directly at promoting the improved delivery of human services. An example is the Services Integration Targets of Opportunity (SITO) research and demonstration projects program. The federal initiatives will be discussed under three general headings as follows: Congressional Initiatives, DHEW Initiatives, and Other Federal Initiatives. Research and development initiatives, such as SITO, generally sought the development of new strategies and mechanisms for improved service delivery at the client level. Conversely, other initiatives such as those submitted by the President's Advisory Council on Executive Reorganization[4] in 1970 proposed a major reorganization of the federal executive branch which contained implications bearing on the improved provision of human services. Of the several new super departments proposed by the Council, one was the Department of Human Resources. The Council's report formed the cornerstone for then President Nixon's proposal for executive reorganization which included the development and introduction of bills in the Congress in 1971 and 1972, cited as the Department of Human Resources Act; neither version, however, was enacted into law.

The Bureau's assessment and discussion of the several major federal initiatives which follow is largely a summarization of the findings and conclusions reflected in the literature. In the interest of simplicity, the Bureau has arbitrarily divided these federal initiatives into three separate groupings as follows: Congressional Initiatives, Department of Health, Education and Welfare Initiatives, and Other Federal Initiatives. It should be noted that the separate groupings do not necessarily imply that the initiatives individually, in selected combinations, or taken as a whole, were mutually exclusive or otherwise unrelated.

Congressional Initiatives

This section presents the key congressional legislation which directly or indirectly affected the provision of human services. These initiatives include the Community Mental Health Act of 1963, the Economic Opportunity Act of 1964,

the Comprehensive Health Planning and Public Health Act of 1966, the State and Local Fiscal Assistance Acts of 1972 and 1976, Title XX of the Social Security Act, and the "proposed" Allied Services Act.

Community Mental Health Act of 1963: The passage of the Community Mental Health Act of 1963 (P.L. 88-164) marked formal recognition by the Congress of the concept of the community mental health center. The Act's major purpose was to foster the development of a comprehensive approach to growing national concerns about mental health. Programs authorized by the Act included diagnostic services, prevention activities, in-patient and out-patient services, consultation, education, and training. Inherent in the purpose of the Act was the notion of delivering direct or supportive services, to the extent feasible, from one location.

States qualifying for grant funds were required, among other things, to designate a single state agency to administer programs as well as to develop and submit an overall state mental health plan. For reasons not clearly discernible, it appears that anticipated funding for staffing and direct service activities was not realized or otherwise severely restricted with the consequent non-achievement of the underlying objectives of the Act.

Economic Opportunity Act of 1964: The Economic Opportunity Act of 1964 (P.L. 88-452) was an effort designed to enhance the economic and social status of the nation's poor. The Act, which has been popularly referred to as "The War on Poverty" Act or "The War on Poverty" program reflected a federal commitment to mobilize the human and financial resources of the nation to combat poverty in the United States.

Designed to lead and coordinate the national thrust against poverty was the Office of Economic Opportunity, Executive Office of the President. At the state, county, and city levels, entities known as community action agencies were created to administer and operate the various programs authorized by the Act.

In the State of Hawaii, since their inception in the mid-1960s, four community action agencies, known respectively as Kauai Economic Opportunity, Inc., Honolulu Community Action Program, Inc., Maui Economic Opportunity, Inc., and the Hawaii County Economic Opportunity Council, have been the deliverers of "War on Poverty" programs. With the

general exception of the Honolulu Community Action Program, Inc., which has operated certain statewide programs in addition to serving the poor on Oahu, the three remaining community action agencies have focused their program efforts in the respective remaining counties.

The Hawaii Office of Economic Opportunity, Office of the Governor, which was likewise established in the mid-1960s has functioned as the general coordinating arm for the various CAA activities.[5] The HOEO, while lacking direct administrative authority over the CAAs, pursuant to requirements of the Economic Opportunity Act, has served as a screening agent for the Office of the Governor and for the federal Office of Economic Opportunity with respect to program and funding proposals of the four CAAs. In addition, the HOEO has furnished technical assistance including research support to the CAAs.

Pursuant to the enactment of the Community Services Act of 1974 (P.L. 93-644), the Community Services Administration was designated as successor agency to the Office of Economic Opportunity. Contact with representatives of the HOEO and the CAAs indicates that the five entities continue to operate in the same basic manner as they did under the previous authority of the Economic Opportunity Act.

Demonstration Cities and Metropolitan Development Act of 1966: The Demonstration Cities and Metropolitan Development Act of 1966 (P.L. 88-754), popularly known as the "Model Cities" Act, authorized federal grants through the federal Department of Housing and Urban Development to support eligible cities in their planning, development, and implementation of comprehensive demonstration programs.

The City and County of Honolulu, one of some 150 jurisdictions participating in the Model Cities program, has administered the program through the City Demonstration Agency, the Office of Social Resources, and presently through its Office of Human Resources. The City and County of Honolulu is the only county in the State which met requirements of the Act for funding, which during the past ten-year period amounted to approximately $28 million. The two areas within the City and County of Honolulu upon which the programs focused are the Kalihi-Palama and the Waianae-Nanakuli communities.

Contact with the Office of Human Resources has brought forth the disclosure that the Honolulu Model Cities program was slated to expire effective June 30, 1978, subject to provisions of federal legislation.

Comprehensive Health Planning and Public Health Services Act of 1966: The Community Health Planning and Public Health Services Act of 1966 (P.L. 89-749) was aimed at "...encouraging development of a state planning process and planning structure and provided federal support for provision of basic public health services".[6] In short, community mental health programs, hospital planning efforts, and other specialized medical planning activities were to be integrated into a single state planning program.

The planning structure and the planning process were subject to federal guidelines while program content and operation were essentially state responsibilities.

State and Local Fiscal Assistance Act of 1972: The State and Local Fiscal Assistance Act (General Revenue Sharing Act: P.L. 95-512), had at its roots, the objective of giving state and local governments greater discretionary authority in the use of federal funds. Specifically, increased local authority was intended for program planning, program development, and program implementation.

The Act authorized assistance to all 50 states and some 39,000 local governmental units. About $30.0 billion was authorized for distribution over a five-year period between January 31, 1972 and December 31, 1976 with individual states receiving one-third of the share and local governments receiving the balance. Principal criteria guiding the distribution of the funds included the state's population, the state's per capita income, and the state's tax assessment.

The manner in which the funds were distributed were broad and essentially unconditional. With generally "no-strings" attached, the utilization of the funds by recipient jurisdictions were largely based upon local needs and priorities.

While revenue sharing funds were essentially intended for use as seen fit by the receiving jurisdiction, certain federal guidelines were uniformally applicable to all grantees. Among these guidelines were the so-called priority programs which included public safety, environmental protection, public transportation, recreation, libraries, social services, and financial administration. Another guideline prohibited the use of revenue sharing funds as a matching fund for other federal grants.

Several nationwide audits of the general revenue sharing program have resulted in the finding that in a number of instances, the funds were not used in consonance with requirements of the law or other applicable federal grant conditions. Thus, among the key recommendations contained in the audit findings is the reemphasis of legislative intent to utilize funds for social and human programs as opposed to capital improvement programs which are not directly related to the provision of such intended programs.

The general revenue sharing program provoked considerable interest and debate, especially in the Congress of the United States, given the findings of misuse of funds or the underutilization of funds for social programs. General revenue sharing, however, was continued upon the signing into law of Public Law 94-488, the "State and Local Fiscal Assistance Amendments of 1976", which extends the program through fiscal year 1980. A total of $25.5 billion is authorized by the Act.

Title XX of the Social Security Act of 1974: Title XX of the Social Security Act, commonly known as the Social Service Amendments of 1974, contained a new and separate Title for social services. The significance of Title XX, according to one source, is that "It was enacted...as a partial 'block grant' or 'special revenue sharing' approach to those social services previously financed under the public assistance provisions of the Social Security Act."[7] According to this same source, unlike prior requirements of the Act which mandated the provision of specific federal services for recipients in each of the public assistance categories, the Title XX provisions:

> ...simply require one service directed to each of five goals and at least three services for recipients of Supplementary Security Income, the federalized adult assistance category.... The service goals are broad and flexible, retaining some of the "instrumental" orientation of the previous decade, but allowing more range and accepting the notion that some services can and must sustain dependency, since not all persons in need of help can become self-sustaining.[8]

In summary, despite the retention of significant federal authority under Title XX programs, the thrusts under Title XX are aimed at giving states and local governments greater freedom to define, develop, and deliver social services within a far less restricting framework than is possible under the traditional categorical grant programs.

Special Revenue Sharing: Special revenue sharing as a concept surfaced in the early 1970s in tandem with general revenue sharing. Like general revenue sharing, special revenue sharing is an alternative federal grant distribution mechanism or concept. There is, however, one significant distinction between these two revenue sharing approaches which bears mention. Under general revenue sharing, the by-word was "no-strings" attached. Under special revenue sharing, the underlying intent was consolidation of grants.[9] Simply stated, the thrust of special revenue sharing is to "...consolidate grant-in-aid programs which contribute to a single identifiable purpose".[10] Another notable and distinctive feature of special revenue sharing is that it sought "...a middle ground between general revenue sharing (which surrenders national interest in any particular area of action) and categorical grants (which seek to hold on to national interest through specifying the character of permissible local actions)".[11]

Special revenue sharing appears not to have been enacted into one major piece of federal legislation as was general revenue sharing which, as noted earlier, was initially enacted as the State and Local Fiscal Assistance Act of 1972. The principal concept of special revenue sharing, i.e., the grant consolidation approach, has, however, remained viable at the federal level, as evidenced in part by the implementation of the federal "block grant" programs in various program areas. One such program area is housing, in reference to which the Housing and Community Development Act of 1974 (P.L. 93-383), combined ten community development grants into a special revenue-sharing block grant.

Conclusion: General Revenue Sharing and Special Revenue Sharing: While the focal concern addressed by general revenue sharing and special revenue sharing may be one of decentralizing spending authority to the eligible state and local government jurisdictions as opposed to the tight federal controls characteristic of the categorical grant programs, it is probably also true that the relaxation of federal controls did have beneficial impact upon state and local governments which implemented services integration programs. Indeed, a common complaint voiced by many state and local government entities, including those jurisdictions which have implemented services integration efforts, is the alleged excessive and restrictive controls typically accompanying federal categorical grants.

Allied Services Act: The Allied Services Act, initially introduced in 1972, has been called the first attempt to deal with the issues of human services program coordination.[12] It was widely discussed but no action was taken in the Congress. On January 24, H.R. 12285, the Allied Services Act of 1974, introduced as an administration bill, was intended to replace the 1972 bill. Like the 1972 bill, the 1974 bill died in the Congress and as of this writing, at least seven versions of the bill have been introduced but not enacted into law.

The purposes of the legislation are to develop, demonstrate, and evaluate the utility of coordinating human services programs. The means identified in the bill are new cooperative arrangements, reorganization, and realignment of functions to facilitate accessibility and utilization of all human services, to improve the effectiveness of the services, and to furnish these services as efficiently as possible.[13]

"The bill has a broad scope and includes programs in the fields of health, education, manpower, social and vocational rehabilitation, aging, food and nutrition, and housing".[14]

Various evaluations and analyses of the Act have appeared in the recent literature, and continuing debate and assessment of the provisions of the Act are likely. Given the significance of the Act, albeit its controversial aspects, an analysis of the bill appearing in the "WASHINGTON BULLETIN"[15] is quoted in its entirety as follows:

ANALYSIS OF THE LEGISLATION

> This bill will be welcomed by many as an opportunity for further consideration of the serious problem of coordination of social welfare programs. Admittedly this is a difficult problem, and H.R. 12285 offers a way of dealing with it. However it can be anticipated that the bill will be examined closely and with concern by those who are identified with one or another of the categorical programs potentially involved in the coordination effort. There are a number of questions which must be raised.
>
> Is it necessary to amend the laws authorizing various Federal programs in order to achieve an effective relationship between the programs? This

would require a series of amendments to several basic laws involving different Congressional committees. That would be difficult to achieve, if not impossible. Another possibility is to assume that program coordination is so closely related to the conditions prevailing in each state and locality that it must be left to the State and local governments. Inasmuch as nobody knows precisely how to achieve program coordination at the Federal level, most authorities would probably choose to have the responsibility carried below that level. The Allied Services Act takes that position. It sets up some rules by which States and localities can act and provides more latitude in this matter. Unless an entirely new legislative base were to be developed for the various social service programs operating with Federal funds, the approach of H.R. 12285 must be considered to have merit.

The thrust of the legislation is toward a non-categorical provision of service. The categorical approach has great appeal. It is doubtful if programs for the blind, the aged, those in need of vocational rehabilitation, and others would be so widely accepted if they were not categorical. The categorical approach appeals to persons interested in special groups and willing to work to obtain protective legislation for these groups. These people will be reluctant to relinquish the categories of the programs in which they are interested. Their fear will be that in the consolidation process the main thrust of their specific program will be blunted or lost. This will be especially true if another Federal agency is selected to represent all of the agencies in dealing with States and localities. Such concern is understandable.

The Allied Services Act is a "free standing" piece of legislation, not amending any other legislation and thus leaving intact the statutory base of all of the other services programs. This could cause some confusion. On the surface it will look as though each program is to operate as it has and as outlined in the basic law. This will not be true, for that basic law has, in effect, been amended by H.R. 12285. It is difficult to foresee what effect H.R. 12285 would have

on the various services programs if enacted. The effect would depend on a number of factors: whether a State or locality chooses to move in this direction, what programs the State decides to include in its consolidation plans, and how high a goal each State sets for coordination or consolidation. Also it is not clear how much effect will be felt from the transfer of funds limitations contained in the Act.

Another point of concern about the legislation has to do with its implementation. The Federal government has moved away from close supervision of State activities and has substantially reduced the volume of reporting required of States. Unless this is reversed, it may be difficult if not impossible to find out what goes on under the bill if it is enacted. The various references in the legislation to the rules of the Secretary and the reports to the Secretary will have little meaning unless there is some determination in the Department of Health, Education, and Welfare to monitor the operations of the legislation and to enforce the new requirements.

The legislation authorizes very little new money. The President's budget for 1974 provides for only $75 million to carry out the Act. It is unlikely that this will be increased for 1975. This will allow some small funds for planning and evaluation but nothing more. Obviously the framers of the legislation are not convinced that more funds are needed for social services. Apparently they believe that much can be accomplished by bringing programs into better relationship to each other. Inasmuch as the Allied Services Act does not add to the authority of any program and does not by itself add any more money to the social services financing, the assumption is that the problem in social services is one of inter-program relationships.

Another point of view is that, albeit there are problems of inter-program relationships, the main problem is lack of services. These two conflicting positions cannot be reconciled unless there is an answer to this question: would services brought into coordination under this Act serve sufficiently more people with more and

better services so that the gap in services now so noticeable would be sufficiently diminished? Perhaps it will be necessary to see how much improvement would result from coordination before a convincing case can be made for another approach to services which stresses volume as well as coordination.

There are many observers who would hold that the program coordination envisioned in the Allied Services Act cannot overcome the problems brought about by a categorical approach to services. Even though this legislation would help bridge the gaps between categories, there are limitations on what can be accomplished to provide services to those who need them. This bill specifies that the accommodations made by the States and localities in coordinating service programs cannot result in the use of funds for any purposes for which such funds were not appropriated. From this point of view the gains from H.R. 12285 are limited. Nothing will take the place of a bold approach to services, repealing much of the current scattered legislative base and substituting a new authority which would be truly general in nature and not categorical.

Congressional Initiatives - Some Conclusions

The foregoing sections have reviewed key pieces of federal legislation, enacted or introduced in the Congress which either directly or indirectly address the concerns of services integration. Certainly the Allied Services Act must be included as among the most important and the boldest of the initiatives. The Act straightforwardly seeks to redress the core problems which have been identified as barriers to services integration. The Act or issues addressed by it will likely receive continuing attention given the rising costs associated with the provision of various human services and the non-resolution of many of the problems related to their provision.

As of this writing, the current federal administration has articulated its views on certain changes it desires in the broad field of human services. The views include the President's proposal for "Welfare Reform" and the restructuring of the Department of Health, Education, and Welfare. Among the recent administration views advanced include the suggestion for the creation of a separate Department of

Education. To what extent the administration pursues this latest issue and other initiatives relating to human services and how Congress will react, remains uncertain at this time.

Department of Health, Education, and Welfare (DHEW) Initiatives

The United States Department of Health, Education, and Welfare (DHEW), the administrative locus of the majority of federal programs relating to human services, has assumed a leading role in the search for new and better ways to provide the improved delivery of human services. Some of the departmental policy initiatives, which affected or could have affected the delivery of human services include the creation of a task force, the funding of research and demonstration (R&D) projects, and the implementation of integrated funding programs.

DHEW Task Force: The DHEW Secretary Level Task Force on Administration and Organization of Constraints to Services Integration, created by the Secretary of DHEW, was primarily concerned with developing a clear definition of the term "services integration" as well as identifying barriers which hindered coordination and integration of human services.

One of the Task Force's recommendations eventually led to the establishment of a DHEW interagency services integration project popularly referred to as Services Integration Targets of Opportunity (SITO). The underlying purpose of the SITO project was to provide federal funding support for various demonstration projects, which at the state and local levels, broadly speaking, attempted to improve services delivery.

Services Integration Targets of Opportunity (SITO) Project: SITO represents another and perhaps the most significant DHEW policy initiative devoted to services integration at the client services level. Since the initial project authorized in 1972, approximately 44 projects at the various levels of government were funded during the three odd years of the SITO project's existence. Various sources in the literature suggest that the total cost of the SITO experiment amounted to approximately $12 million in federal dollars.

As a research and demonstration project, SITO principally sought to develop or test new components and techniques to enhance delivery at the direct client level. Some of

these new approaches included the collocation of service provider agencies and the unification of administrative structures, the concept of pooling together resources for the purchase of services, the utilization of computerized management information systems, linking client intake and referral systems, and, finally, state and local planning activities designed to reinforce integration by structural reorganization.

The State of Hawaii was a recipient of a SITO grant in 1972. The project in Hawaii included an evaluation report of the four existing human services centers established as part of the State's Progressive Neighborhoods Program in 1970. The evaluation report published in 1974 entitled "An Evaluation of the Waianae-Nanakuli Human Services Center" was primarily a "process" evaluation describing and assessing the State of Hawaii's experiences with services integration.

Integrated Funding Programs: The literature suggests that grant packaging and grant consolidation may cause federal support to be less hampering and more useful in bringing about a more comprehensive services delivery system. The integrated funding project, commonly known as "Switching Station", became a part of the human services integration system in the early 1970s. The Switching Station concept attempted to assess various ways to accomplish a more flexible funding process. The major objective of such a process was to enable DHEW to respond more efficiently in rendering funding decisions on proposals relating to human services integration. "Switching Station" established a "...separate organization whose basic responsibility will be to manage the funding of social services projects".[16]

Besides the Switching Station concept, the Division of Consolidated Funding was established within DHEW in 1972 to "...plan and implement a department-wide system of consolidated funding designed to provide a single funding source for the support of integrated services projects".[17]

Comprehensive HEW Simplification and Reform Program: The Mega-Proposal: During the fall of 1972, former DHEW Secretary Elliot Richardson introduced the Mega-Proposal, a policy initiative described as "...potentially the most important ever undertaken by HEW".[18] The Mega-Proposal sought to restructure and reform many DHEW programs. The basic thrusts of the Mega-Proposal were threefold: (1) the provision of financial assistance to individuals and

families, (2) the provision of financial assistance to states and local governments, and (3) the provision of federal assistance in building the capacity of human services.

The objectives of the plan for financial assistance to individuals and families were to redistribute purchasing power by providing a basic income floor for all American families to provide protection against major health expenses and to provide access to broadened opportunities in higher education.

The provision of financial assistance to states and local governments would have included several proposed special revenue sharing programs in health, education, and social services.

Although the Mega-Proposal was neither implemented by federal executive authority nor enacted into public law, it had direct influence in the subsequent implementation of the block grant program and other federal funding approaches and strategies.

Another tangible contribution of the Mega-Proposal is its use as a source of useful perception and constructive ideas:

> DHEW planning and decision-making used to be done primarily in terms of functional categories: health, education, social services, etc. Now, in addition to traditional functions, "mega-themes" such as capacity building and assistance to individuals and governments are used within DHEW to describe the purposes and instruments of federal activities.[19]

Capacity-Building Program: Over the past several years, it has been the policy of the DHEW to encourage and support state and local efforts in improving the planning and delivery of human services through various projects in the areas of research and demonstration, shared information systems, and others. The Capacity-Building program established in DHEW and which was one of three elements of the Mega-Proposal, was designed to, "...assist chief executives of state and local general purpose governments to improve their capacity to plan and manage human service programs."[20] The major components which the department is presently concentrating on to implement its policy include:

(1) Special Research and Demonstration Grants: to develop and experiment with innovative ideas in human services planning and management;

(2) Reforms in Departmental Policy: to streamline departmental programs, policies, and procedures to permit financial assistance to be used more flexibly by states and local governments;

(3) Technical Assistance: to provide planning and management assistance to states and local governments; and

(4) Dissemination of Information: to collect information concerning developments in the area of human services and to share the results with other jurisdictions.

Project Share: Project Share, a special information clearinghouse created by DHEW publishes various materials concerning human services. The first publication of Project Share entitled "Journal of Human Services Abstracts" was released in January 1976. In addition to the Abstract series, a quarterly publication, two other major series are released by Project Share. They are the "Monograph Series" and the "Bibliography Series" which are generally released on a quarterly basis. Refer to *Appendix C* of this report for additional material concerning Project Share and a selected bibliography of materials relating to human services compiled and published by Project Share.

DHEW Initiatives: Conclusions

The Department of Health, Education, and Welfare has been the federal agency most actively involved in promoting services integration programs at the state and local government levels. Given the vast responsibilities carried by the department for the many and varied human services programs, its direct interest in the area of services integration is understandable. Assuming the department continues to remain essentially unaltered in terms of its current organizational structure, it is probable that the department will continue to assume a leading role in the continuing search for new avenues or refinement of existing approaches to bring about more efficient and effective delivery of the human services.

One irony with respect to the DHEW that bears mention is the fact that while its support at the state and local

government levels has included encouragement for the creation of what resembles mini-HEWs, many students and observers of government have voiced the opinion that the DHEW is overly large and cumbersome and unable to keep its own house in order. As noted earlier in this chapter, a recent administration proposal calls for spinning off the education component of DHEW into a new and separate Department of Education. Other proposals have suggested a complete revamping of the sprawling DHEW into at least three separate departments, one each for health, education, and welfare. If history has any lessons to offer, it can be assumed that any major changes to the structural makeup of the DHEW will be an unlikely eventuality, at least in the immediate future. Yet, growing concerns about the rising costs associated with the provision of social services and related people oriented needs, may be the spark which may force serious congressional attention and action on the issue of the structure of the Department of Health, Education, and Welfare and its impact upon the general public interest.

OTHER FEDERAL INITIATIVES

Preceding sections of this chapter have discussed initiatives of the Congress and of the Department of Health, Education, and Welfare. This section will discuss other initiatives of the federal government which relate to concerns about services integration.

Federal Assistance Review (FAR) Program

The literature generally credits former President Nixon as the initiator of the FAR program. The FAR effort involved all of the principal grant administering agencies concerned with human services and community development and "...was the first comprehensive attempt on the part of the federal government to do something about the chaos in services delivery being generated by the multiplicity of separately authorized and administered programs".[21] FAR was implemented in 1969 under the leadership of the Office of Management and Budget and essentially consisted of nine subprograms as follows: (1) Standard Regional Boundaries, (2) Regional Administrative Centers, (3) Establishment of Federal Regional Councils, (4) Streamlining and Simplification of Grant-in-Aid Administration, (5) Decentralization, (6) Standardization of Administration Requirements, (7) Integrated Grant Administration, (8) Increasing Reliance on State and Local Governments, and (9) State and Local Evaluation and Review

of Federally Assisted Projects.[22] The following capsulized description of each of the nine subprograms is extracted from a statement made by Alan L. Dean, former Special Advisor to the HEW Under Secretary:[23]

1. Standard Regional Boundaries - By 1969 it had become apparent that the dissimilarities and multiplicity of federal agency regional structures constituted a continuing obstacle to the integrated, coordinated administration of related federal assistance programs. To ameliorate this situation, the President directed the establishment of ten standard federal regions, to which the principal social program administering agencies were required to conform. This action helped bring some order into the complex of federal districts, areas, and regions which had evolved over many decades.

2. Regional Administrative Centers - A second feature of the FAR program was the designation by the President of ten cities, one for each standard region, in which departments and agencies such as HEW, HUD, Transportation, Labor, OEO, and EPA were expected to collocate the offices of their principal regional officials in the interest of facilitating interagency coordination.

3. Establishment of Federal Regional Councils - The President also established, and eventually chartered by Executive Order, a Federal Regional Council in each of the ten headquarters cities, with the principal grant-in-aid administering agencies serving as members of these councils. Operating under chairmen designated by the President from among the regional directors of the member agencies, each Council now seeks to facilitate the coordinated delivery of programs requiring interagency cooperation for their effective administration. Over the years since their creation in 1969, these Councils have slowly but steadily increased in effectiveness and utility.

4. Streamlining and Simplification of Grant-in-Aid Administration - Each department and agency participating in the FAR program was charged with seeking ways of reducing red tape and shortening

response time in the administration of its grant-in-aid and related programs of assistance to state and local governments. Some progress has been made in this area by the FAR agencies, although much remains to be done.

5. Decentralization - In order to make it possible for the field officials represented on the Federal Regional Councils to definitively resolve program matters coming before them, renewed stress was placed upon the delegation of administrative and programmatic authorities to field officials of the various participating agencies. Important achievements have been realized in this area, although some agencies, including HEW, still have a long way to go.

6. Standardization of Administrative Requirements - Through OMB Circular 102 and other devices, a concerted attempt was made to eliminate unnecessary and confusing differences in the administrative requirements applicable to the various grant-in-aid programs. There has been encouraging progress in this area.

7. Integrated Grant Administration - On an experimental basis, the various Regional Councils have undertaken, through special procedures utilizing lead agencies, to administer a number of grants contributing to the achievement of some common purpose on an integrated basis. Nearly 30 of these integrated grant experiments are underway across the country.

8. Increasing Reliance on State and Local Governments - Running through the entire concept of the FAR program and New Federalism in general has been the theme of increasing the reliance upon the state and local governments and reducing the degree of detailed involvement in program administration by the federal agencies.

9. State and Local Evaluation and Review of Federally Assisted Projects - Closely related to the Federal Assistance Review Program was the introduction of procedures for the evaluation, review, and coordination of federal programs and projects as prescribed by OMB Circular No. A-95.

> Based on authority provided by the Intergovernmental Cooperation Act of 1968 and the Demonstration Cities and Metropolitan Development Act of 1966, A-95, in its several revisions, has prescribed that federally sponsored projects must be referred to designated state and local authorities or clearinghouses for review and for such comments as the reviewing governments might wish to provide. Circular A-95 has thus provided for the first time a systematic opportunity for other elements of the federal system to become aware of what the federal government is proposing to do on a relatively comprehensive scale. It has also given them the means to intervene through the presentation of comments, including expressions of support or concern. A-95 assures a form of vertical integration in which the federal government can learn the full impact of what it is trying to do before it makes a final commitment to proceed with either a direct federal project or a proposal to assist a state or local undertaking. A-95 application to human resources programs was substantially expanded in a revision dated November 13, 1973.

The Nixon Proposal for Creation of a Department of Human Resources

Another federal initiative worthy of mention is the Department of Human Resources' bills introduced in the Congress in 1971 and 1972 as administration measures. Both bills which carried identical titles, i.e., "The Department of Human Resources Act", were part of a major executive branch reorganization proposed by former President Nixon. The proposed establishment of the department was part of a master reorganization proposal which additionally called for the creation of three other super departments - the Department of Community Development, the Department of Natural Resources, and the Department of Economic Affairs.[24]

As envisioned by President Nixon, the proposed Department of Human Resources:

> ...would bring together in a single new [d]epartment...all programs directed at the development and well-being of individuals and families. These would include virtually all of the present Department of Health, Education, and Welfare (HEW), as well as major existing programs from the Departments of Labor and Agriculture, and the Office of Economic Opportunity (OEO).[25]

Since none of the bills contained in the Nixon reorganization package were enacted by the Congress, it would be sheer speculation as to what beneficial impact, if any, a super department of human resources might have had upon the provision of human services. Philosophically speaking, arguments for and against the super department concept can be and have been voiced. In support of the concept, for example, are several basic benefits which could come about from a super department of human resources: (1) a single, integrated focus to meet the federal responsibility for individuals by bringing all human resources programs within a single organizational entity, (2) a strong management team to assist the department head to develop policy embracing all human resources functions, and to plan and implement a balanced program of federal activities affecting individuals and families, and (3) establishment of clear accountability and responsibility for federal programs aiding individuals and families.[26]

Conversely, it can be argued that a super department could well become a sprawling, unwieldy conglomerate and impossible to manage and control. Indeed, the Department of Health, Education, and Welfare which would have been the core agency of the proposed Department of Human Resources, has come under repeated criticism for its inability to adequately manage intra-departmental affairs, and it may well be that a vastly broadened human resources agency of the magnitude proposed by the creation of the Department of Human Resources might well have been an overly optimistic notion, which if implemented, could have compounded the problems in an admittedly complex and troubled area.

MASTER SUMMARY AND CONCLUSIONS: FEDERAL INITIATIVES

Discussion in this chapter is keyed to two main points. One reviews the origins and foundations of services integration, and the factors, traceable to the 1960s which accelerated concern and triggered various federal actions to address problems of fragmentation, duplication, and gaps in the planning, management, and delivery of the various human services. The second reviews selected federal actions (initiatives) i.e., congressional initiatives; Department of Health, Education, and Welfare initiatives; and other federal initiatives which directly or indirectly address concerns relating to services integration.

A pessimistic view of the federal initiatives taken as a whole would lead to the conclusion that no firm or otherwise tangible accomplishments are in evidence.

An optimistic view, on the other hand, would point to the successes or limited successes achieved by the various initiatives--successes in the sense of either ameliorating some of the problems associated with services integration or in terms of contributing to the surfacing of problems and issues which require serious and continuing policy attention. Illustrative of this view are two initiatives, the Allied Services Act and the Mega-Proposal. Although neither was enacted into public law, they served as forums which in turn were instrumental in triggering the enactment of key legislation and the initiation of executive actions supportive of the goals of services integration. The Services Integration Targets of Opportunity program, for one, which will be assessed further in *Chapter 5*, has been directly linked to the Allied Services Act. Similarly, the Mega-Proposal has left certain significant legacies including some specific developments such as the Block Grant programs and perhaps more importantly, by serving as a source of useful perceptions and constructive ideas which has helped to provide a comprehensive conceptual framework in seeking workable solutions to the admittedly complex area of human services.

The Department of Health, Education, and Welfare has been the leading force behind many activities in the human services area. It is likely that the department will continue to assume a key role in the foreseeable future, unless, the unlikely eventuality of a major structural change of the department should come about.

As will become evident from the discussion in *Chapter 9*, human services expenditures represent a major and growing share of the federal budget. According to a source in the major literature, "Human Services programs have become half of all governmental output, nearly one-fifth of the gross national product".[27]

Considering the magnitude of the fiscal impact alone generated by human services programs, it is a safe assumption that the topic of human services will continue to occupy high priority on the agendas of both the Congress and the Administration.

Chapter 5

HUMAN SERVICES INTEGRATION AT THE NATIONAL LEVEL: AN OVERVIEW OF SELECTED FINDINGS AND CONCLUSIONS

INTRODUCTION

Earlier chapters of this study have alluded to the emergence over the past decade of human services integration initiatives of varying scope and nature. The initiatives have been targeted at the amelioration or resolution of problems in the planning, management, and delivery of the various human services.

This chapter provides an overview of the national experience with special emphasis upon integration activities at the state government level. Various strategies have been attempted. The strategies and program approaches cover an extensive spectrum of activities ranging from the establishment of comprehensive human resources agencies to programs at the direct service delivery level.

THE ANATOMY OF SERVICES INTEGRATION AT THE STATE AND LOCAL GOVERNMENT LEVELS

Of the various strategies or program approaches identified and reviewed in the literature, three have formed the cornerstones of much of the discussions. They are the comprehensive human resource agency approach, the multi-service center approach, and the information systems approach. These three basic approaches are not necessarily mutually exclusive and in certain jurisdictions, represent a master approach combining elements of the three.

The Comprehensive Human Resource Agency (CHRA)

Among the initial comprehensive studies of the CHRA approach is a study undertaken by the Council of State Governments. The Council's findings, conclusions, and recommendations were published in a report entitled Human Services Integration: State Functions in Implementation, September, 1974.

Comprehensive Human Resource Agency Defined

According to the Council's study:

> What comprises a "comprehensive" human resource agency is a matter of judgment: Does it consist of eight major programs? or two? or something between? The reader may wish to make his own definition. However, there appears a point at which officials in states conceive of one human resource agency as being the human resource agency, and this point is when the HRA contains about half of the eight major human service programs. Thus, if one wishes to use this criteria, a comprehensive human resource agency would be an agency which includes four major human service programs, one of which is public assistance-social services.[1]

As of the date of the Council's publication, i.e., 1974, 26 states had comprehensive human resources agencies, as defined above.[2] An additional 12 states had human resources agencies with at least one other major human resource function in the same department as public assistance-social services.

As of this writing, there appears to have been no change in the total number of states with comprehensive human resources agencies as evidenced in part by data appearing in the 1976-77 edition of the Book of the States 1976-77, published by the Council of State Governments. See *Table 5.1* for a charted display of the 26 states with comprehensive human resources agencies, as defined by the Council.

For purposes of the Council's study 20 states were studied and "No two...are identical in their approach to the administration and delivery of human service programs".[3] (Emphasis added).

Of the 20 states studied by the Council, thirteen were identified as having comprehensive human resources agencies (CHRA). The thirteen CHRAs were classified into three categories on the basis of statutory authority and organizational structure.

The Integrated CHRA: Statutes creating an integrated comprehensive human resource agency transfer all or most administrative and program authority of previously autonomous

Table 5.1

STATE AGENCIES WITH COMPREHENSIVE HUMAN RESOURCE AGENCIES

REORGANIZATION OF HUMAN SERVICES PROGRAMS*

	State	Agency	Reorganization date (a)	Programs (b)							
				PA&SS	H	MH	MR	Corr.	YI	VR	ES
	Alabama	Dept. of Pensions & Security	....	★	..	..	..	..	..	..	..
–	Alaska	Dept. of Health & Social Services	1959	★	★	★	★	★	★	..	..
–	Arizona	Dept. of Economic Security	1973	★	..	..	★	..	..	★	★
–	Arkansas	Dept. of Social & Rehabilitative Services	1970	★	..	★	★	..	★	★	..
–	California	Health & Welfare Agency	1968	★	★	★	★	★	★	★	★
	Colorado	Dept. of Social Services	....	★	..	..	..	..	..	★	..
	Connecticut	Dept. of Social Services	....	★(c)	..	..	..	..	..	..	..
–	Delaware	Dept. of Health & Social Services	1969	★	★	★	★	..	★	..	..
–	Florida	Dept. of Health & Rehabilitative Services	1975	★	★	★	★	..	★	★	..
–	Georgia	Dept. of Human Resources	1972	★	★	★	★	..	..	★	..
	Hawaii	Dept. of Social Services & Housing	1959	★	..	..	..	★	★	★	..
–	Idaho	Dept. of Health & Welfare	1973	★	★	★	★	..	★	..	..
	Illinois	Dept. of Public Aid	....	★(d)	..	..	..	..	..	..	..
	Indiana	Dept. of Public Welfare	....	★	..	..	..	..	..	..	..
–	Iowa	Dept. of Social Services	1967	★	..	★	★	★	★	..	..
	Kansas	Dept. of Social & Rehabilitation Services	....	★	..	★	★	..	★	★	..
–	Kentucky	Dept. for Human Resources	1972	★	★	★	★	..	★	..	★
–	Louisiana	Health & Human Resources Administration	1972	★	★	★	★	..	..	..	..
	Maine	Dept. of Human Services	1931	★	★	..	..	..	..	★	..
	Maryland	Dept. of Employment & Social Services	1970	★	..	..	..	..	..	..	★
–	Massachusetts	Executive Office of Human Services	1971	★	★	★	★	★	★	★	..
	Michigan	Dept. of Social Services	1965	★	..	..	..	..	★	..	..
	Minnesota	Dept. of Public Welfare	1939	★	..	★	★	..	..	..	..
	Mississippi	Dept. of Public Welfare	....	★	..	..	..	..	..	..	..
–	Missouri	Dept. of Social Services	1974	★	★	..	..	★	★	★	..
	Montana	Dept. of Social & Rehabilitation Services	1972	★	..	..	..	..	..	★	..
	Nebraska	Dept. of Public Welfare	....	★	..	..	..	..	..	..	..
–	Nevada	Dept. of Human Resources	1963	★	★	★	★	..	★	★	..
–	New Hampshire	Dept. of Health & Welfare	1961	★	★	★	★	..	..	..	..
–	New Jersey	Dept. of Institutions & Agencies	1948	★	..	★	★	★	..	..	..
–	New Mexico	Health & Social Services Dept.	1969	★	★	★	★	..	..	★	..
	New York	Dept. of Social Services	....	★	..	..	..	..	..	..	..
–	North Carolina	Dept. of Human Resources	1971	★	★	★	★	..	..	★	..
	North Dakota	Social Services Board	1973	★	..	..	..	..	..	★	..
	Ohio	Dept. of Public Welfare	....	★	..	..	..	..	..	..	..
	Oklahoma	Dept. of Institutions, Social & Rehabilitative Services	....	★	..	..	★	..	★	★	..
–	Oregon	Dept. of Human Resources	1971	★	★	★	★	★	★	★	★
	Pennsylvania	Dept. of Public Welfare	1958	★	..	★	★	..	★	..	..
	Rhode Island	Dept. of Social & Rehabilitative Services	1972	★	..	..	..	..	..	★	..
	South Carolina	Dept. of Social Services	....	★	..	..	..	..	..	..	..
–	South Dakota	Dept. of Social Services	1972	★	..	★	★	★	..	★	..
	Tennessee	Dept. of Human Services	....	★	..	..	..	..	..	..	..
	Texas	Dept. of Public Welfare	....	★	..	..	..	..	..	..	..
–	Utah	Dept. of Social Services	1969	★	★	★	★	★	★	..	..
–	Vermont	Agency of Human Services	1970	★	★	★	★	★	★	★	..
–	Virginia	Office of Human Affairs	1972	★	★	★	★	..	★	★	..
–	Washington	Dept. of Social & Health Services	1970	★	★	★	★	★	★	★	..
	West Virginia	Dept. of Welfare	....	★	..	..	..	..	..	..	..
–	Wisconsin	Dept. of Health & Social Services	1967	★	★	★	★	★	★	★	..
–	Wyoming	Dept. of Health & Social Services	1969	★	★	★	★	..	..	★	..

*Source: The Council of State Governments' Project on Human Services Integration, 1975.

(a) Although some of the agencies may have changed their names since the reorganization date listed, the programs covered have remained essentially the same.

(b) *Symbols:* PA & SS—Public Assistance and Social Services (includes medical assistance); H—Health; MH—Mental Health; MR—Mental Retardation; Corr.—Corrections; YI—Youth Institutions; VR—Vocational Rehabilitation; ES—Employment Security.

(c) Social services for children are administered by the Dept. of Children and Youth Services.

(d) Social services are administered by the Dept. of Children and Family Services.

SOURCE: *The Council of State Governments, The Book of the States 1976-77, (Lexington, Kentucky, 1976), p. 385.*

Note: A hyphen (-) preceding the state indicates that the state has established a Comprehensive Human Resource Agency (CHRA) pursuant to the definition developed by the Council of State Governments, i.e., an agency which includes at least four major human service programs, one of which is public assistance-social services.

programs to the agency. The special distinguishing feature of an integrated CHRA is that program development and program delivery are in discrete organizational units. Ostensibly, this arrangement permits an intermeshing of traditionally separate service delivery patterns into one program delivery unit.[4] The states which have implemented an integrated CHRA include Arizona, Georgia, Washington, and Florida. Note: Florida's approach to services integration was, as of 1974, under the category of the consolidated CHRA approach.[5] As will be discussed later in this chapter, Florida as of 1975, has modified its Department of Health and Rehabilitative Services to that resembling the integrated CHRA. See *Figure 5.1* for an example of the organizational structure of a state with an integrated CHRA.

The Consolidated CHRA: According to the Council's 1974 publication, statutes creating a consolidated CHRA transfer all or most administrative and program authority of previously autonomous programs to the agency. However, a consolidated CHRA differs from the integrated CHRA and the confederated CHRA, in that "A consolidated CHRA is organized along traditional program lines with an agency management and administrative unit which assist the agency head in establishing agency policy and goals".[6] States which have implemented a consolidated CHRA include Arkansas, Delaware, Louisiana, North Carolina, Oregon, Utah, and Wisconsin. See *Figure 5.2* for an example of the organizational structure of a consolidated CHRA.

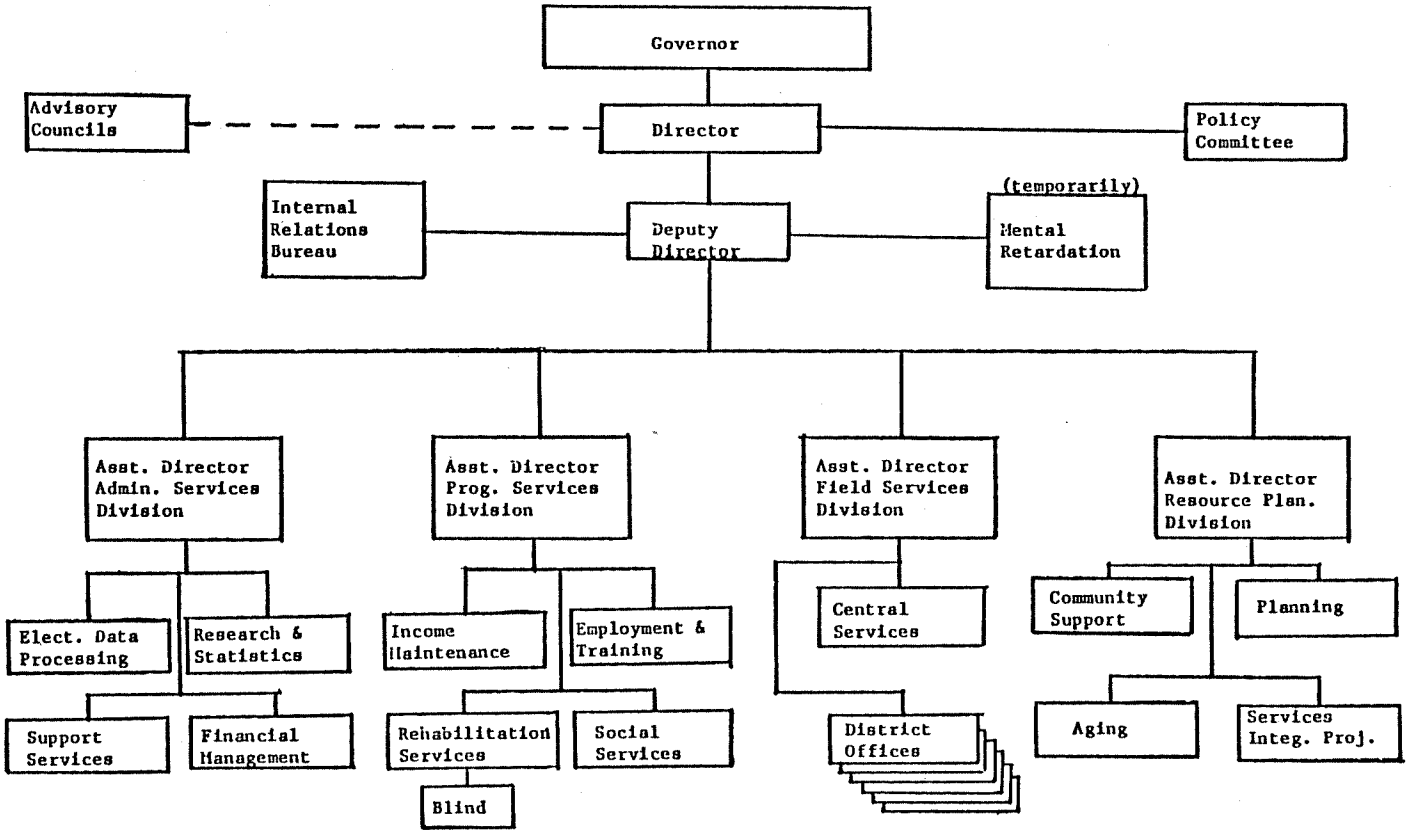
The Confederated CHRA: The third of the three categories of the CHRA concept is the confederated CHRA. The statutes establishing a consolidated CHRA permit the autonomous program units to retain most of their administrative and program authority while establishing the agency to coordinate human services activities among programs. The confederated CHRA is structurally and functionally similar to the integrated and consolidated CHRAs. An important difference, however, is in relation to the organizational design of the agencies. Similarly, there is little difference between the organizational design of the consolidated and confederated CHRA; the determining factor is the agency's degree of statutory authority over human resource programs.

> The head of a confederated CHRA has little formal authority over operations within the agency; the program units retain the title of "department" and are headed usually by appointees of the Governor. Statutory authority for departmental

Figure 5.1

Chart 1. Example of Integrated CHRA

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

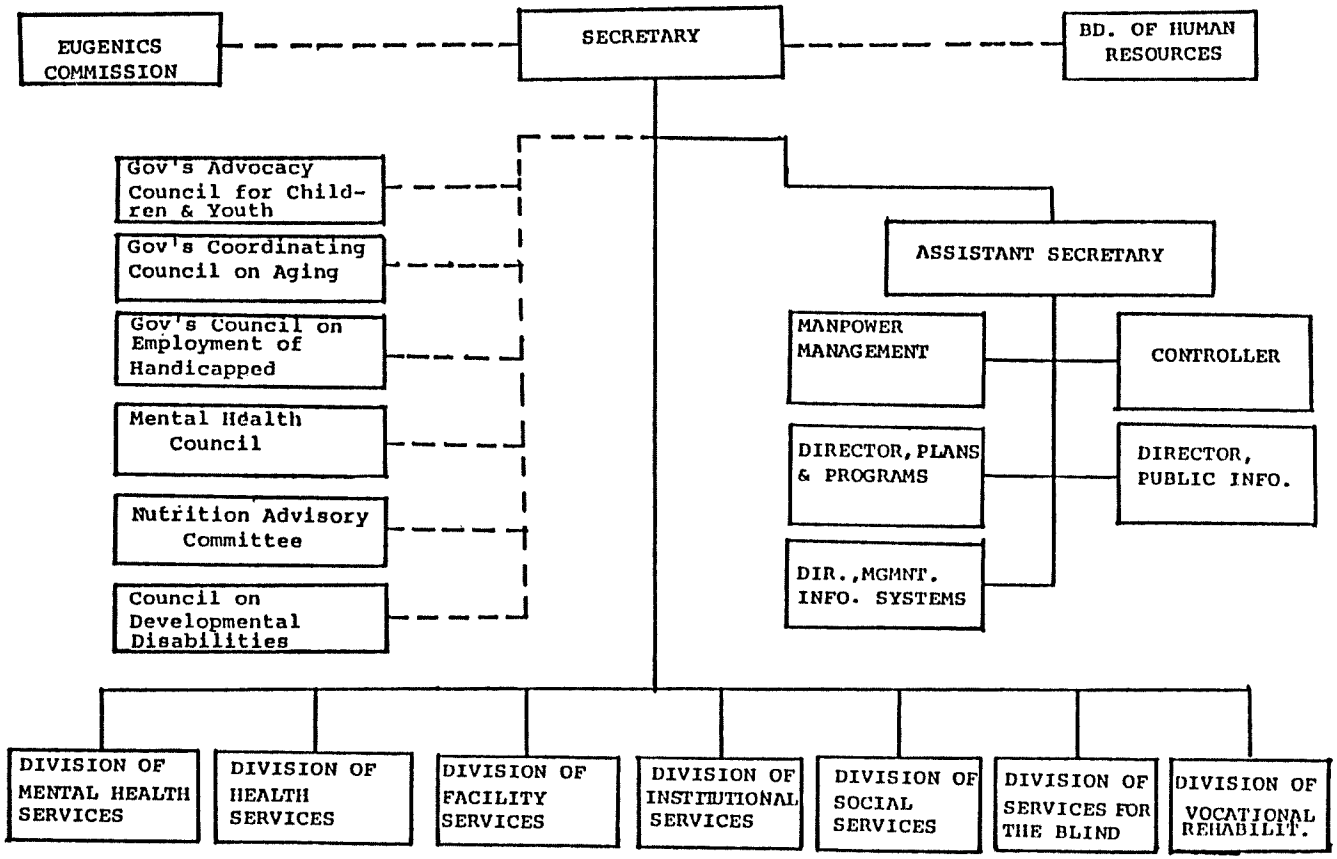


SOURCE: Council of State Governments, "Human Services Integration: State Functions in Implementation", 1974, p. 26.

Figure 5.2

Chart 2. Example of Consolidated CHRA

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES



SOURCE: *Council of State Governments, "Human Services Integration: State Functions in Implementation", 1974, p. 30.*

> operations remains with the departments. The head of the CHRA has authority to budget, plan, and coordinate responsibilities, which can be significant if the Governor supports him in utilizing these management tools.[7]

Among the states which have established the confederated CHRA are California and Massachusetts. See *Figure 5.3* for an example of the organizational structure of a state with a confederated CHRA.

CHRA Regional Organization: Within the framework of the CHRA structure may be included a regional organization in which the state is split into geographic units (regions or substate districts). As of 1974, the states studied by the Council of State Governments had no agencywide regional network.[8]

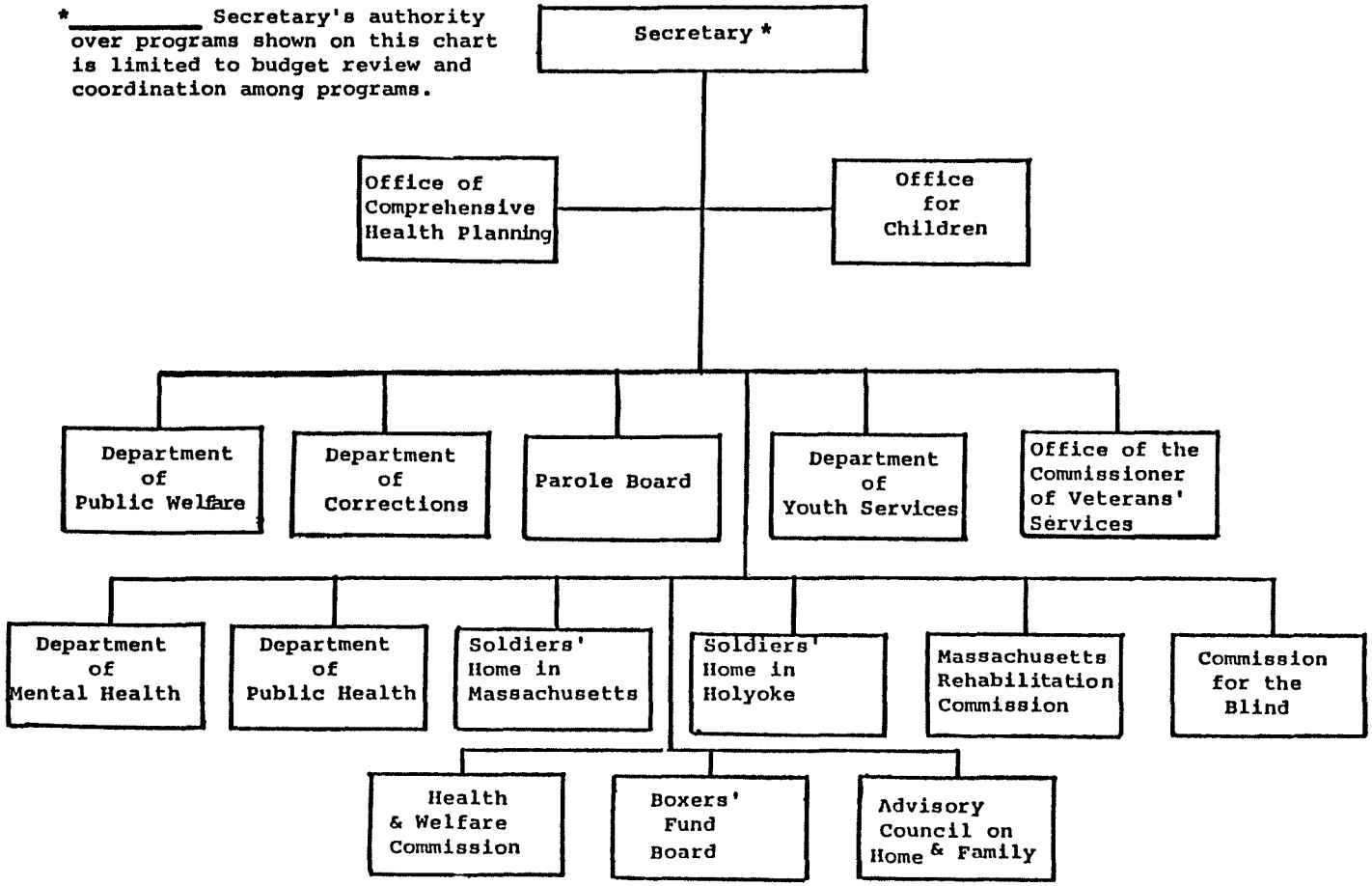
State Level Services Integration Activities: General Findings and Conclusions.[9] The Council, in its 1974 publication cited the following general conclusions regarding human services integration activities at the state government level:

> . Human services integration is not a top priority item in many states. Where human services integration is of concern, in only three states was there an operational effort underway, and in no case has the effort proceeded far enough to be considered an established concept.
>
> . Services integration is a particularly difficult concept to implement in large urban states because of the magnitude of social problems and the multitude of public and private agencies involved.
>
> . Many states have reorganized human resource programs by placing them in a comprehensive human resources agency. This leads usually to efforts to coordinate programs and administrative services, but not necessarily to integration of services.
>
> . It is too soon to determine whether a comprehensive human resource agency is a vehicle which can successfully accomplish integration of human services. However, no other coordinating devices have made significant progress toward this end.

Figure 5.3

Chart 3. Example of Confederated CHRA

MASSACHUSETTS OFFICE OF HUMAN SERVICES



SOURCE: *The Council of State Governments, "Human Services Integration: State Functions In Implementation", 1974, p. 32.*

. There are barriers to state integration of services resulting from federal categorical grants and the legislation and regulations concerning their administration. However, these barriers have not been as important in attempts to integrate services as have been the state's political and bureaucratic issues.

. Title IV-A of the Social Security Act, authorizing federal funds for social services programs largely determined by state and local governments, is a force for integration. It requires state agencies having eligible programs to contract with the designated state administering agency in order to obtain Title IV-A funds. While the chief state purpose is to maximize the federal dollars to which it is entitled, it can lead the way to interagency cooperation on a broader front.

Suggestions for Strengthening Services Integration at the State and Federal Levels[10]

Human Services Reorganization

No attempt should be made to establish a model for state reorganization of human services. There are many ways to organize a human resource agency. Issues include the question of the programs to be included, the location of responsibility for service delivery, and the extent to which administrative services should be centralized.

To claim savings by reorganization can cause later embarrassment and diverts attention from the more important reasons for reorganization. Reorganization has front end costs, and States have run into difficulty in taking immediate savings before reorganization is implemented. Reorganization can save some money in greater efficiency. Simply changing administrative leadership can unearth savings that could have been made previously but never were.

A plan for reorganization, whether of the overall executive branch or of only the human resource area, has a better chance of adoption if the proposal is in keeping with the political framework and traditions of the State.

The organization of a human resource agency should be designed after careful consideration of the purposes of the agency and the basic mission--whether the emphasis is on employment, the disadvantaged, or on health.

The enabling act should allow the administrator the authority to run the department, select key staff, and organize it in a manner suited to its mission and the administrator's style.

Timing is all important. Reorganization should be proposed when the climate is right for acceptance of the idea. A well-conceived plan which is too early or late has less chance than a plan submitted at the right time.

Successful enactment of a reorganization plan is enhanced by strong and active support from the Governor and key legislators.

Implementation of Reorganization and Integration Plans

For successful implementation of reorganization or integration, a strong department head must be selected who is attuned to management processes, political factors, and program requirements.

The department head must have strong gubernatorial and legislative support in accomplishing his objectives.

The department head must establish rapport with employees and interest groups, and develop good means of communications both to and from these groups.

To accomplish objectives, especially integration, any changes in lines of authority should be put into effect with a clear understanding on the part of all concerned of the responsibility for service delivery, program guidance, and management services.

The department head requires adequate staff assistance to plan for and implement change. Whether this staff is formally in his office or in a

division, it should be made clear that the relationship of this staff is that of advisor to and management arm of the department head, and acts only in his name.

The role of the budget, planning, and personnel functions under the department head in achieving departmental objectives should be emphasized. This management assistance has not often been used to its maximum potential in assisting integration.

Administrative linkages such as coordinated budgeting, planning, and problem-solving are tools which should be used to coordinate various programs. However, they do not in themselves bring about integration of services.

Federal-State Relations

Individual state efforts to compile an inventory of federal barriers would probably be unproductive. More productive would be a joint federal-state project to this end.

States seeking to integrate services should plan its approach and implement it, consulting with federal officials throughout and tackling each barrier as it arises.

Federally funded services integration (SITO) projects would probably have more transfer value if HEW worked through the States in developing them. Many such projects have been established in local areas without significant involvement of the States. These often result in isolated demonstrations which are not used by the State in developing a statewide program and which do not enter into an exchange of information with other SITO projects elsewhere.

Federal aid for start-up costs of reorganizing and integration would be useful to alleviate funding problems common to these activities.

Federal aid for ongoing management improvement and evaluation would be useful in encouraging the development of these necessary but undramatic functions.

Some Lessons to be Learned from Other States' Experiences

Introduction: As noted in the preceding section, a total of 26 states have established a comprehensive human resource agency. In this section, an assessment is made of the experiences of the states of Georgia and Florida, two states whose experiences with the comprehensive human resource agency concept have received special treatment in the general literature relating to human services issues. Also reviewed is the California State experience relating to a two-year demonstration project on the feasibility of merging the Departments of Employment Development and Rehabilitation. Finally, selected major findings, conclusions, and recommendations concerning state level integration efforts generally are reviewed.

The Georgia Experience: In 1972, as a part of general state government reorganization, a Department of Human Resources was created.[11] The key assumptions underlying the decision to create the department were as follows:

(1) The social, emotional, physical, and economic needs of people are intertwined so much that no single discipline or system can do its assigned or assumed task alone-waste duplication of effort should be minimized.

(2) Public human services are needed by and should be readily available to all citizens in every socio-economic strata-the public system should not be a second-class one just for poor people.

(3) Consolidated administrative leadership for human services can better plan for a more balanced and rational approach to multiple needs-concern for those already afflicted should not absorb all of our attention and resources to the exclusion of preventive efforts.

(4) Consolidated administrative leadership charged with the task of integrating services (however vague and ambiguous the term) is more likely to initiate and effectuate desirable innovations, adaptations, and economies of scale.[12]

The objective of the Department of Human Resources was the creation of a single force in government to efficiently deliver comprehensive programs and services for the physical, mental, and social well-being of Georgia's citizenry. It was anticipated that the new department would eliminate existing duplication and fragmentation of services. See *Figure 5.4* for the organizational structure of the Georgia Department of Human Resources.

Laudable as the goals and objectives of the State of Georgia may be, implementation of the department's functions has encountered, and continues to encounter significant constraints. Among the initial major constraints confronting the department following its creation in 1972 are the following:[13]

. A reduction in the administrative support staff in accounting, budgeting, purchasing, personnel, etc. The reduction was based on an arbitrary presumption of economies of scale to demonstrate the benefits of reorganization, and was four times the number recommended.

. The building of an after-the-fact consensus on the mission of a unified department is a difficult task at best.

. The Reorganization Act did not alter the status of county boards of health and county boards of family and children services. Neither did the Act provide for a uniform substate districting pattern or funds for support for the department head's responsibility at the level.

. The single-term limitation for the governor is a factor in a major executive branch reorganization.

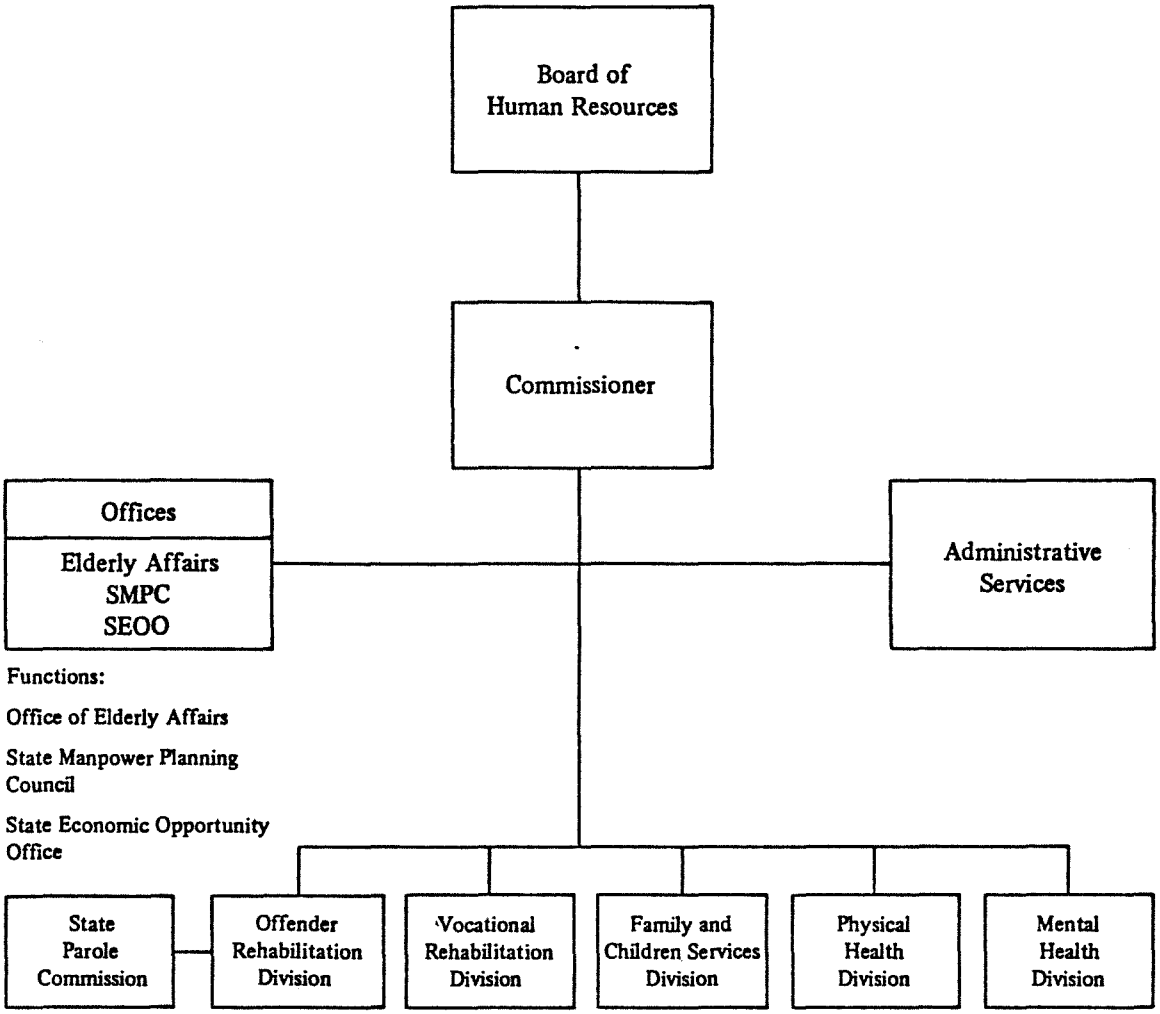
. The inherent complexity and controversy within the field of human problems add to the burdens of transition, i.e., consolidating human need programs under an umbrella agency.

. Federal policies constrain flexible use of resources and planning is disrupted by unanticipated shifts in federal funding policies.

. A large department with 22,000 employees and about 50 programs makes it ready game for criticism, even though the department is functioning relatively smoothly.

Figure 5.4

DEPARTMENT OF HUMAN RESOURCES



Source: *"State-Level Integration: Organization and Policy", James Parham, Deputy Commissioner, Georgia Department of Human Resources, HUMAN SERVICES INTEGRATION: SPECIAL PUBLICATION, American Society for Public Administration, March 1974, p. 14.*

Recent Developments in Georgia. Apparently, the difficulties identified in the early years following the establishment of the Georgia Department of Human Resources remain essentially unresolved. This conclusion is largely based upon three sources in the literature carrying 1976 publication dates and which discuss the department. One source reads as follows:

> The most intense criticism of reorganization is reserved for the Department of Human Resources, a combination of health, welfare, and vocational rehabilitation. It is a mammoth-by Georgia standards-department of 28,000 employees and a budget of about a billion dollars. Sheer size makes it unmanageable, legislators complain. Governor George Busbee has been given authority to reorganize it, but so far only medicaid has been spun off.[14]

A similar observation is made in another publication which refers to "Governor George Busbee's plan to abolish the Department of Human Resources..."[15]

The third source for the conclusion appears in a journal article[16] featuring a delivery by James Parham, Commissioner of the Georgia Department of Human Services presented in 1976. Following are selected questions and issues appearing in the Parham delivery on the subject of questions facing the restructured agency, i.e., a comprehensive department of human services.

> . Will the department's aim be to coordinate existing programs more effectively and fill in gaps existing in current services or will a radical restructuring of existing agencies be attempted to reduce duplication, more explicitly define program boundaries, and rapidly move toward complete services integration?
>
> . How can populations at risk be accurately identified and ranked in priority for resource allocation? Who will rank them? The Governor, the Legislature, the Department, the Divisions, who?
>
> . How can service interventions be objectively evaluated? Most of our efforts in this realm are primitive in the extreme. Usually we bog down in just trying to define reasonably

> measurable objectives.... If we ever get into evaluation in a serious way (and we must for both intellectual and fiscal reasons), ...we are going to shake to the core some of our most cherished sacred cows. (Emphasis added).

Still other questions raised in the Parham delivery are noteworthy. They include questions as to whether administrative support services are to be centralized or decentralized and whether services are to be purchased or furnished through the department.

Parham concludes as follows:

> These and scores of other questions abound. They are made more difficult because few of us have a clear vision of what we want the human service system of the future to look like. One reason for that is that we are not sure enough of the efficacy of existing service delivery modalities. Another reason is that in our evolving post-industrial society, the forms of visible human distress keep changing. New social circumstances and new knowledge will keep spawning new modalities of service and that is as it should be. What we probably need is a sunset law for obsolete models.

The Florida Experience:

Introduction. Of the several states which have created a comprehensive human resource agency in recent years, the literature available to the Bureau would strongly suggest that the Florida experience has received the most extensive coverage in the literature. Such major entities or publications as the American Society for Public Administration; the Council of State Governments; Evaluation: A Forum For Human Service Decision-Makers; Sharing (Project Share); and Record have featured the Florida Department of Health and Rehabilitative Services in their publications. Accordingly much of what follows is based upon these aforementioned sources.

Some Background. In 1967, a newly drafted Florida State Constitution included a provision requiring all executive agencies to be reorganized into not more than 25 departments prior to July 1, 1969. As a result, the Department of Health and Rehabilitative Services was created and designated as the agency primarily responsible for health

and social service programs.[17] The functions of some 20 previously independent agencies, boards, advisory councils, commission, and planning units involved in the field of human services were assigned to the newly created department. In turn, the functions of the newly merged entities were consolidated into seven program divisions including adult corrections, family services, health, mental health, retardation, vocational rehabilitation, and youth services. Human resource functions not assigned to the department included education, employment services, adult parole and probation, and housing services. In support of the program divisions, a division of administrative services, and a division of planning and evaluation were created as staff to the department head.[18]

Problems and Constraints Experienced by the Florida Department of Health and Rehabilitative Services. Certain significant barriers to services integration became apparent shortly following creation of the new department. In brief, the barriers included the following:

- Effective coordination apparently does not occur through a democratic process.

  > Simply placing well-meaning individuals, even when they are competent, under the same organizational umbrella will not automatically eliminate waste, duplication, gaps, or inefficiency in either service delivery or administration at any level within the organization. On the contrary, the key to effective integration appears to be the establishment of accountability in a single executive and providing that executive with whatever authority he needs to effectively operate in the areas for which he has accountability.[19]

- Failure to establish a common goal structure is a barrier to effective integration. During its first four years of operation, the department did not adopt a common goal statement or goal/program structure to which all agencies and services programs could be programmed and evaluated.

- Failure to establish an adequate data base based on past program performance to support decision-making with respect to resource allocation will preclude rational decision-making.

- Assuming a fully adequate data base is established, it will be virtually useless in an integrated service agency unless the data is presented to decision-makers in a uniform and consistent manner by all units within the agency.

- Inconsistency and incompatibility in the state's statutes and regulations relating to agencies in the integrated system and their funding sources is another significant barrier to effective overall integration.

The 1975 Reorganization of the Florida Department of Health and Rehabilitative Services. The Florida legislature in 1975 enacted an extensive reorganization of the Department of Health and Rehabilitative Services.[20] The new statute represented an unequivocal statement of legislative intent mandating the department to develop and implement a system of integrated social and health services. "It is particularly clear from this act that the Florida legislature did not intend for the effective and efficient delivery of these services to be constrained by traditional program identities.[21] See *Figure 5.5* for the organizational structure of the Florida Department of Health and Rehabilitative Services as of 1975.

Continuing Difficulties and Problems Faced by the Florida Department of Health and Rehabilitative Services. In an article appearing in a 1977 edition of Evaluation[22] authored by Laurence E. Lynn, Jr., former high ranking official in the Department of Health, Education, and Welfare between 1971 and 1974, the following observations are made indicating that the department is still encountering difficulties and problems.

> Florida's Department of Health and Rehabilitative Services (HRS) is in trouble with the state legislature. The department is "confused and disoriented", Senate President Lew Brantly declared recently. "The time has come for leaders of government, representing a public which is nauseated with the faults, the inefficiencies and apparent deliberate refusal to correct their own errors, to put a stop to this".[23]

The California Experience: The enactment of SB 601 of the California State legislature in 1973 authorized a two-year experimental project commencing in 1974 "...to study the 'feasibility and desirability of consolidating and

Figure 5.5

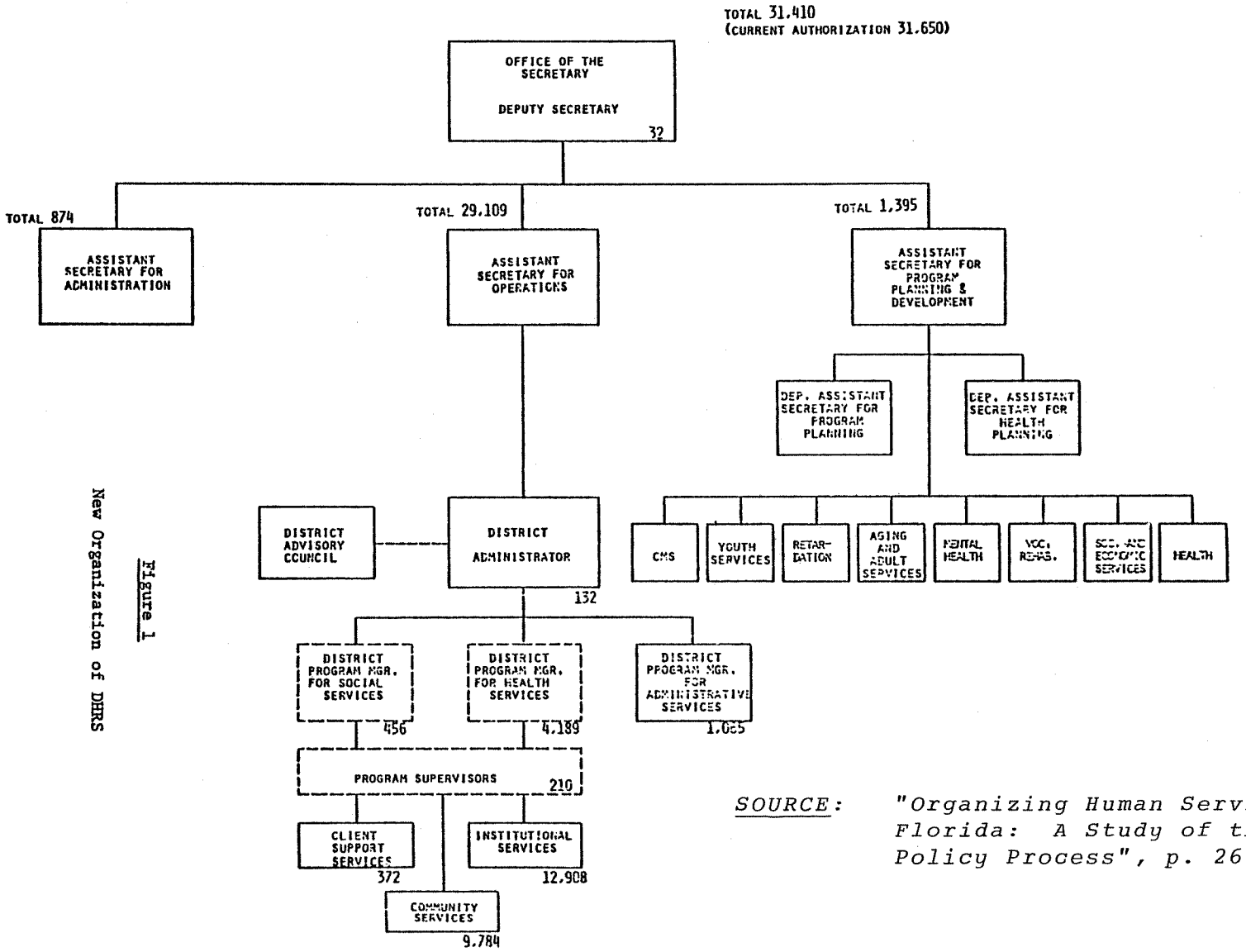


Figure 1

New Organization of DHRS

SOURCE: *"Organizing Human Services in Florida: A Study of the Public Policy Process", p. 26.*

integrating manpower and vocational rehabilitation programs'".[24] The project was entitled "Co-location of Employment and Rehabilitation Services: An Experiment as a Conflict Resolution Strategy" and was established "...as a compromise between the State Administration which wanted to merge the Departments of Employment Development (EDD) and Rehabilitation (DR) and constituent groups who opposed the merger".[25]

The authorizing legislation called for collocation projects in three California communities and the creation of a task force with lay, professional, and state agency staff to evaluate the project and to present pertinent findings and recommendations. Following are the highlights of the major findings, conclusions, and recommendations contained in a report released by the Employment Development/ Rehabilitation Demonstration Project Task Force.[26]

> The consensus of the data leads us to conclude that merging the two departments would be neither "feasible nor desirable", in the words of the original legislation. The Employment Development Department and the Department of Rehabilitation are divergent in several significant areas. The two departments have quite different objectives, philosophies, constraints, expertise, tasks and styles of management which make their merger impracticable.

Following are other conclusions reported in the Task Force report:

> . Although many elements of the project were not fully implemented, the results achieved provide a reasonable test of the co-location issues. There was little development of some variables because they were inappropriate to local office realities. There was little development on others because the project lacked a program development process.
>
> . In the absence of conscious program development, such as occurred in WIN, co-location will not result in service improvements.
>
> . Co-location of the Vocational Rehabilitation and Employment Development programs did not cause a loss in the quantity or quality of services. Clients prefer co-located services.

. Co-location, by itself, will not reduce costs.

. The integrity of the Vocational Rehabilitation Program as measured by organization climate, would be compromised by agency merger and unified management of local service organizations.

. Co-location of EDD and DR is desirable, but actions which provide a broader integration of social services would be more fundamentally important to the life of the clients.

. The span of control at the local level should be given priority. The cadre of managers who can understand the necessary differences in the combined EDD and DR programs does not exist.

. Keep the agencies separate and let them concentrate on the difficult tasks at hand.

. Overall costs would rise under merger.

. Sharing can and should continue between the departments, but it will have to occur because a department perceives a problem of its own which leads it to seek help from another. Discovery of sharing opportunities would be facilitated by periodic cross training assignments.

. The problems of interagency relations should be solved. This criterion should not remain as an important issue in organization design decisions.

. Maintain the separate departments.

Primary Study Recommendations:

. Do not merge the Departments of Rehabilitation and Employment Development.

. There should be no co-location at the local level with unified management because there is no management cadre capable of accommodating the diversity of programs.

. Co-location at the local level under co-operative agreements should be encouraged. The Secretary of Health and Welfare should set and enforce policy which insures that no co-located program is placed at a disadvantage relative to another.

Other Selected Major Findings Concerning Constraints in Implementing the CHRA Concept at the State Level

As can be inferred from the discussion in the preceding section, those states which have attempted to strengthen service delivery through the establishment of a comprehensive human resource agency or the combining of two human service departments have encountered serious obstacles. In this section, the major findings which emerged from a workshop and which are generally reflective of the general findings appearing in the major literature are discussed. The workshop examined in depth the function of four state human resources agencies which have been reorganized and in operation since 1970.[27]

General Findings:

- In the case of each of the four states studied, serious problems have not been resolved and these problems have led to less effective client services.
- In each state, the administrative costs were much higher per unit of output than before the agency reorganization.
- Creation of the super human resource agency did not lead to efficiency, economy of scales and improved services, yet these were the key issues upon which the concept was premised in each state.
- The functions of government that relate to the problems of people do not lend themselves to the economy of scales concept.

Other Findings:

1. Communications at both the central office and field levels had not improved. Due to lack of careful study and planning the first two years resulted in such a deadly confusion

that qualified staff, to a large degree, took other positions--many out of state. These key personnel have not been replaced by highly skilled persons. Employee morale is low with the competent personnel that remains.

2. Lines of authority and responsibility tend to be more confused than they were before the creation of the super-agency (lack of control and accountability). The size of the agency precludes getting problems from the field to those who make policy. In one of these super agencies there are 15 levels of bureaucracy between the field worker in contact with the client and the person responsible for making operational policy.

3. There is a constant demand to handle more clients, more superficially and to produce "paper results". Emphasis is not on quality of services and returning clients to employment for long periods of time, but in getting cases closed as quickly as possible. Intensity of case service is constantly downgraded for numbers of "case closure".

4. Budgets are developed without input from those who must bear responsibility for administration. Even when they are asked to participate in the process their needs, wishes and considerations usually have no impact. The budget request is usually predetermined and only minor details can be worked out by those who really understand the program.

5. Small programs, such as services to the Blind, Veterans Programs, CETA, etc., are considered "problem functions". No one can really take the time to comprehend the differences in the program. The constant criticism is "Why can't it operate like the other programs?" In terms of size, budget, numbers of employees and number of clientele served, such a small program is not considered important. Only when outside groups provide political leverage are those who are responsible for these programs really going to listen.

6. In some instances, personnel standards are downgraded, training programs are diluted or eliminated, the result being that inadequacy of personnel cannot provide those complex, vital services needed to complete the service delivery cycle.

7. Relationships with federal agencies who provide a large percentage of operating funds are often times ruptured or confused. The persons authorized within a state to speak for a functional area of programs often times does not conform with logical patterns of operations and the result is misunderstanding, inefficiency and friction.

Multi-Service Center Concept

Introduction: The most widely implemented of the several categories of strategies seeking improved delivery of human services is the concept or approach popularly known as the multi-service center. The general consensus of the literature asserts that the prototype of the multi-service center concept is traceable to the late nineteenth century through the settlement house programs pioneered by Jane Addams and others.

The general literature concludes, however, that the emergence of the multi-service center, if one wishes to view it as a relatively new development, is traceable to the 1960s. As noted earlier in this chapter the 1960s witnessed the advent of a massive proliferation of new federally based social programs to combat various social ills. According to one source in the literature:

> The neighborhood service center - or the multi-service center - was an outgrowth of the juvenile delinquency program of the early 1960s and the community action program of the mid-1960s; its development was expanded still further under the Model Cities program of the mid-1960.[28]

Another source in the literature, while recognizing the existence of the prototype of the center concept since the late nineteenth century, asserts that the multi-service center concept, i.e., the providing of a range of social services from one location in the areas of concentrated need, was an administrative response in the 1960s to the necessity for reformulating the delivery of welfare services. The same source further asserts that:

> The impetus for this action was the series of urban upheavals which brought to the nation's attention the desperate social and economic conditions that existed in the cores of American cities--conditions which had been largely ignored by the public. In the reaction that followed, new programs were established, and existing services were redirected or regrouped in the hope that a new formula could be quickly devised to correct the causes and conditions which provoked urban unrest.[29]

In addition to the phrase multi-service center, other phrases have been popularly used as virtual synonyms. They include neighborhood service center, multi-purpose center, human service center, and community service center. While from a technical standpoint there may be differences in the nature and scope of programs and services offered through such centers, the core concept of service delivery from a single location is the common characteristic. In addition, there are specialized centers focusing upon the needs of children and youth, the aged, or the provision of legal services. The multi-service center concept has been implemented in the State of Hawaii at the state and county government levels. There is also one non-public entity on the island of Maui, the Cameron Center, which meets the general definition of a multi-service center. *Chapter 6* of this study will assess the status of the State of Hawaii's multi-service center program.

According to a source in the literature, "...as of 1970 more than 3,300 neighborhood service centers were identified...."[30] The multi-service center concept while having encountered some major obstacles in terms of its operational efficacy, nonetheless remains a promising mechanism for improving service delivery at the direct client level. A significant proportion of the funding support for the Services Integration Targets of Opportunity Program (SITO) discussed in *Chapter 5* was committed to development and experimentation of the multi-service center approach.

Summary and Conclusion: According to several sources in the literature, considerable research activity has been devoted toward attempts to evaluate the effectiveness of the concept and its ultimate value as a viable and workable mechanism to provide required services in an efficient and effective manner. However, given the general lack of firm data and the broadly admitted lack of research techniques and tools to adequately measure social program progress, no

convincing data as to the overall merits of the multi-service center, other than the apparently improved accessibility of services, are in evidence. According to one source in the literature:

> Most multi-services centers represent the collocation of multiple services, not one integrated or comprehensive services. There is little evidence of center capacity to coordinate services of independent agencies. Center directors have difficulty controlling staff, who often retain primary loyalty to the parent or host agency and and its goals, policies, and procedures. Even when the administrator has direct authority over staff, coordination and integration may not occur.[31]

Still another source in the major literature published in December 1977 offers a similar view as follows:

> The anecdotal history of these experiments, their eventual success or failure, and the lessons learned present a diverse body of documentation. New information on multi-service centers and collocation is being written at this time. Therefore, it is not appropriate to attempt a definitive history of this topic. Rather, it is more fitting to collect and offer the experiences to date.[32]

Human Services Information Systems

Introduction: The third of the three principal strategies designed to facilitate services integration is the information systems approach. The literature generally concludes that this approach is the most recent of the major strategies designed as a supporting mechanism to enhance a more coordinated and efficient system for the delivery of human services. Various articles and publications have reviewed the experience of various jurisdictions which have implemented an information system. Perhaps the most comprehensive recent work is a 312 page publication by Project Share, an HEW publication entitled, "Cultivating Client Information Systems", June 1977.[33] The following discussion is based heavily upon that publication which used as sources of data, approximately 350 documents relating to the subject.

Human Services Information Systems: Some Background. The human service information systems is a late starter in the attempt to apply modern technology to solving social problems. This appears due in part to two basic factors.

One is the difficulty in identifying the market for such systems, and the other is the relatively recent proliferation of federal, state, and local human services programs. As new social programs are given life by legislative mandate, new organizations are created to administer them. Frequently the new programs are focused upon a particular clientele or target group such as the aged, children, the handicapped, drug abusers, and minorities. While each of the new programs has carried with it some data and information gathering and disseminating requirement, the resources available have been limited.

Thus, the lack of a central point or focus has precluded effective development of human service delivery and supporting data systems development.

Human Services Information System Defined. The seemingly simple task of defining a human service information system has not been easy. A problem which has plagued writers, investigators, and system evaluators in recent years is where to make the distinction between the human service delivery system and the human service information system.

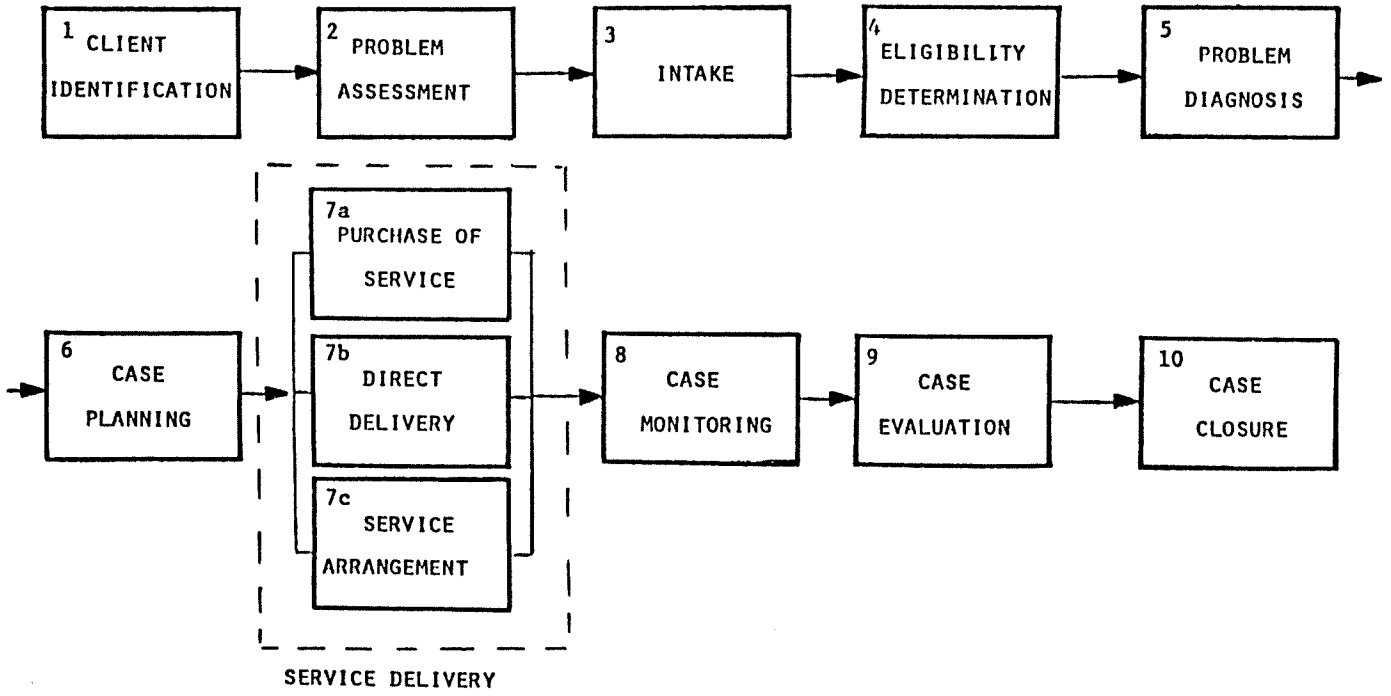
A Suggested Framework for Reviewing Human Services Information Systems: The framework suggested in the aforementioned Project Share publication is predicated on the need to distinguish between the human service delivery systems, on the one hand, and the information systems designed to support human services delivery systems on the other. Both, however, are systems in the broader context and the concepts and approaches to systems analysis are applicable to either system.

The Human Services Delivery Process. Analysis of service delivery under the various federal, state, and local human services programs reveals a pattern based upon ten basic processes beginning with client identification as the initial process and ending with case closure. See *Figure 5.6* for a charted display of the process. The ten processes or functions shown on *Figure 5.6* should be viewed as a part of the service delivery system and not of the information system.

The Human Services Information System. The human services or client information systems are intended to provide information and data related to one or more of the functions in the service delivery process. Such information and data are intended for use by the caseworker, casework supervisor,

Figure 5.6

THE HUMAN SERVICE DELIVERY PROCESS



SOURCE: *"Cultivating Client Information Systems", Human Services, Monograph Series, Project Share, Number 5, June 1977.*

agency officials, and others. Client information systems are designed to support either a particular field or category of service such as social services or mental health services, or multiple fields of services. In turn, each information system category subsumes one or more sub-systems. The nine most common information sub-systems which support the service delivery system depicted in *Figure 5.6* are as follows:

- Client Identification Sub-System
- Intake and Eligibility Sub-System
- Client Tracking Sub-System
- Purchase of Service Sub-System
- Direct Delivery Sub-System
- Service Arrangement Sub-System
- Goal Setting Sub-System
- Unit of Service Sub-System
- Resource Information Sub-System

Some Conclusions and Lessons Learned About Client Information Systems:

- The Key Person. The success or failure of a system or sub-system is heavily influenced by the presence of a key person.
- System Control. Control of the information ideally should rest with the organization which it serves.
- Systems Policy. Top management should set information systems policy and make a commitment to support and monitor the system development effort.
- The System Plan. System developers are not in agreement on two basic questions: (1) whether it should be short-range or long-range, and (2) whether it should be simple or detailed.
- System Design. The system design should be modular, flexible, simple, and involve all potential users in its preparation.

- Output Utilization. A critical consideration to insure successful implementation of an information system is acceptance and utilization of data output by both the originators and providers of the data input and by those who participate in the system design.

- Documentation. Perhaps the most apparent deficiency in human services information systems is the absence of proper documentation. The deficiency includes both the lack of general descriptive material as well as manuals for systems user operators.

- Training. Adequate orientation and training for staff in system utilization should be planned for and implemented early in the development process.

- Confidentiality. A confidentiality policy for systems when sensitive information is to be gathered is essential.

- Common Language. The ambiguity of terminology or lack of common definitions of terms, especially where more than one agency is involved has been a barrier to successful systems development.

- System Transfer. Only limited experience has been gained in system transfer and virtually no records of successful transfer methods and procedures are in evidence.

MASTER SUMMARY AND CONCLUSIONS: SERVICES INTEGRATION AT THE NATIONAL LEVEL

This chapter has attempted to chronicle the major developments and features associated with the concept of human services integration at the state government level. Examination and interpretation of the rather extensive literature on the subject reveal that three basic strategies have formed the core approaches. One is the comprehensive human resource agency approach. Under the CHRA approach, previously autonomous agencies providing human services are combined into a single super state agency. Another approach, and the apparently most widely implemented one, is the establishment of the multi-service center. The underlying

feature of the multi-service center is the collocation of various human services programs and staff at a common location, thus facilitating client access to multiple services, as needed. The third strategy, the information systems approach, has also received extensive experimentation.

While limited successes have been achieved within the structure of each of the three strategies, the consensus of the literature holds that there is no hard evidence to document what can be straightforwardly pointed to as a successful overall endeavor. The reasons and rationales advanced for the non-attainment of the anticipated objectives, i.e., cost savings, improved service delivery, etc., are abundant.

Some Lessons Learned

Many lessons have been learned during the past decade in the broad based experiment to discover and implement effective mechanisms to facilitate the delivery of human services. Perhaps the most important single lesson or clue to such lesson can be inferred from a passage appearing in a presentation made by James Parham, Commissioner of the Georgia Department of Human Resources, widely acclaimed as a leader and expert in the services integration movement, who has said:

> ...[T]he forms of visible human distress keep changing. New social circumstances and new knowledge will keep spawning new modalities of service and that is as it should be. What we probably need is a sunset law for obsolete models.[34]

One other reality which has surfaced is the realization that there is no clearcut agreement, even at the highest policy making levels of government, as to the basic goals of the social/human services. For example, should the goal be to reduce inequality between economic groups or to eliminate or reduce only the most visible examples of abject poverty?

Still another lesson is the widely asserted view that the state of the art in adequately evaluating social interventions in terms of their effectiveness in achieving anticipated goals is, at this time, in need of extensive development and refinement. As James Parham has noted "Most of our efforts in this realm are primitive in the extreme".[35] (Emphasis added).

A final key lesson worthy of note is the caveat of Niccolo Machiavelli who warned:

> ...It must be remembered that there is nothing more difficult to plan, more doubtful of success, nor more dangerous to manage, than the creation of a new system. Where the initiator has the enmity of all who would profit by the preservation of the old institutions and merely lukewarm defenders in those who would gain by the new ones.[36] (sic).

The Outlook for Services Integration

The less than adequate overall progress in achieving the anticipated objectives associated with services integration notwithstanding, it is a safe assumption that the services integration movement will remain an active concern in the months and years ahead. This view is supported by the authors of a Project Share article dated August 1976 who state:

> Clairvoyance is not required to recognize that the pressures for services integration will not cease. We will continue to see the expanding use of technology, the continuing increase of specialization in professional disciplines, and the growing importance of human services approaches, which bring the full range of these technologies and specialities rather than narrow categorical responses, to bear upon the needs of families and individuals. We are also likely to see continued blurring of the lines between what is public and what is private, with the growth of the "third sector" creating new needs for integration of hybrid organizations with the purposes and operations of government itself. New forms of public-private cooperation in human services are likely to increase, especially in well-defined specialities where contractual and purchase of services arrangements are already multiplying.
>
> At the same time, there is need for a literature of futurism to tell us that the pressures on general executives are unlikely to abate. Regardless of the evolution of the current post-Vietnam, post-Watergate alienation from government, there will continue to be pressures for greater accountability of elected officials to the public, in

part due to the growing recognition of the limitations of government in responding to the full array of society's wants and needs. The current "politics of scarcity" may lose a measure of political appeal, but the new concern for more carefully assessing the powers and limits of government seems unlikely to sink under the next wave of political faddism.

Thus, general executives will remain at the center of both trends: the pressure to integrate human services in order to set priorities and make those services more effective, and allied pressures upon general executives themselves to respond to the growing need for social choice among unlimited wants. Services integration as an HEW response to the widespread diagnosis of these trends may not continue to be labelled as such, but the pressures of future decades will very likely strengthen the rationale for a broad definition of services integration as a means of governmental response to social needs.[37]

PART III

HUMAN SERVICES INTEGRATION IN HAWAII: ACTIVITIES AT THE STATE, COUNTY, AND NON-PUBLIC SECTOR LEVELS

INTRODUCTION

Within the State of Hawaii a number of initiatives of varying scope and nature designed to strengthen the planning, management, and delivery of human services have been advanced over the years. The initiatives are generally keyed to federal legislation although certain initiatives traceable directly to state or county level or non-public sector actions are also in evidence. The three chapters comprising Part III, i.e., Chapters 6, 7, and 8, respectively, review developments at the state government, county government, and non-public sector levels in Hawaii.

Chapter 6

HUMAN SERVICES INTEGRATION INITIATIVES AT THE STATE GOVERNMENT LEVEL

INITIATIVES OF THE HAWAII STATE LEGISLATURE

An examination of legislative activities at the state government level reveals a concern of considerable duration with respect to program planning and management and the delivery of the various human services. Attesting to this observation is the enactment more than a quarter of a century ago, of Act 294 of 1949 which established the Territorial Commission on Children and Youth. The Act provided for the creation of a commission to consist of not less than 15 nor more than 20 members with broad representation from the various principal agencies of the territorial government plus at least one resident each of the several counties of the Territory. The duties of the commission as specified in the Act included:

(1) Studying the facts concerning the needs of children and youth in the Territory through adequate research studies;

(2) Reviewing legislation pertaining to children and youth and appropriations made for services in their behalf in such fields as health, child guidance, social service, education, recreation, child labor, juvenile courts, probation and services, and detention and correctional facilities, and to present recommendations to the Governor and the Legislature of the Territory;

(3) Appraising the availability, adequacy, and accessibility of all services for children and youth within the Territory;

(4) Ascertaining the facts concerning the operations and the operating policies, affecting children and youth, of all territorial and county departments and agencies responsible for providing services for children and youth; and

(5) Maintaining contacts with local territorial and federal officials and agencies concerned with planning for children and youth.

During the 1976 Regular Session of the Hawaii State Legislature, two acts designed to further strengthen the planning and provision of services for children and youth and for the elderly were enacted into law. One measure, Act 207, established the Office of Children and Youth within the Office of the Governor. The other measure, Act 217, established the Executive Office on Aging within the Office of the Governor. Act 207 and Act 217, respectively, provided for the abolishment of the State Commission on Children and Youth and the State Commission on Aging. Other measures enacted by the 1976 State Legislature include the adoption of Senate Resolution No. 396, S.D. 1, entitled "REQUESTING AN INTERIM STUDY ON THE ADEQUACY OF THE MECHANISMS AND PROCESSES RELATING TO THE IMPLEMENTATION AND FUNDING OF HUMAN SERVICES" and Senate Resolution No. 133 entitled "REQUESTING A STUDY OF AN INTEGRATED SERVICES APPROACH TOWARDS HUMAN SERVICES".

The following is a chronological listing of selected major state level legislation relating to human services introduced or enacted following the passage of Act 294 of 1949:

Act 198 of 1963. Created a State Commission on Aging with the following principal duties: provide a mechanism by which governmental and nongovernmental agencies can coordinate their plans, policies, and activities with regard to aging; appraise the availability, adequacy, and accessibility of all services and facilities for older persons in the State; and maintain contacts with local, state, and federal officials and agencies concerned with planning for middle-aged and older persons.

Act 299 of 1967. Established a Progressive Neighborhoods Program. The principal purpose of the Act was to initiate on an exemplary and demonstration basis, remedial action, to alleviate conditions contributing to a composite problem area, by concerted programs to supplement public resources in the area and to attempt new solutions through reallocation of present resources.

Senate Bill No. 2180-74 (A Bill for an Act Relating to the Establishment of the Office of Human Services). The bill was not enacted into law. The basic intent of the bill was to improve the coordination of human services programs

by establishing within the Office of the Governor, an Office of Human Services. Programs which would have been included within the proposed office included the following:

- Progressive Neighborhoods program
- Commission on Children and Youth
- Commission on Manpower and Full Employment
- Committee on Employment of the Handicapped
- Hawaii Office of Economic Opportunity

House Bill No. 32-75 (A Bill for an Act Relating to Integrated Human Services). The bill was not enacted into law. The basic intent of the bill was to empower the State Director of Social Services to develop plans and programs for integrated human services by which needy persons are referred to all allied programs of the State, its counties, the federal government, and private agencies for which they demonstrate interest and possible eligibility.

House Bill No. 925-75 (A Bill for an Act Relating to the Creation of the Department of Human Resources). The bill was not enacted into law. The purpose of the bill was to establish a state department of human resources to be headed by a single executive to be known as the director of human resources. The department would have been granted general charge and administration of programs relating to the elderly, children, and youth, including the authority to coordinate plans and programs relating to these target groups. The general duties of the department would have included:

(1) Providing the means by which governmental and nongovernmental agencies can coordinate their plans, policies, and activities with regard to elderly affairs, children, and youth, including development of state master plans for elderly affairs, children, and youth.

(2) Creating public awareness and understanding of the needs and potentials of the elderly, children, and youth.

(3) Conducting needed research relating to elderly affairs, children, and youth, in conjunction with the appropriate state master plans.

(4) Recommending legislative and administrative action, review legislation and appropriations made for health, social welfare, education, employment, and recreation and related fields, and consider and present revisions and additions needed and report to the Governor and to the Legislature regarding such legislation using the appropriate state master plans on behalf of and in the interest of the elderly, children, and youth.

(5) Appraising the availability, adequacy, and accessibility of all services and facilities for the elderly, children, and youth, within the State for which standards shall be established in the appropriate state master plans.

(6) Studying the operations and the operating policies of all state and county departments and agencies responsible for providing services for the elderly, children, and youth, including without limitation to the generality of the foregoing, the agencies with primary responsibility for public health, social welfare, education, housing, employment, recreation, and retirement, and report to the Governor and to the Legislature. All such departments and agencies are to cooperate with the department of human resources in providing information as the department deems necessary for the effective discharge of its duties.

(7) Stimulating, guiding, and providing technical assistance in the organization of local or regional committees on elderly affairs, children, and youth and in the planning and conduct of services, activities, and projects intended therefor.

(8) Stimulating training for workers in services to the elderly, children, and youth.

(9) Promoting the development of services to assist children, youth, middle-aged and older persons to develop skills, attitudes, and interests to prepare themselves for their later years.

(10) Maintaining contacts with local, state, and federal officials and agencies concerned with planning for children, youth, middle-aged, and older persons.

(11) Cooperating with national groups on elderly affairs, children, and youth, and arrange for participation by representatives of the State in White House conferences and other national conferences from time to time.

(12) Administering funds allocated for its work and accept, disburse, and allocate funds which may become available from other governmental and private sources.

(13) Sponsoring, stimulating, organizing, and, if necessary, conducting action research and demonstration projects in support of child and youth development and prevention and control of juvenile delinquency.

(14) Developing plans and integrating planning for services and programs relating to the elderly, children, and youth.

(15) Coordinating and mobilizing resources, both public and private, which address problems and enhance opportunities for the elderly, children, and youth.

House Bill No. 1722-75 (A Bill for an Act Relating to a Department of Human Services). The bill was not enacted into law. The intent of the bill was to provide for establishment of a state department of human services.

House Bill No. 1723-75 (A Bill for an Act Relating to Human Services). The bill was not enacted into law. The intent of the bill was to reorganize existing human services programs into a comprehensive human services program.

OTHER STATE LEVEL INITIATIVES

In addition to the aforementioned legislative initiatives, there are other initiatives, some of which stem from legislative enactments, federal requirements, or initiatives directed by the Governor. In the section which follows, several selected initiatives which have direct impact upon

service integration activities or have potential for such impact are discussed. The initiatives include the Progressive Neighborhoods and the Community Service Center programs authorized by Act 299 of the 1967 Regular Session of the Hawaii State Legislature; the Survey of Community Resources for Delivery of Social Services, State of Hawaii; the Title XX Statewide Social Services Plan; the A-95 (Project Notification and Review System); the CORE Report to the Governor; and the Proposed Department of Human Services recommended by the Hawaii Commission on Organization of Government.

Progressive Neighborhoods Program - An Overview

Of the various state-initiated human services integration efforts, the Progressive Neighborhoods Program enacted under Act 299 of 1967 represents the most intensive effort to date in the State's attempt to strengthen service delivery at the client level. Act 299 included a statement of purpose which reads in part:

> ...to initiate on an exemplary and demonstration basis remedial action to alleviate conditions contributing to a composite problem area by concerted program to supplement public resources in such an area and to attempt new solutions through reallocation of present resources. Demonstration of the utility of additional resources or the better use of traditional resources in a neighborhood will provide an exemplary focus for approaches to socio-economic problems in other neighborhoods and environments.

Other principal provisions of Act 299 included the establishment of (1) a Progressive Neighborhoods Task Force; (2) a Model School Program; (3) the Nanakuli Children and Youth Project; (4) a Community Physician Program; (5) Community Improvement Grants; and (6) the Detached Worker Program. Act 299 has undergone amendments through the enactment of Act 52 of 1968; Acts 141, 145, and 237 of 1969; and Acts 105 and 183 of 1970.

As of this writing, 21 multiservice projects are being demonstrated in the various PNP target areas.

Perhaps the most significant amendment of Act 299 was Act 145 of 1969 which established the Community Service Centers program, an approach to service delivery which is among the major strategies implemented widely by state and

local governments and by a number of private social agencies throughout the nation. Various terms and concepts which are closely allied to the community service center concept and which are generically similar include neighborhood centers, neighborhood service centers, multiservice centers, multi-purpose centers, and human service centers.[1]

Community Service Centers Program - Some Findings and Conclusions

Over the period of the past six odd years, at least five major studies[2] have been conducted on various aspects of the community service center program. Marshall Kaplan, Gans, Kahn, and Yamamoto performed the initial study in October, 1971. The study entitled "A Study of the State of Hawaii's Human Service Center Program" was primarily concerned with the design and development of an information system for the human service centers. The most recent major study entitled "Community Service Centers: An Organizational Diagnosis" prepared for the Progressive Neighborhoods Program, Office of the Governor, by Pan Pacific Regional Consultants, Inc., August, 1976 provides an excellent review of the development of the Progressive Neighborhoods Program with special focus on the community service center program and contains comprehensive findings and recommendations designed to strengthen the operational efficiency and effectiveness of the PNP and the community service centers program. The following are several major recommendations excerpted from the Pan Pacific report which in the Bureau's judgment bears serious favorable consideration by the State's policy makers:

Policy Level

1. The State Legislature needs to review and consider amending Acts 299 and 145 (Chapter 362, Progressive Neighborhoods Program, Part I-Findings and Purpose and Part VIII-Community Service Centers, Hawaii Revised Statutes, 1976) to provide a sharper focus of legislative intent regarding the Community Service Centers as well as other Progressive Neighborhoods Programs. The need for a common understanding of what "demonstration" represents is imperative since "remedial action" and "demonstration" (two concepts in Act 299) may be antithetical concepts. If demonstration programs were the intent of this legislation, there should have been some acknowledgement of the time and resources required

to achieve the goals and objectives of these projects and the need to conduct such demonstrations on a smaller scale. If, on the other hand, "remedial action" was interpreted as the overriding concern and this was based on the assumption that these long-neglected substandard neighborhoods were urgently in need of basic human services, the developmental direction of the Community Service Centers--i.e., moving away from a small-scale experiment to rapid expansion of its initial design--was predictable. But here lay the crux of the dilemma. Perhaps, answers to the following questions may clarify the legislature's concern and intent and provide the basic framework for program implementation:

a. Were demonstration projects actually pilot programs to be followed by large-scale expansion?

b. Were the various programs proposed under the Progressive Neighborhoods Program specifically designed to stimulate existing agencies to develop and adopt new ways of delivering services or were they generally to achieve broader reforms?

c. Were these projects in actuality, social experiments in which the results would be analyzed to determine future actions?

2. <u>In addition, the State Legislature might want to entertain further amendments to Chapter 362 in which many of the authorized programs could be consolidated under one uniform, integrated administrative system emphasizing universalism wherein procedures intertwine across State departments</u>. This direction may be fraught with traps and constraints but it represents a means to test whether a host of varied and specialized human services and programs can be realistically decentralized and collocated, concerted and coordinated, integrated and comprehensive, and efficient

and effective. In one sense, a paradox exists within the legislation. And that is, a call for coordination and concerted program on one hand, and the proliferation of specialized programs authorized under the Progressive Neighborhoods Program Act on the other.

3. The State (through the executive or legislative branches) may want to explore and pursue with the Federal Government a demonstration project utilizing multiple funding (e.g., from HEW, Housing and Urban Development, Labor, Commerce, Justice, Agriculture, etc.) under a single grant application to demonstrate the feasibility of employing categorical grants to develop effective, comprehensive service delivery models at the State and local levels. In the pursuit of this option, the State may confirm the unfeasibility of developing an integrated service delivery system given the program and funding structure of the Federal Government.

4. Assuming that the CSCs have achieved their mission, the transfer of the Community Services Centers to the Department of Social Services and Housing should be considered as a means of stabilizing and strengthening the planning, administration, coordination, and evaluation aspects of the program. Although DSSH has only payment workers at the centers, income maintenance represents the basic core service of the centers and accounts for most of the client traffic. In addition because public health nursing and employment counseling services are viewed more as ancillary and augmentive, these and other needed services could be either contracted or provided through inter-departmental agreements. Under the direction of a new deputy director for community services within the DSSH, the CSCs (and other related functions as community relations and other human services and resources), would have an established operational base (existing line agency), sufficient authority to carry out their mission, and fixed responsibility and accountability.

This arrangement could be carried out in a manner paralleling the current state of operations, i.e., collocation of services or be expected to further test integrated service delivery methods.

5. The Legislature in the future should establish as an operational policy that any bill proposing the funding, planning, and implementing of any new or continuing human services program should be accompanied by a plan describing the manner in which the proposed services will be integrated into the current human services delivery system. The purpose of this recommendation is three-fold:

   a. to insure legislative awareness, concern and commitment to the concept of services integration in the proposal of any new and continuing program;

   b. to minimize the proliferation and fragmentation of any programs which do not consider the potentiality of services integration;

   c. to draw attention to the fact that, in the final analysis, it is the users of the services who must be considered in determining the effectiveness of any human services program.

   Questions which should be answered to any such service integration plan might include:

   a. Who are the clients in need of the services?

   b. In what manner will the new services be accessible to the clients?

   c. What are the anticipated barriers to accessibility of the services to the target population? Are we fragmenting the clients in the delivery of these new services?

d. Is the target population in need of other services than the one proposed?

e. Are there working relationships between and among these services?

f. If these services are not in close proximity, are there communication and facilitation channels which have been established and identified?

g. Does any component of the new service duplicate any existing service?

This recommendation is submitted in spite of the consultants' recognition that knowledge of the state of art of services integration is not fully developed. However, the consultants believe that the Legislature needs more information of the current status of services integration practices in order to guide the state human services delivery system towards these goals enunciated in Acts 299 and 145. It is the consultants' opinion that this recommendation will take even greater importance as the State government assumes the responsibilities for Federally mandated human services programs, as local demand for services expands, and as the State bureaucracy increases in size. The consultants conceive the services integration plan much in the same light as environmental impact studies, a stance which suggests we do not know all the answers but need to identify the issues if we are to understand the problems.

Program and Policy Development Level

1. The PNP staff and Task Force should seek and ascertain as soon as possible, clarification of the legislative intent of the PNP Act, especially in regard to the dilemma about "demonstration" programs versus "remedial action". This issue may appear moot inasmuch

as the centers have rapidly expanded to meet pressing needs and currently reflect institutionalized operations. However, if the primary intent of the Legislature was confirmed as the decentralization of human services in poverty neighborhoods, the CSCs achieved this to a large degree through collocation of a number of services. Thus, the "demonstration" would have fulfilled its purpose and the means of stabilizing this program should be the next step. But if the legislative intent is discovered to be something beyond the collocation of services, future direction and possible courses of action should become more clear, assuming that the expectations of "something beyond" are explicit and unambiguous.

2. Whether the CSCs are institutionalized within the context of collocation of services or are pursued further as social experiments, the PNP Task Force and staff will need to offer more technical assistance and leadership in the development of criteria for the kinds of services needed in general (i.e., some basic core services) and specific supplemental services for particular neighborhoods. While each neighborhood is different in terms of needs, resources, and constraints, some minimal but essential package of services must be determined to assure a uniform base upon which additional services can be programmed to fit the unique characteristics of a neighborhood.

3. If the legislative intent was found to be clearly one of demonstrating the feasibility of an integrated delivery system of human services, PNP officials can (with legislative authority) take the following corrective actions:

   a. Design a model which incorporates and operationalizes the various concepts which are associated with a services integration system.

   b. Select only one center, thus keeping the demonstration on a very small scale.

c. Allocate sufficient time and resources for ironing out the initial "kinks" in the operations.

d. Monitor and continually assess program operations--as to how the pieces fit, what actually gets delivered and what new problems, constraints or obstacles emerge or are likely to--for modification and adjustments.

4. The PNP Central Office should assume a greater role in providing policy-program direction of the centers. This includes but is not limited to planning a coherent program management strategy, developing a common goal structure, designing data gathering and other evaluative instruments, monitoring the operations as well as the problems of the centers in order to continually improve the service delivery system, and mediating relationships, linkages, support, feedback, etc. between and among the centers, participating State departments and private agencies, and the community. Currently, the central office of PNP maintains essentially an in-house technical support role having minimal contacts with center managers and their operations. Direct line relationship of the PNP director and center managers exists, but increased interactions of central office staff with center managers and their staff should result in reducing the gap between program policies and actual operations.

5. To carry out part of the legislative intent in Act 145, the PNP Central Office needs to assist the centers in developing some mechanisms for consumer participation in the planning, conduct and evaluation of the center programs. Act 145 (Community Service Centers) points out the isolation and alienation of neighborhood residents from the decision-making processes governing governmental programs. Involvement of residents

would not only meet the intent of the legislation but could provide invaluable information and feedback about unmet needs, gaps in services, investment, acceptance, and identification.

6. If the Progressive Neighborhood Program intends to continue sponsorship of the CSC program, the PNP Task Force should establish its own subcommittee with oversight responsibilities for the CSC program. This subcommittee should be concerned with monitoring the operation of the community service centers. It should have the following powers:

   a. to approve the annual implementation and work plans of CSC which include but are not limited to goals and objectives, case management process, service delivery strategies, information systems, etc.;

   b. to approve the plans for the evaluation of CSC;

   c. to provide the leadership in forging interdepartmental cooperation and linkages and in conflict resolution;

   d. to prepare an annual report of the progress of all CSCs in providing integrated services to clients.

Operational Level

1. The authority of the center manager needs to be clarified, and greater freedom and autonomy needs to be delegated to the center manager to exercise direct supervision over all members of the CSC team (PNP and line agency personnel) in both administrative and technical supervision. It seems clear that the CSC manager/coordinator is in a double bind in his exercise of authority and control. The manager does not really have the authority necessary to manage a total center

staff. Split authority relationships, dual supervision, multiple and complex communication channels all severely restrict the ability of the manager to manage. If this role is more than that of a "housekeeping specialist", the role must be imbued with clearer authority. This ambiguous situation regarding the authority of the manager has been addressed numerous times since the inception of the centers. The issue is a major organizational problem. If the CSCs are to be continued, and if more effective management and team development is desired, the center manager needs a higher degree of freedom than is now available to make decisions which concern the internal dynamics of the center staff. Failure to delegate such authority to the center manager will continue a pattern of supervision and leadership which has not been effective in developing a cohesive team operation. If there can be no resolution of the supervision and authority problems, the objectives of the CSCs should be delimited to the offering of services with collocation and its ensuing convenience as the major model for service delivery. In any case, however, each center manager should be responsible for preparing an annual implementation and work plan which describes:

a. the outcomes of the activities for the next year;

b. the strategies to be pursued in achieving these outcomes;

c. the tasks to be assigned to the PNP staff in achieving these outcomes; and

d. a time table of activities.

2. The objectives of the CSCs need to be reviewed and a consensus reached on those which can be operationally defined. Objectives should be defined in a manner which would permit an MBO (Management by Objectives) process to be implemented in the continuing evaluation of the centers. The negative

impact of conflicting and unclear objectives is significant. The CSCs were initially conceived as innovations, and, thus, their objectives, appropriately had to be shaped by experience and clarified in the process of action. However, after five years of experience, it now seems critical to reassess the original objectives. An organization cannot be effective if there are widely ranging perceptions of the objectives. At present the objectives of the CSCs do not seem to be an effective guide to developing strategies. Each center manager/coordinator interprets the objectives differently. Very few center staff have a shared perception of the objectives. As currently defined (in a 1971 statement), the objectives are broad and do not identify concrete outcomes. Hence, it is very difficult to secure data about the extent to which objectives are being met. Furthermore, a consensus must be reached on a set of common objectives of the CSCs which are congruent with and meet the objectives of the line department. Unless a common goal structure is "hammered out", the CSCs will continue to function with increasingly different objectives. There already is evidence that some centers have a focus significantly different from the original intent of the enabling legislation. Much evidence also points to continuous conflicts around priority of agency goals versus center goals. Issues around the concepts of integration versus coordination of services cannot be resolved without reassessing and redefining the objectives. Insofar as objectives set the pattern for both the delivery system and expected outcomes, the lack of clearly defined objectives has been a major organizational pathology of the centers. In short, the development of center objectives which are concrete and operational and which are congruent with those of the participating agencies is a paramount factor in increasing the effectiveness of the CSCs.

3. <u>If the CSCs are to be continued and possibly extended to other areas, there needs to be a concern for some uniformity of operations and for the quality of service rendered.</u> The

existing confusion over objectives, and, indeed, ignoring the objectives by some staff, result in a lack of uniformity in operations and an unevenness in the quality of service available. The same basic staff (PNP and line agency) renders not only different services, but a different quality of service in the various centers. Granted, some of these differences may be due to the personalities of the staff involved; however, much of the difference is also due to the differing broader perceptions of the objectives.

4. A basic "service package" and criteria for such as well as appropriate staffing patterns should be developed for all centers. All of the centers currently have three basic services: income maintenance, public health nursing and employment counseling. Many centers have additional services, e.g., Federal, private-voluntary as well as other state services--and the range of these services varies from one center to another. One of the most difficult services to obtain, and yet most frequently cited as a need by clients and staff was social services and mental health counseling. This need was consistently voiced by all of the center staff during the course of the investigation. Currently social services counseling must be requested by the client through the downtown offices and are not readily available at the neighborhood level. Likewise, mental health services, located in separate facilities, need to be requested by the client. Agency referrals are reportedly not accepted. The food stamp program, medical care for indigents, unemployment insurance, legal aid, mental health and social services, plus the three current basic services appear to comprise the logical broader service package for each center.

5. The centers need to develop a service delivery system strategy--a process (that governs the work flow, that integrates resources, and that guides program activities and procedures. There seems to be no program planning

process existing at the centers except that developed by each line agency. To some extent, each line agency merely "rents" space at the center and continues to plan and operate with little awareness of the other agencies. This model of collocation is certainly one which deals with increasing accessibility of services, but it does not deal with the issue of fragmentation of services. In addition, program implementors should be cognizant that, in the preparation of objectives, programmatic outcomes should be stated from the perspective of the client. This caution is offered since little data appear to be available or used in the planning process which reflect the needs of the people of the community.

If the CSCs were intended and committed to a more holistic delivery of services, then the centers must develop a more integrated case delivery process. In spite of efforts to develop both a common information system and an integrated case management process, neither of these efforts to improve the delivery system has been internalized and accepted by the centers. Although it is not clear as to why these attempts to develop a more holistic management process failed, it seems safe to hypothesize that the failure was due to lack of commitment on the part of center personnel to a common case management process. Center line agency personnel were not only loyal to, but controlled by their own line supervisors, hence were not concerned with developing a broader service delivery process. The results of previous consultants, e.g., the Marshall Kaplan, Gans, Kahn, and Yamamoto (MKGKY) information system work and the SITO project offer many clues to the development of such a uniform case management process.

6. A continuing orientation and team training process needs to be developed and maintained. While efforts at team training were attempted during the formative period of the CSCs, for the most part, team training was concentrated on the Waianae Coast, with some very limited efforts developed elsewhere. There has been almost no training-except that developed by

the line agencies or the center manager for PNP personnel--for over two years. No orientation training, except technical training, has been given to any personnel who have joined the center staff during the past year. The center manager/coordinator was not free in most cases to develop an inservice training program for the total center staff because he/she had no authority to direct line agency personnel. Furthermore, there is a wide range of role perceptions amongst the center manager/coordinators. This suggests, also, the need for continuous training of the team managers so that they can both function with greater role clarity and congruence and become competent trainers of their own staff.

Implementation of the CSC concept really seems to have been attempted with minimal concern for helping both professional and paraprofessional personnel understand the concept and the roles and strategies required to carry it out. Nearly all the personnel interviewed expressed a need for training, and particularly a need for staff development within the center itself. The new discipline of O.D. (Organization Development) which has emerged during the past two decades is current evidence of the need to be consistently concerned with helping an organization learn how to become constantly self-renewing. The social technology of O.D. places a heavy emphasis on constant training, consultation, and evaluation as the major means of helping organizations remain viable. In short, the future of the CSCs is heavily dependent on whether or not the state is willing to make resources available for O.D. projects which will facilitate organizational growth, change, and renewal. The likelihood of a concept as complex as the CSC being viable without continuous training of personnel involved is not great. Indeed, there is in a sense limited data about the viability of the concept simply because it has never been fully implemented. Problems arising from conflicting and ambiguous objectives, jurisdictional disputes, and resistance to change

are all situations which could have been worked through if there had been more adequate and comprehensive training.

7. The physical facilities of the CSCs should be upgraded. Most CSCs are located in quarters which are crowded, noisy, and not conducive to privacy. Many centers are "open bays" which make it impossible for clients to discuss their needs without breaches of confidentiality. Improvement of the physical facilities would be a major factor in improving the morale of the staff of the centers, and in encouraging more clients to use the centers.

8. Each center should reactivate or establish its "Local Citizens' Advisory Board" and provide the necessary organizational support and staff services to ensure that these boards can carry out their functions. During the early formulation of the CSC concept, advisory boards comprised of neighborhood residents were to be established and attached to the center managers to serve as a linkage between the centers and respective communities. Such boards can provide an opportunity and mechanism through which citizens can participate and have input into programs which directly affect them. A board's functions can include dealing with citizens' complaints, feedback regarding the quality and quantity of services rendered, and in identifying unmet community needs.

Survey of Community Resources for Delivery of Social Services, State of Hawaii: A Summary Report of Findings and Conclusions

Introduction: In June 1972, then Governor Burns authorized the creation of an inter-agency Task Force on Public Welfare Program and Fiscal Planning in the Department of Budget and Finance.[3] The Task Force consisted of two groups: one on Integrated Social Services and the other on Public Welfare Fiscal Planning and Grants-in-Aid. The primary responsibilities of the Working Group on Integrated Social Services were fivefold:

(a) determination of community resources for integration and delivery of social services; (b) preparation of program plans for services with priority for matching federal financial participation; (c) development of an administrative mechanism for social service program development and purchase of service with participating public and private agencies; (d) amendment and revision of State Master plans for social services under Titles IV-A and XVI of the federal Social Security Act; (e) evaluation of additional areas for future integration of service delivery functions on a statewide basis.[4] (Emphasis added).

In September 1972, the Task Force commenced a statewide survey of social services providers in the public and private sectors. "The purpose of the survey was to assist in the preparation of a Master Plan of Integrated Social Services".[5] (Emphasis added).

General Findings and Conclusions of the Task Force.[6]

- In 1972, public and private agencies in Hawaii expended more than $44 million in serving the needs of more than 51,000 clients. Projections showed that by 1977 the client caseload should double to a level of over 100,000 with all levels of spending for social services rising by more than four-fifths to nearly $77 million.

- Despite the rather extensive service delivery effort, "...integration of social services in Hawaii is inhibited by the lack of a smoothly functioning and coordinated system of service delivery and management". This conclusion was essentially based upon two sub-findings: (1) that less than one out of every ten persons potentially in need of social services was being reached, and more than half of these were persons eligible for public assistance, and (2) major and persistent barriers to achievement of effective integration are the conflicts and voids in eligibility criteria, lack of adequate service delivery planning, underutilized purchase of service system, and instability in federal funding of both public and private programs.

- The state government can serve as the catalyst for achieving integration by virtue of its dominant role in planning and programming of state and federal funding support for both public and private social providers.

- Private agencies can assume an important role in service delivery efforts by reason of their significant capabilities in both funding and delivery of critical child and family services. The role of the private sector agencies can be facilitated by the development of a refined and coordinated system of program planning and purchase of service by state social service agencies keyed to the development of uniform eligibility and delivery standards.

- More than one-half of the organizations surveyed by the Task Force were unable to adequately identify the target groups in the general population in need of service programs and less than 13 percent of those responding to the survey possessed any basic data of service population characteristics.

- Eligibility standards for services are keyed to questions of disability, age, and low-income status and of the groups utilizing low-income as the primary criterion, more than two-thirds had substantially different levels of program acceptance resulting in potential restrictions in total system service capacity and referral capabilities.

Summary and Conclusions. While comprehensive data is not readily available as to follow-up actions taken on the task force report, it can be reasonably assumed that the report was a factor in the enactment of Act 225 of the Session Laws of Hawaii 1974, which mandated the Commission on Aging to develop a comprehensive master plan for the elderly. Pursuant to the requirement of the Act, the Commission contracted with Gordon Associates, Inc., for the preparation of a study report entitled "Comprehensive Master Plan For The Elderly", December 15, 1974. Among the principal recommendations of the "Gordon" report was the recommendation that the Commission on Aging be abolished and be replaced by an Executive Office on Aging within the Office of the Governor. The recommendation led to the enactment of Act 217 of the Session Laws of Hawaii 1976, which established the recommended office.

It is also likely that the inter-agency task force study findings influenced the enactment of Act 207 of the Session Laws of Hawaii 1974, which established the Office of Children and Youth within the Office of the Governor.

As of this writing the Executive Office on Aging and the Office of Children and Youth are the principal state agencies respectively responsible, among things, for statewide planning and coordination of elderly and children and youth programs and activities.

Title XX Social Services Plan for the State of Hawaii

Introduction: The signing into law on January 4, 1975 by former President Gerald Ford of the Social Security Act Amendments of 1974 (P.L. 93-647), popularly known as the Title XX amendments, established new nationwide policy directions for the delivery of social services. Pursuant to congressional action in 1972, an annual ceiling of $2.5 billion was placed on federal grants for social services. The grants were allocated to the various states according to such criteria as the state's population. Hawaii's share of federal dollars for the initial program period, a 21-month period commencing October 1, 1975 and ending June 30, 1977, was $17,500,000.[7] The total estimated expenditures for the 21-month period amounted to $23,727,072 broken down as follows:

. Federal share.....	$17,440,000
. State matching share.....	5,712,275
. Donation (private).....	574,797
	$23,727,072

In brief, Title XX required each participating state to develop a goal-oriented social services system geared to the attainment of five national goals as follows: Self-support, Self-sufficiency, Community Based Care, Institutional Care, and Protective Care for Children, Adults, and Families.[8]

Nature and Scope of Title XX Services. Services offered under the State's first Title XX program period which commenced October 1, 1975 included 23 distinct services grouped under four categories as follows: Family And Children Services, Information And Referral To Individuals And Families, Services To Meet The Special Needs Of Alcoholic And Drug Abusers, and Individuals and Families. See *Table 6.1* for a listing of the services provided and the funding amounts and sources.

Table 6.1

SUMMARY OF ESTIMATED EXPENDITURES BY SERVICE
AND BY SOURCE OF REVENUE
October 1, 1975 - June 30, 1977

SERVICE	State Expenditure	Donated Expenditure	Federal Expenditure	Total
FAMILY AND CHILDREN SERVICES				
ADOPTION	40,124	---	79,814	119,938
CHILD PROTECTIVE SERVICE	231,919	---	466,173	698,092
CHILD CARE	1,709,778	40,033	5,250,232	7,000,043
CHORE SERVICE (HOUSEKEEPER)	47,172	---	110,112	157,284
EMPLOYMENT AND TRAINING	303,093	---	602,894	905,987
FAMILY PLANNING	171,383	---	1,542,443	1,713,826
FAMILY SERVICES	330,709	28,070	1,071,338	1,430,117
FOSTER CARE	447,963	35,533	650,492	1,133,988
HEALTH SUPPORT	164,582	50,219	640,405	855,206
HOMEMAKER	48,615	---	96,701	145,316
RESIDENTIAL SOCIAL REHABILITATION	303,426	63,423	695,545	1,062,394
UNMARRIED PARENT SERVICES	80,714	10,054	193,127	283,895
INFORMATION AND REFERRAL TO INDIVIDUALS AND FAMILIES	89,551	27,020	340,332	456,903
SERVICES TO MEET THE SPECIAL NEEDS OF ALCOHOLIC AND DRUG ABUSERS - INDIVIDUALS & FAMILIES	449,160	49,919	1,492,237	1,991,316
INDIVIDUAL ADULT SERVICES				
CHORE SERVICE	312,390	15,749	779,734	1,107,873
DAY CARE FOR DISABLED ELDERLY	197,858	19,121	590,650	807,629
EMPLOYMENT AND TRAINING	229,657	214,656	1,377,052	1,821,365
FOSTER HOME CARE	164,404	---	465,833	630,237
HEALTH SUPPORT	118,762	---	354,285	473,047
HOMEMAKER	48,615	---	96,702	145,317
PROTECTIVE SERVICE	65,290	---	129,873	195,163
RESIDENTIAL SOCIAL REHABILITATION	24,306	21,000	134,916	180,222
TRANSPORTATION FOR DISABLED ELDERLY	71,603	---	212,808	284,411
SERVICES TOTAL	5,651,074	---		
ADMINISTRATION	61,201	---	66,302	127,503
GRAND TOTAL:	5,712,275	574,797	17,440,000	23,727,072

SOURCE: "Comprehensive Annual Service Program Plan for the State of Hawaii: Final Plan", September 29, 1975, p. 23.

Organization and Administration of the Program. The Hawaii State Department of Social Services and Housing which has been designated by the Governor as the state agency responsible for administration of the Title XX program continues to assume that role. The designation of a single state agency to administer and coordinate Title XX programs was written into the original federal legislation and amendments to the Title XX law have not altered this requirement.

Purchase of Service (POS). A significant feature of the social services program is the provision for the purchase of service. During the initial Hawaii Title XX program period, of the estimated $10 million in federal funds, per annum, made available under the program, approximately $6 million was expended for the purchase of services from both public and non-public sectors. See *Table 6.2* for a listing of service providers under the initial Title XX program.

Use of Volunteer Services. Under the State's program, volunteers are utilized for a wide range of activities including service as case aides, interpreters, driver escorts, receptionists, and maintenance helpers. Volunteer services are administered through the Volunteer Services Program of the Department of Social Services and Housing.

Title XX Social Services Program Plan: Proposed Plan, Program Year - July 1, 1978 - June 30, 1979. The State of Hawaii Title XX Social Services Program commenced its third program year on July 1, 1978. Estimated funding for the program year is $13,615,428 which represents $10,330,000 in federal funds.[9] See *Table 6.3* for a summary of funding sources and amounts.

In general the types of services offered remain unchanged. See *Table 6.4*.

Eligibility Requirements. Eligibility criteria remain basically unchanged. However, given the fixed federal spending ceiling of $2.5 billion for Title XX programs, and the impact of inflation, "...the federal fund allotment... Title XX provided, last year, eroded by inflation, was insufficient to sustain and maintain even the then current level of services resulting in service reduction and income eligibility constriction to ensure that Hawaii did not experience deficit in social services expenditures.[10] It is also of significance to note that whereas the State Median Income in Hawaii during the initial Title XX service period

Table 6.2

LIST OF SERVICE PROVIDERS
PURCHASE OF SERVICE

CHILD CARE

Family Service Center, Inc.
Family Service Center, Infant, Satellite
Hawaii County Economic Opportunity Council
Kalihi YMCA - Play Plus
Kauai Economic Opportunity
Maui Economic Opportunity
Moiliili Community Center
Operation Kokua
Project Keiki
The Children's Center, Inc.
Waianae Coast Day Care Center
Windward Child Care Federation

CHORE SERVICES

Hawaii County Economic Opportunity Council
Hawaii County Office of Aging - Kona Coordinated Services
Honolulu Community Action Program
Maui Economic Opportunity
Maui Rehabilitation Center

DAY CARE FOR ELDERLY/DISABLED

Salvation Army - Malama Makua
Wilcox Hospital

EMPLOYMENT AND TRAINING

Brantly Center
Department of Health - Waimano Home (Community Based Service)
Goodwill Industries
Hawaii Association for Retarded Children - Fort Ruger
Hilo Association to Help Retarded Citizens - Rainbow Craft
Kona Crafts
Lanakila Crafts
  Work Placement
  Adult Self-Support
Maui Rehabilitation Center
Maui Rehabilitation Center - Molokai Workshop
Rehabilitation Unlimited, Kauai

Table 6.2 (Continued)

FAMILY PLANNING

Department of Health - Family Planning Services

FAMILY SERVICES

Catholic Social Services
Parent and Child Center of Kalihi/Koolauloa Parent-Child Center
Waikiki Drug Clinic - Hale O'ulu

FOSTER CARE

Hale Kipa
Child and Family Services, Inc. (Group homes)

HEALTH SUPPORT

Department of Health - Developmental Disability
Department of Health - Public Health Nursing
Salvation Army - Kula Kokua
St. Francis Child Development Center

RESIDENTIAL SOCIAL REHABILITATION

Salvation Army -Booth Services for Women
Salvation Army Facilities for Children
Salvation Army Men's Social Service Center
The House

INFORMATION AND REFERRAL

Awareness House
Hawaii Housing Authority
Office of the Governor - Progressive Neighborhood
Office of the Governor - Quick Kokua
Volunteer Information and Referral Service

SERVICES TO MEET THE SPECIAL NEEDS OF ALCOHOLICS AND DRUG ABUSERS

Alternatives For Youth - Kalihi YMCA
Awareness House (Outreach)
Habilitat, Inc.
John Howard Association - Waianae Rape Center
Salvation Army - Alcohol Treatment Facility

Table 6.2 (Continued)

St. Francis Halfway House
Teen Challenge - Maui
Waikiki Drug Clinic - DASH

TRANSPORTATION FOR DISABLED/ELDERLY

Hawaii County Economic Opportunity Council
Maui Economic Opportunity, Inc.

UNMARRIED PARENT SERVICES

YWCA - Richards Street Branch Project Reachout

The following agencies have Transportation Contracts to provide services to eligible individuals participating in the above listed programs:

Hawaii County Economic Opportunity Council
Honolulu Community Action program
Kauai Economic Opportunity, Inc.
Maui Economic Opportunity, Inc.

SOURCE: *"Comprehensive Annual Service Program Plan for the State of Hawaii: Final Plan", September 25, 1975, pp. 36-37.*

Table 6.3

METHOD OF FINANCING

	July 1, 1978-June 30, 1979
Maximum State Allotment Possible from Title XX Federal Funds	
October 1, 1977 - September, 1978	$10,250,000
October 1, 1978 - September, 1979	10,330,000
Total Program Request	
July 1, 1978 - June 30, 1979	13,615,428
Estimated Expenditure	
Federal	10,330,000
State (DSSH)	2,077,124
Donation:	
Transfer from other State Agencies	1,052,816
Private	155,488
TOTAL	$13,615,428

SOURCE: *"Title XX Social Services Program Plan, Program Year - July 1, 1978 to June 30, 1979, Hawaii Comprehensive Annual Services Program Plan: PROPOSED PLAN", March 30, 1978, p. 18.*

Table 6.4

Table C

SUMMARY OF EXPENDITURES
BY SERVICE CATEGORIES AND SOURCE OF FUND

July 1, 1978 to June 30, 1979

	SERVICE	FEDERAL	STATE (DSSH)	DONATED PUBLIC	DONATED PRIVATE	TOTAL
01	ADOPTION	$ -0-	$ -0-	$ -0-	$ -0-	$ -0-
02	ALCOHOL/DRUG	720,335	-0-	240,112	-0-	960,447
03	CHORE	979,270	255,346	59,747	11,330	1,305,693
04	DAY CARE	2,738,400	829,568	72,184	11,048	3,651,200
05	EMP/TRNG	390,590	99,472	30,725	-0-	520,787
06	FAM/PLAN	710,581	4,709	74,244	-0-	789,534
07	FOSTER CARE	270,840	90,280	-0-	-0-	361,120
08	HEALTH/SUPT	560,528	50,843	112,449	23,551	747,371
08	HOMEMAKER	126,330	42,110	-0-	-0-	168,440
10	IND/FAM	1,295,706	199,196	224,544	8,162	1,727,608
11	PROTECTION	1,088,789	280,753	56,923	25,254	1,451,719
12	SOC/REHAB	1,338,230	211,967	181,888	52,222	1,784,307
13	INFOR/REF	110,401	12,880	-0-	23,921	147,202
		$10,330,000	$2,077,124	$1,052,816	$155,488	$13,615,428

SOURCE: *"Title XX Social Services Program Plan, Program Year - July 1, 1978 to June 30, 1979, Hawaii Comprehensive Annual Services Program Plan: PROPOSED PLAN", March 30, 1978, p. 19.*

(October 1, 1975 - June 30, 1977) was set at $15,688, amounts for fiscal year 1978-1979 and fiscal year 1979-1980, as promulgated by the Department of Health, Education, and Welfare, are respectively $18,825 and $20,133.

Coordination Requirements for Title XX and Related Human Services Programs. An important feature of the Title XX program is the continuing federal requirement for a comprehensive coordination system for the programs operated under Title XX and related human services programs. Pursuant to certain flexibility which can be exercised by the individual states under Title XX, the Hawaii state plan provides for coordination of the Title XX program with programs authorized by various other federal laws. Principal programs directly linked to the Title XX program include programs under Title IV-A, Aid to Families with Dependent Children; Title IV-A, Child Welfare Services; Title XVI, Supplemental Security Income; and Title XIX, Medical Assistance of the Social Security Act.

Other major federal legislation containing mandates for coordination with other program or service deliverers, including those under Title XX are: The Comprehensive Employment and Training Act of 1973, the Housing and Community Development of 1974, the National Health Planning and Resources Development Act of 1974, the Community Services Act of 1974, the Community Mental Health Centers Constructions Act, the Drug Abuse Office and Treatment Act of 1972, and the Older Americans Act of 1965 including the Older Americans Comprehensive Services Amendments of 1973.

Summary and Conclusions. The State's Title XX program serves as a significant source for the provision of social services. Equally important, if not more important than service provision, is the continuing mandate for service and program coordination. Thus, Hawaii's Title XX program has been and must continue to be a principal, if not the principal mechanism, for coordinating the various human services programs. Given the finite resources and the apparently growing numbers of persons in need of services, all participating entities within the State's Title XX program can and must work together in achieving the highest possible levels of inter-agency coordination.

A-95 Project Notification and Review System (PNRS), State of Hawaii

Introduction: The "Project Notification and Review System" has its origins in the federal Demonstration Cities and Metropolitan Development Act of 1966 (the Model Cities

Act).[11] Section 204 of the Act requires applications for assistance to be accompanied by the comments of an areawide comprehensive planning agency as to the relationship of the proposed project application to the planned development of the area in question.[12]

Title IV of the Intergovernmental Cooperation Act is, however, the broad policy base on which the A-95 system rests. "The Act...is fundamentally a statement of national policy which asserts the cooperative, intergovernmental nature of Federalism and directs the close coordination of Federal and federally assisted plans and programs for the development of the nation's physical, economic, and human resources with State, areawide, and local plans and programs".[13]

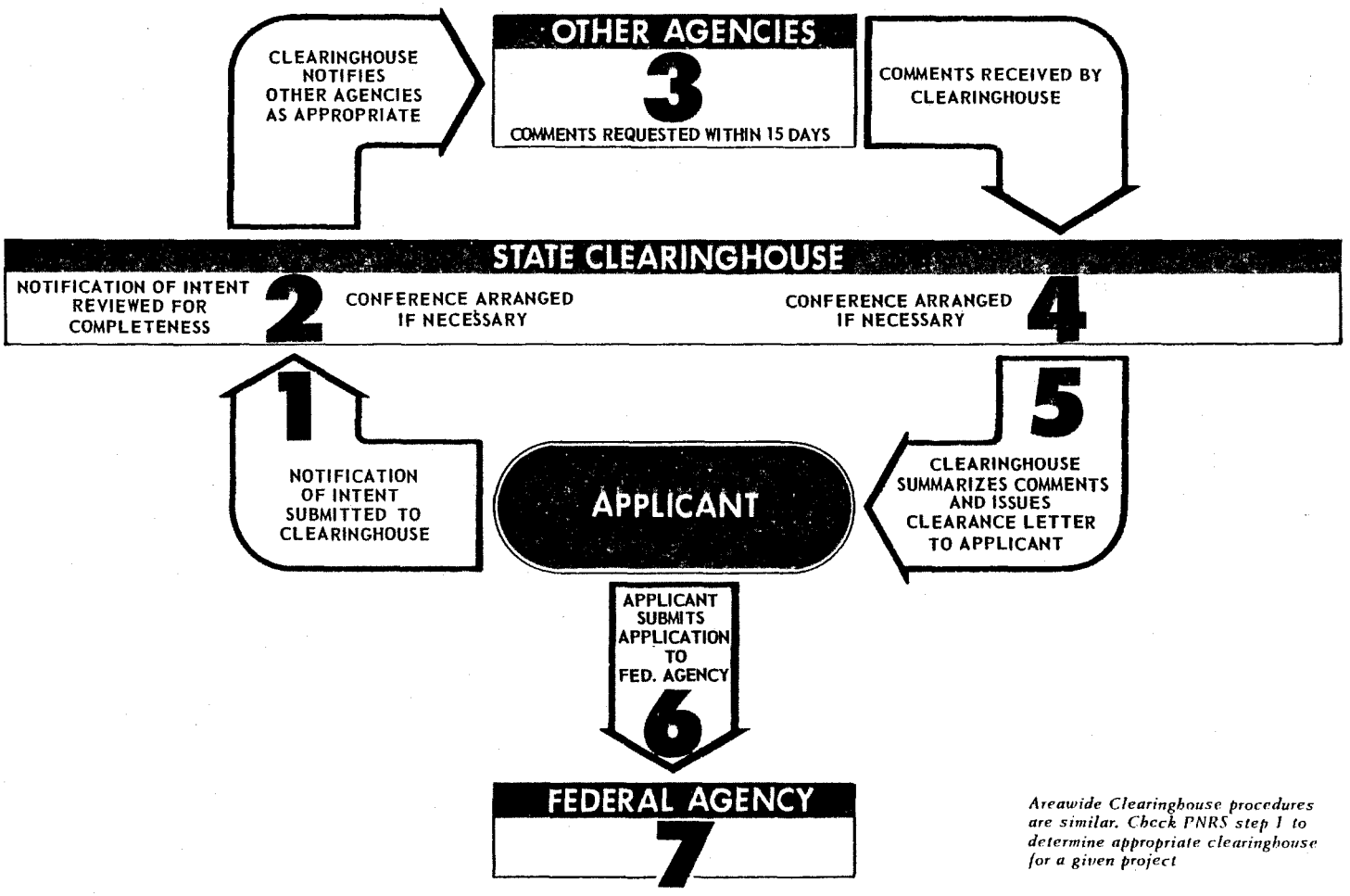
Circular No. A-95 first issued on July 24, 1969, has been revised several times including revisions in 1971, 1973, and in 1976. The basic objective of the Circular remains unaltered; i.e., the processing through state or areawide clearinghouses of applications for federal grants. It must be stressed, however, that clearinghouse recommendations are advisory only. An endorsement of a proposal will not assure positive action by a federal agency, nor will negative recommendations constitute a veto over a proposal.[14]

Hawaii's Project Notification and Review System: Pursuant to the requirements of federal OMB Circular A-95, the Department of Planning and Economic Development has been designated by the Governor as the State Clearinghouse for Hawaii.[15] The Department of General Planning of the City and County of Honolulu has, on the other hand, been designated as the "Areawide Clearinghouse".[16] The State Clearinghouse processes statewide and neighbor island, i.e., Kauai County, Maui County, and Hawaii County applications for federal grants for which review is mandated by OMB Circular A-95. The Areawide Clearinghouse processes grant applications which originate within the City and County of Honolulu and includes both city initiated and state initiated grant requests. See *Figure 6.1* for a charted display of the State's clearinghouse system.

Federal requirements currently require clearinghouse review of more than 225 federal grant programs; thus, prior to the enactment of Act 100 of the 1978 Regular Session of the Hawaii State Legislature which became effective on May 23, 1978, other federal grant applications not required to clear through the clearinghouse process were being processed without benefit of funnelling through one of the two clearinghouses. Act 100, established a new chapter in

Figure 6.1

STATE CLEARINGHOUSE PROCEDURES



SOURCE: *"A-95 Procedures Manual", Department of Planning and Economic Development State Clearinghouse, State of Hawaii, January 1977.*

the *Hawaii Revised Statutes* entitled "Hawaii State Planning Act" which contains a provision that "The state clearinghouse shall coordinate the review of all projects requiring federal funding...."[17] (Emphasis added).

Summary and Conclusions. Through contact with staff representatives of the State Clearinghouse, it has been learned that through an agreement made several years ago, the Areawide Clearinghouse has been routinely sharing with the State Clearinghouse each federal grant application required to be processed through the Areawide Clearinghouse. Thus, the State Clearinghouse is in the unique and important position of having access to the "big picture" as to each federal grant application which requires clearinghouse review in the State. The statutory requirement of Act 100 that all federal projects requiring federal funding shall be reviewed by the State Clearinghouse should markedly aid in the work of the State Clearinghouse in spotting duplications in grant application requests and hopefully, aid the Clearinghouse in identifying gaps in service planning as well.

CORE Report to the Governor

Still another initiative which has had impact upon services coordination is the report of the Governor's Ad Hoc Commission on Operations, Revenues and Expenditures, November 1974.[18]

The work of the Commission was authorized by a gubernatorial executive order signed in August, 1973.[19] In brief, the executive order provided, among other things, for the establishment of the Ad Hoc Commission on Operations, Revenues and Expenditures to review taxes and revenues, expenditures, and governmental operations and to offer such recommendations necessary to improve the efficiency and effectiveness thereof. Among the recommendations of the Commission pertaining to improved provision of social services is one which reads as follows:

> The State of Hawaii should explore and study in depth an "integrated services" approach which co-locates, co-relates, and hopefully integrates, the resources of the various agencies serving the welfare recipients. Such an approach, to be effective, will require the direct interest of the Governor to ensure full cooperation of the department heads.[20]

Another significant recommendation relating to human services was one proposing that the Department of Social Services and Housing, with the assistance of the Division of Electronic Data Processing, and in cooperation with the Departments of Education, Health, and Labor and Industrial Relations to undertake the development of a management information system providing commonly required and essential information.[21]

Summary and Conclusions: The first recommendation relating to an integrated services approach appears to have had influence in the actions of the Hawaii State Legislature in adopting at least two resolutions[22] which requested studies on the recommendation and the introduction of several bills focusing upon the establishment of a "super" department of human services.

With respect to the second recommendation concerning the development of a management information system, contact with selected officials of the state entities proposed for participation in the system, indicates that several meetings of the affected departments were apparently convened. However, no concrete actions appear to have resulted.

Proposed Department of Human Services: Recommendation of the Hawaii Commission on Organization of Government

Among the recent major initiatives of the State of Hawaii bearing on human services integration is the recommendation of the Hawaii Commission on Organization of Government proposing the establishment of a department of human services. The recommendation is part of a larger grouping of recommendations, including one grouping which proposes a master reorganization of the State's executive branch.[23] The proposed department of human services is one of the 12 new "super" departments proposed as an alternative to the current 17 cabinet departments and other sub-departmental organizational entities within the executive branch.

Rationale for Establishment

The Commission in proposing the establishment of the department found that people in distress, be it because of poverty, disease, emotional disorder, social deprivation, economic hardship, or a combination of these human ills, want and need help. The Commission's general findings led to the belief that an integrated Department of Human Services offers the following advantages:

1. Basic human needs are intertwined. Individuals do not have a separate and distinct health system, social system, emotional system, or economic system. A problem in any one of these areas will tend to create problems in another area. For example, serious emotional anxiety has social and physical health implications. An integrated agency is more likely to develop coordinative programs to serve multi-dimensional needs.

2. Balanced development of services is essential. If human needs are multi-dimensional, then specialized resources require balanced development to meet those needs. An integrated agency is more likely to give attention to balanced and rational development of services.

3. Maximum cooperation and coordination is needed. An awareness that human problems are multi-dimensional, and require a balanced array of helping specialties, must be supported by efforts to assure that available resources are focused on individuals in a coordinated way. An integrated agency with a single point of leadership accountability is more likely to assure complementary assistance between special resources while, at the same time, eliminating unnecessary duplication.

4. Economy and efficiency are more feasible in an integrated department. Such an agency is more likely to create economies of scale and initiate innovative attempts to improve efficiency across program boundaries. Also modern information systems tend to make larger agencies more manageable than they were in the past.

5. An integrated department provides maximum potential for the receipt of available Federal funds. Such an agency is more likely to foster the cooperation necessary to develop coordinated strategy in maximizing the use of federal funds for all human service programs. Georgia, under the Carter administration, pioneered this type of structure.[24]

Proposed Organizational Structure of Department of Human Services

As recommended by the Commission, the proposed new department would consist of four existing cabinet level departments and 11 other entities, all of which in a broad sense, administer programs in the area of human services. The four departments are the Departments of Social Services and Housing, Health, Labor and Industrial Relations, and Hawaiian Home Lands. The 11 remaining entities are: the Executive Office on Aging, the Office of Children and Youth, the Committee on Employment of the Handicapped,[25] the Commission on the Status of Women, the Hawaii Office of Economic Opportunity, the Progressive Neighborhoods Program, the Commission on Manpower and Full Employment and its State Advisory Council on Vocational Education, the State Manpower Services Council, the State Immigration Service Center, and the Intake Service Centers for Prisoner Rehabilitation.

Given the potential significance of the proposed new department, the principal text relating to the department has been excerpted from the Commission's study report and is shown in its entirety as *Exhibit 1* in the Appendix. The Exhibit also includes an organizational chart of the proposed new department.

MASTER SUMMARY AND CONCLUSIONS: DEVELOPMENTS AT THE STATE GOVERNMENT LEVEL

The Hawaii Commission on Organization of Government offers cogent arguments in support of its recommendation to establish a department of human services and the idea is worthy of serious attention by top level policy-makers in the State. Yet, as discussed in *Chapter 5* and elsewhere in this study, recent evaluations and reports on the experiences of several states including Georgia, Florida, and California which have established comprehensive human resource departments similar in structure and function to the model recommended by the Commission, detail a number of major problems which these jurisdictions have encountered. Sheer size of the "super department" has, in and of itself, given rise to administrative and program coordination difficulties within the department. Another problem has been the difficulty in achieving effective teamwork between and among the various professionals in the different disciplines in pursuit of common service objectives.

Advocates of the Commission's proposal can point to the fact that the uniqueness and simplicity of Hawaii's state and local governmental structure is vastly different from the prevailing mainland pattern; thus problems experienced by other states will not necessarily occur here. This position has merit; however, the core problems which have been encountered by other jurisdictions and which are amplified in *Chapter 5* are likely to occur in Hawaii or any state or local governmental unit which implements the comprehensive human resource agency concept. The revelation of the continuing problems encountered by such major states as Georgia and Florida and the problems which surfaced in the California attempt to merge its Departments of Employment, Development and Rehabilitation, may be a prime reason why no state has acted to create a comprehensive human services agency since 1974.

Given the, at best, mixed accomplishments to date with the comprehensive human services agency concept, one obvious conclusion is to defer implementation of the proposed department of human services in Hawaii until such time as a clearer picture has emerged as to whether the "super" human services department is an organizationally superior alternative to the existing system in Hawaii.

One possible approach, however, which the State should consider is to test out the efficacy of the Commission's recommendation on a smaller scaled and carefully controlled demonstration basis. The locus for such a demonstration project might be the multi-purpose human services center, of which there are several in operation in the State. While the experiences to date in the State with the multi-service center program have revealed some basic operational problems as reflected in several audit and evaluation reports, implementation of the recommendation for correcting the various shortcomings and other problems in the operation of the centers as proposed by the Pan Pacific Regional Consultants, Inc., described earlier in this chapter, appears to offer a viable testing ground for the Commission's recommendation in terms of the feasibility of integration at the direct client level.

Another possible alternative is to watch the development of Maui County's new Department of Human Concerns which was implemented effective January 1, 1977. *Chapter 7* will provide more information about this department.

Should the legislature or the executive wish to pursue either or both of the recommendations noted above, the availability of federal funding support from various federal sources as noted in *Chapter 10* should be explored.

Chapter 2 contains other recommendations for improving services integration activities at the state level, one of which proposes a staff office of human services within the Office of the Governor.

Chapter 7

HUMAN SERVICES INTEGRATION INITIATIVES: DEVELOPMENTS AT THE COUNTY GOVERNMENT LEVEL

LOCAL GOVERNMENT STRUCTURE: A PERSPECTIVE IN BRIEF

Prior to a review of services integration developments at the county level it may be instructive to examine the setting for intergovernmental relations in Hawaii.

Local (county) government in Hawaii dates from 1905 when counties were established by the Territorial Legislature under authorization of the Organic Act of 1900 to create local units of government.[1] Earlier, during the period of Hawaii's constitutional monarchy under King Kamehameha III, who reigned from 1824-1854, laws were enacted providing for local election of school committees and road supervisors, and the passage, by people of villages, townships or districts, of local laws relating to roads, fences, animals, and other laws not inconsistent with the laws of the Kingdom. These rudiments of New England local government did not flourish and by the time of the Republic, all governmental functions and services were being performed by the central government.[2]

The four counties established in 1905 remained for all practical purposes the only local governmental units in the State of Hawaii. Technically there exists a fifth county, Kalawao, which comprises the settlement for leprosy treatment at Kalaupapa on the island of Molokai. This "county" is under the jurisdiction and control of the Hawaii State Department of Health and is not considered as a unit of local government.

In addition to its relative simplicity, local government in Hawaii is unique in several other respects. Within the framework of the State of Hawaii government and its four counties, there are no overlapping jurisdictions and no special districts, except for 15 soil conservation districts. Although designated and known as counties and possessing forms and structures generally analogous to the prevailing mainland patterns, the existing four county government units are not generally comparable to the traditional concept of a county. Many of the functions which

are traditionally performed by mainland counties as agents of the state are performed directly by the State of Hawaii. These functions include the administration of the district, circuit, and supreme court operation, assessment of property for taxation, administration of public assistance programs, administration of health programs, and the administration of the statewide public education system including the University of Hawaii system.

HUMAN SERVICES PROGRAMS AND ACTIVITIES AT THE COUNTY GOVERNMENT LEVEL: AND OVERVIEW

Introduction

As noted earlier, the counties historically and traditionally have not been involved in the administration and operation of major public assistance and other human need programs. The past decade, however, has witnessed the development and implementation of human services programs and activities, other than the traditional public assistance programs at the county level. These programs and activities have, for the most part, direct linkages to various federally funded or mandated human services programs which were authorized beginning in the mid-1960s. Among such programs are those under the Demonstration Cities and Metropolitan Development Act of 1966 (the Model Cities Program), the Law Enforcement Assistance Administration Act, the Comprehensive Employment and Training Act, and aging programs authorized by the Administration on Aging.

The City and County of Honolulu and the County of Maui have established human services agencies. The Counties of Kauai and Hawaii, while not yet having established such agencies, have nonetheless established special offices providing services to children and youth and the elderly.

The City and County of Honolulu

The City and County of Honolulu, by far the most populous of the State's counties with 81 percent of total resident population of the State,[3] is the first county to establish an office of human services and has otherwise been the most heavily involved in human services programs.

Establishment of the Office of Human Resources: Pursuant to a mayoral directive, the Office of Human Resources was established on September 10, 1970.[4] The newly established office was placed within the structure of the Office of the Mayor. Among the principal functions and activities

placed in the Office included the functions of the Youth Coordinator, the Cooperative Area Manpower Planning System (CAMPS), the Community Development Program, the Resident Employment Plan Program, the Neighborhood Youth Corps Program, the Youth Opportunity Program, the 1971 Recreation Support Program, the Summer Youth Transportation Program, the National Collegiate Athletic Association (NCAA) program, and programs of the Mayor's Committee on the Handicapped.

Establishment of the Office of Social Resources: Effective March 15, 1972, pursuant to a mayoral directive, the Office of Social Resources was established. The office "...combined the previous functions of the Honolulu Model Cities Program, the Office of Human Resources and the Urban Renewal Coordinator's Office under one organization".[5]

Reestablishment of the Office of Human Resources: The newly established Office of Social Resources was in operation but for a few months at the time the City Charter for the City and County of Honolulu was being revised. The formally adopted new Charter did not provide for an Office of Social Resources as a legal entity of the City.[6] Pursuant, however, to the powers granted the Mayor under the revised City Charter, the Office of Social Resources was "resurrected" as the Office of Human Resources on June 30, 1973.[7]

A recent publication of the City and County of Honolulu provides the following data concerning the programs and activities of the Office of Human Resources.[8] The office is currently under the direction of the Managing Director of the City and County of Honolulu and administered the following programs for fiscal year 1976-1977, the most recent period for which published data are available. The programs include the Honolulu Federal Grants Program, the People's Open Market Program, the Economic Development Program, the Comprehensive Employment and Training Act Programs, Programs for the Elderly, the Oahu Coordinated Drug Treatment Services System, Law Enforcement Planning Program, the Model Cities Program, and the Community Development Block Grant Program.

Maui County

The County of Maui, pursuant to provisions of the revised county charter which became effective January 1, 1977, has implemented a Department of Human Concerns. As provided in the charter, the department's activities are to include, but are not be limited to: housing, youth training, development and consultation services, youth employment,

youth delinquency and rehabilitation programs, day care services, orientation and tutoring for new residents, career advice and job orientation, and retirement planning program development for senior citizens.[9]

According to a memorandum released by the Department of Human Concerns in September 1977, the Department was established for two basic purposes:

1. To give greater attention to the human needs of the residents of Maui County; and

2. To provide a more efficient and comprehensive system for human services by incorporating in one Department the variety of functions previously performed to meet these human needs by the different Departments and Agencies of the County of Maui.[10]

The department's responsibilities include planning, initiating, supervising, coordinating, and evaluating programs and projects, with or without federal or state assistance and which provide expanded human opportunity, assistance, training, counseling, employment, and related guideline and development services for residents, with special emphasis upon the needs, aspirations and welfare of the youth, the family, and the elderly.[11]

The department's responsibilities and functions are vested in nine program divisions with direct line responsibility to the General Administrative and Staff Services Office.[12] The program divisions are as follows: Aging, Housing, Manpower and Safety, Immigrant Services, Transportation, Youth Services, Animal Shelter, Recreation, and Maunaolu. With respect to the Recreation Division, contact with an official of the Department of Human Concerns brought forth the clarification that the division handles special recreation and leisure services whereas, park facility maintenance types of activities remain with the County's Department of Parks and Recreation. The Maunaolu Division provides students from the outlying areas of Maui County, the State of Hawaii, and the South Pacific Asian Countries with opportunities to continue their education at the Maui Community College. The division's operations receive funding from three federal sources, CETA, Title VI, LEAA, and SPEDY. Additional revenues are generated by facility rentals.[13]

Contact with officials of the Department of Human Concerns in May 1978 indicates that heavy emphasis will be

placed in the coming months in strengthening coordination efforts within the department and with other public and non-public entities within the County and the State.

The operating budget for the biennium July 1, 1976 - June 30, 1978 amounts to $2,745,791.[14]

Kauai County and Hawaii County

The Counties of Kauai and Hawaii have not, as of this writing, established human services agencies of the nature and scope reflected in the structure of the offices of the City and County of Honolulu and Maui County. There are, however, various programs and activities focusing upon children and youth and the elderly currently in operation. Among the special offices established and in operation currently are the Kauai Office of Elderly Affairs and the Office of Aging of the County of Hawaii.

MASTER SUMMARY AND CONCLUSIONS: DEVELOPMENTS AT THE COUNTY GOVERNMENT LEVEL

Since the establishment of the State's four counties in 1905 and up to a relatively few years ago, the counties' engagement in human services programs were at a minimal level of activity. Beginning in the mid-late 1960s with the advent of increased federal funding support for various human services and allied programs, the counties have begun to enlarge their program scope in the provision of various human services programs. Two of the State's four counties have established umbrella agencies for human services programs, and human services programs and activities are in operation in each county. The broadened and apparently growing role of the counties in providing human need programs is a precedent setting event which may well invite increased scrutiny by concerned public officials and others throughout the State as to the possible need for alternative coordinating mechanisms encompassing an entire county with direct linkages to programs administered by the State to ensure the utilization of resources for these human services programs in the most efficient, effective, and economical manner possible. Meanwhile, such existing mechanisms as the Title XX program and the A-95 Clearinghouse system are likely to be leading devices in such coordination activities.

Chapter 8

HUMAN SERVICES DELIVERY BY HAWAII'S NON-PUBLIC SECTOR: AN OVERVIEW

INTRODUCTION

Various terms and phrases are used to refer to entities in the non-public sector engaged in the provision of human services. The non-public social services sector is generally thought to consist of the voluntary, sectarian, and private subsectors.

The long standing multi-decade role of the non-public sector agencies in developing and implementing what has emerged into what may be called the human services programs needs little elaboration. The non-public sector consists of a diverse mix of agencies and organizations including secular and sectarian, traditional and grass roots, and independent and affiliated.

Until a relatively few years ago, the non-public sector was traditionally viewed as the major provider of the helping social services which included case work related activities, the operation of facilities for unwed mothers and runaways, and the like.

As noted in *Chapter 5* the 1960s ushered in a massive proliferation of new federally initiated social programs, most of which were intended for delivery through governmental agencies. This plus another factor, stemming from the enlarged governmental role in service delivery, i.e., a provision in the 1967 amendments to the Social Security Act which contained a provision that under the purchase of service contract provision initially authorized by the 1962 amendments to the Social Security Act, authority was granted for state and local agencies to contract with nonprofit or proprietary private agencies or organization, and individuals[1] has significantly modified the role of the non-public sector in the human services field. Nonetheless, the importance of the non-public sector must not be overlooked and efforts toward strengthening coordinated service delivery with the public sector should be given high priority.

Following is a brief description of three major non-public entities which have been instrumental in the multi-coordinational effort in the State.

The Aloha United Way (AUW)

The origins of the Aloha United Way date back to 1919 when the United Welfare Fund was formed in Hawaii as a private, non-profit organization. Subsequently, the United Welfare Fund was redesignated as the Honolulu Community Chest and further redesignated in 1966 as the Aloha Way, the designation it has maintained.[2]

For calendar year 1977, the Aloha United Way allocated $6,946,386 to 56 social service agencies in the non-public sector.[3] See *Table 8.1* for a listing of the 56 organizations which received allocations in 1977.

The AUW's role as the principal fund raising entity to support operations of important social service agencies in the State needs little elaboration. However, perhaps, less well-known is its significant role in enhancing the services integration effort through its careful screening of agency requests for funds. Some 136 volunteers served on the Budget and Allocations Committee in 1976 to review specific agency requests and submit recommendations to the AUW Board of Directors.[4] With respect to 1977 allocations, 32 agencies received increased allocations, eight received less, 12 received the same amount, three were new, and one was not funded.[5] Thus, as can be seen, an agency request does not result in a "rubber-stamping" action; to the contrary, funding requests must be well documented and justified. According to persons who have served on the AUW Board and its committees, an important guiding philosophy in funding decisions is the avoidance of duplicative service programs. In this way, the work of the AUW does contribute to an important general objective of the services integration concept, i.e., preventing or minimizing duplication of service activity.

The Health and Community Services Council of Hawaii

Another significant entity in the non-public sector deserving of recognition is the Health and Community Services Council of Hawaii (HCSCH). Formerly known for many years as the Honolulu Council of Social Agencies, the Health and Community Services Council of Hawaii has been an important force in promoting the efficient and effective delivery of human services not only in the non-public sector

Table 8.1

The 56 Agencies of the Aloha United Way:

CHARACTER BUILDING YOUTH SERVICES

Boy Scouts of America, Aloha Council
Camp Fire, Hawaii Council
Catholic Youth Organization
Girl Scout Council of the Pacific
Waimanalo Teen Project
Young Buddhist Association of Honolulu
Young Men's Christian Association of Honolulu
Young Women's Christian Association of Oahu

HEALTH RESEARCH, EDUCATION AND SERVICE

American Cancer Society*
Arthritis Foundation
Armed Services Special Education and Training School (ASSETS)
Cystic Fibrosis Foundation
Eye of the Pacific Guide Dogs and Mobility Services, Inc.
Hale Ho'ola Hou
Hawaii Association for Children with Learning Disabilities
Hawaii Association for Retarded Citizens
Hawaii Committee on Alcoholism
Hawaii Epilepsy Society
Hawaii Heart Association*
Hawaii Mother's Milk Bank
Hawaii Planned Parenthood
Hemophilia Foundation of Hawaii
Joint Services Recreation Association for Handicapped Children
Mental Health Association of Hawaii
Special Education Center of Oahu
United Cerebral Palsy Association of Hawaii
Waikiki Drug Clinic (Waikiki Health Center)

*Cooperating with Aloha United Way in joint solicitation of the business, industry, government and labor community.

COUNSELING, GUIDANCE OR REHABILITATION

Big Brothers of Hawaii
Catholic Social Service
Child and Family Service
Goodwill Vocational Training Centers of Hawaii
Hale Kipa
John Howard Association of Hawaii
Legal Aid Society of Hawaii
Shelter for Abused Spouses and Children
The House

CARE OF CHILDREN AND AGED

Kindergarten & Children's Aid Association
Kuakini Home
Palolo Chinese Home
Salvation Army Residential Treatment Facilities for Children and Youth -Booth Services for Young Women

MULTI-FUNCTION AGENCIES

American National Red Cross, Hawaii State Chapter
Armed Services YMCA of Honolulu
Kualoa-Heeia Ecumenical Youth Project (KEY)
Moiliili Community Center
Palama Settlement
Salvation Army Corps
Susannah Wesley Community Center

PLANNING AND COMMUNITY SERVICE

Crime and Delinquency, Hawaii Council of the National Council
Hawaii Council for Housing Action
Health and Community Services Council of Hawaii
Volunteer, Information and Referral Service

NATIONAL APPEALS

American Social Health Association
Council on Social Work Education
National Recreation and Park Association
Travelers Aid--International Social Services of America/WAIF
United Service Organizations (USO)

SOURCE: *"Aloha United Way Works Small Miracles", Honolulu, Hawaii.*

but in the public sector, as well. The HCSCH continues to engage in a host of activities including research and dissemination of findings through published reports, serving on numerous public and private agency boards, commissions, committees, etc., and serving in an advisory or resource capacity to the Hawaii State Legislature and other policy making bodies.

The J. Walter Cameron Center

Still another significant entity in the non-public sector worthy of note is the J. Walter Cameron Center in Wailuku, Maui. The center, an organization of public and private agencies, is believed to be the only community service center providing a comprehensive range of human services to all age groups in active operation in the State at the present time.

The center consists of a series of connected buildings where physically, mentally, socially, and educationally handicapped persons participate in a wide variety of services. The center is situated on five acres of land leased by the County of Maui.[6] Government funds for construction and related activities totalled $1.8 million with almost one-half of the amount being furnished by federal agencies, namely the Department of Housing and Urban Development and the Department of Health, Welfare, and Education. The State of Hawaii contributed $700,000 and the County of Maui contributed the remaining $240,000.[7]

An important goal of the center is improved coordination of client services.[8]

MASTER SUMMARY AND CONCLUSIONS: DEVELOPMENTS AT THE NON-PUBLIC SECTOR LEVEL

This chapter has presented a synoptic view of three entities in the non-public sector in Hawaii which have been among the significant forces in that sector which have aided in the services integration effort. Their contributions and efforts have had notable impact upon policy making at the very highest levels and at the service delivery level as well, and it is likely that their presence on the local human services scene will be felt in the months and years ahead.

PART IV
FISCAL CONCERNS

Chapter 9

RESOURCE REQUIREMENTS FOR THE PROVISION OF HUMAN SERVICES

INTRODUCTION

Incurring dollar outlays for human services programs perhaps represent the basic issue requiring special consideration in addressing the planning, management, and delivery of the so-called "human services". This chapter reviews selected statistics regarding expenditures of the federal government and the State of Hawaii in support of human services programs and reviews the highlights of a Brookings Institution study on the federal social services grant program. Hopefully this chapter will heighten awareness of the profound long-range fiscal implications which human services portend for the American taxpayer in general and the tax paying public in Hawaii in particular.

FEDERAL EXPENDITURES FOR HUMAN SERVICES

As reflected in earlier chapters, the usage of the phrase human services while gaining wide popularity in recent years, has not lent itself to a precise or otherwise uniformly understood or agreed upon definition. This lack of uniform meaning for an admittedly important domestic program, i.e., human services, has resulted in confusion, to say the least, with the resultant detriment to efforts at the federal level to utilize resources available for the human services in an efficient, effective, and economical manner.

Review by the Bureau's researchers of various federal budget and fiscal documents has led to the finding that the phrase human services does not appear in such documents as an identifiable or distinct item for budgeting purposes. This finding is supported in part by various federal officials consulted during the study period who affirm the observation that the phrase human services does not now and apparently never has constituted a distinct classification or category for purposes related to the federal budget. A close reference to the phrase human services is the phrase "human resources", which not unlike the phrase human services, is a broad based term which subsumes at least one major cluster or a combination of clusters of people oriented services or programs.

The difficulty in pinpointing federal outlays for human services notwithstanding, it can be concluded from examination of available material that expenditures for the various human services, within the context of a broad definition of the phrase, currently amount to several hundreds of billions of dollars annually. The literature generally concludes that outlays for human services type programs will increase both in the percent and actual dollars to be committed from the federal treasury in the months and years ahead.

The magnitude of the impact of federal spending for human services and closely related programs can be gauged in part from an excerpt appearing in a presentation made several years ago by former DHEW Undersecretary Frank C. Carlucci who stated:

> In the past quarter-century, the federal government spent well over $1.0 trillion on social programs. In that time we have sprouted from a handful of depression-era programs to over 300 separate health, education, and welfare programs today.[1] (Emphasis added).

Another source echoes a similar observation. According to an article by Alfred M. Skolnik and Sophie R. Dales appearing in the January 1976 edition of the "Social Security Bulletin":

> THE FISCAL YEAR 1975 saw social welfare expenditures under public programs increase by $47.2 billion, the largest single-year increase in the history of this series, which dates back to 1929. In relative terms, the 19.7-percent increase to a total of $286.5 billion was the greatest annual rise since the immediate post-World War II years, when veterans' benefits expanded greatly. Even after allowing for inflation, the 1975 social welfare expenditures were more than $21 billion greater than the 1974 total. In constant dollars, per capita social welfare expenditures rose by 7.1 percent in 1975, in sharp contrast with the year before when the real increase was only 1.9 per cent.... With private social welfare spending included, the grand total for social welfare expenditures reached $289 billion in fiscal year 1975, and the proportion of GNP devoted to these purposes rose to 27 percent. Public spending accounted for 73 percent of all social welfare outlays and continued to dominate the areas of education, income maintenance, and welfare.[2]

Various articles and studies document the growing share of the federal budget represented by expenditures for the various human/social services, and the various Tables and Figures appearing in this chapter illustrate this trend.

BROOKINGS INSTITUTION STUDY: SOME CAVEATS AND LESSONS SHARED

In a copyrighted publication of the Brookings Institution authored by Martha Derthick entitled "UNCONTROLLABLE SPENDING FOR SOCIAL SERVICES GRANTS",[3] certain significant caveats and lessons with respect to a major program authorized by the Social Security Act are shared. The study cites the adverse consequences, and the key contributing factors of what Derthick observes did in fact result from lack of adequate program objectives, program definitions, and controls.

Derthick notes that expenditures for social services grants increased from $345 million in 1969 to $1,690 million in 1972. Besides the increase in spending, the program became one of the larger federal grant-in-aid programs exceeding expenditures of other major federal agencies such as the Department of Housing and Urban Development (HUD) and the National Aeronautics and Space Administration (NASA) for manned space flights.[4]

According to Derthick, the DHEW, which administered the majority of the social services grant-in-aid funding support to the states blamed the law for the so-called "uncontrollable spending"[5] of the program. This, Derthick asserts was due to two factors. First, the law was open-ended until 1972, when the Congress finally established a $2.5 billion dollar ceiling on the program. Prior to that time, there was no ceiling on how much could be expended under the social services grant program. The language of the law was such that it compelled the federal government to match state funds for approved state programs in a broad range of programs which addressed one or more social problems involving individual or family functioning. Derthick notes:

> In the technical language of OMB, social services grants were "uncontrollable" because "open-ended". (sic) The law did not put a ceiling on the amount that could be spent, but rather obligated the federal grant to match whatever state governments spent for a particular activity-that is, for "social services".[6]

Congressional action in 1972 placed a lid on spending by limiting federal expenditure for social services to $2.5 billion but "...only after social services had turned into one of the biggest federal grant-in-aid programs".[7] Congressional action in 1972 put to rest the observation by former DHEW Undersecretary John G. Veneman who had remarked in reference to the social services grant program prior to congressional action that "Under the law...the sky's the limit".[8]

The second factor which had a direct influence in causing the lack of control over federal spending (prior to the 1972 congressional action) is the assertion that:

> The law did not define services; it merely stated their purpose. At various points it referred to self-support, self-care, strengthening family life, and preventing and reducing dependency as the goals of services.[9]

The loophole in the loose and defective law "...created a large and enticing opportunity for the states to exploit federal funds and made the executive branch bear virtually the whole burden of expenditure control".[10]

Still another caveat and lesson is the issue of grantsmanship practiced at the state and local government levels in pursuing available federal grant-in-aid matching funds. A spectacular case in point is the story of the State of California's performance in grantsmanship. "From 1967 through 1971, ...California received 25 to 36 percent of the federal grants for social services and training".[11] California:

> ...began drawing heavily on services funds even before the 1967 amendments, and when the subsequent change in federal policy occurred California detected it promptly. "There was something from California all the time", a retired official of the Bureau of Family Services (BFS) recalled. "They were clever. It got so you had to look at everything with a jaundiced eye. You never knew where anything was going to lead you with California". California relied on no single technique for exploiting services grants. It culled the rules and designed responses to fit.[12]

What then is the major lesson which has hopefully been learned from the social services grant program? Perhaps it is the following:

> Had the purposes of the federal grants been clear and specific, the lack of an expenditure ceiling would not have mattered much; and had there been a limit on expenditures, the lack of purpose in the law would have mattered less than it did. It was the combination - the joining of ill-defined intentions with an unlimited obligation - that created the "worst loophole". Social services grants resembled neither general revenue sharing for which the law fixes a spending limit, nor most categorical grants programs, whose purposes are more or less narrowly defined by statute. The plain lesson is that federal grant-in-aid laws should incorporate one or the other constraint, or both.[13] (Emphasis added).

FEDERAL EXPENDITURES FOR SOCIAL PROGRAMS: SUMMARY AND CONCLUSIONS

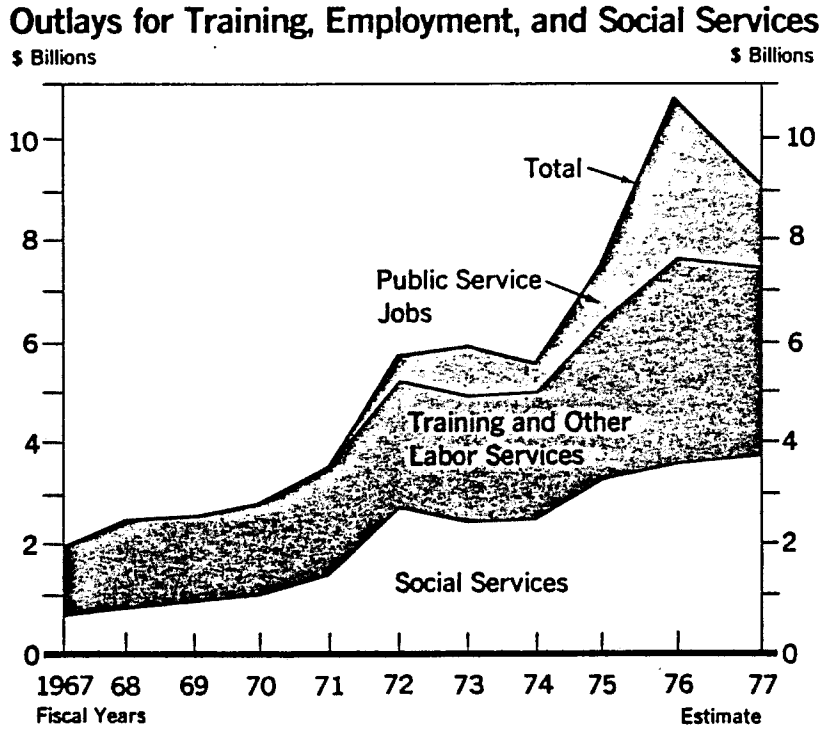
The foregoing discussion in this chapter has attempted to highlight the significance of federal spending for social programs as an important element in the total federal budget and a category which consumes the lion's share for domestic spending. The materials which follow as shown in *Figures 9.1, 9.2,* and *9.3,* and in *Tables 9.1* and *9.2* illustrate actual dollar commitments and expenditures for various social welfare programs. Surely, one cogent conclusion is that expenditures for this area are likely to remain a policy and program concern of major significance in the years to come and resource allocation decisions must, of necessity, fully and carefully wrestle with the thorny question of "are the expenditures justified and subject to clear accountability?".

STATE OF HAWAII RESOURCE REQUIREMENTS FOR HUMAN SERVICES

Not unlike the situation encountered in attempting to identify federal expenditures for human services, similar problems were encountered by the Bureau's researchers in their efforts to flag out expenditures in this category. As in the case of the federal government, similarly in Hawaii, human services do not constitute a funding category in the state budget or in fiscal reports relating to state spending.

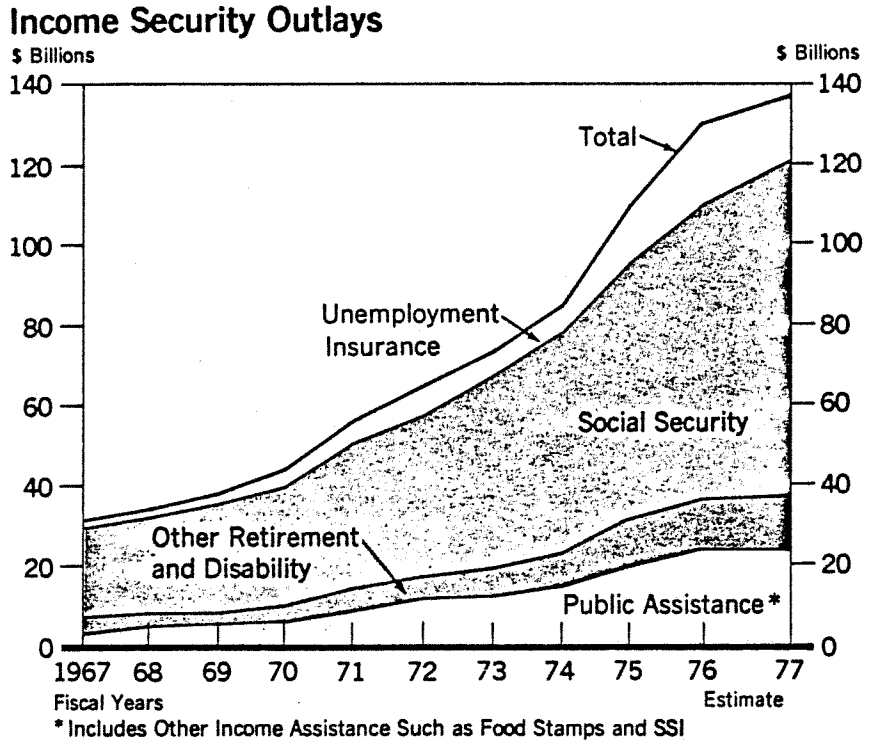
Thus, to arrive at approximates costs for human services, the human services/social program categories were broken down into two basic categories: "Principal Human Services"

Figure 9.1



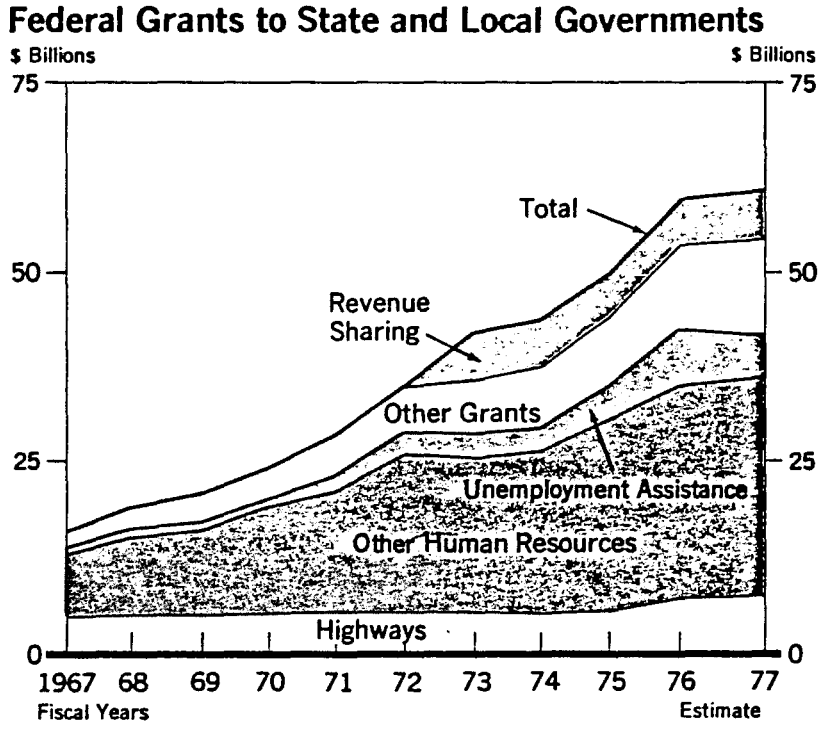
SOURCE: *U.S. Office of Management and Budget, Executive Office of the President, The United States Budget in Brief: Fiscal Year 1977, (Washington: U.S. Government Printing Office, 1976), page 35.*

Figure 9.2



SOURCE: *U.S. Office of Management and Budget, Executive Office of the President, The United States Budget in Brief: Fiscal Year 1977, (Washington: U.S. Government Printing Office, 1976), page 40.*

Figure 9.3



SOURCE: *U.S. Office of Management and Budget, Executive Office of the President, The United States Budget in Brief: Fiscal Year 1977, (Washington: U.S. Government Printing Office, 1976), page 10.*

Table 9.1

65. Federal Budget Outlays by Agency [a]

Selected Fiscal Years 1959–1975[b]

(Millions)

Agency	1959	1965	1970	1973	1974	1975
Total budget expenditures	$92,049	$118,495	$196,588	$246,526	$268,343	$304,445
Legislative Branch	116	162	343	540	625	734
Judiciary	46	73	128	183	205	310
Executive Office of the President	56	24	36	49	71	121
Funds appropriated to the President	2,580	3,889	4,774	3,733	4,010	4,414
Agriculture Department	6,529	6,796	8,307	10,028	9,823	9,184
Commerce Department[c]	2,944	4,762	1,079	1,368	1,457	1,712
Defense Department						
Military	41,443	45,959	77,150	73,297	77,646	84,600
Civil functions	792	1,210	1,210	1,703	1,682	1,649
Health, Education, and Welfare Department[d]	3,089	23,192	52,249	82,040	93,720	110,959
Housing and Urban Development Department	1,035	727	2,603	3,592	4,739	5,550
Interior Department	382	693	823	−2,253	−4,872	−2,657
Justice Department	245	355	640	1,531	1,797	2,106
Labor Department[d]	1,017	3,532	4,356	8,639	8,971	10,043
Postal Service	773	805	1,510	1,567	1,698	1,553
State Department	243	383	448	591	732	793
Transportation Department[e]	435	785	6,417	8,183	8,114	9,059
Treasury Department						
Interest	7,593	11,346	19,509	24,324	29,893	31,459
Other[d]	14,061	85				
General revenue sharing	—	—	—	6,636	6,106	6,174
Atomic Energy Commission	2,541	2,625	2,453	2,393	2,307	2,886
Environmental Protection Agency	—	—	350	1,114	2,030	3,991
General Services Administration	308	300	446	468	−264	−883
National Aeronautics and Space Administration	145	5,091	3,749	3,311	3,228	3,272
Veterans Administration	5,355	5,708	8,653	11,968	13,340	13,594
Other	2,559	3,159	5,733	9,882	11,223	12,975
Undistributed allowances	—	—	—	—	—	1,561
Undistributed intragovernmental transactions	−2,239	−3,164	−6,380	−8,363	−9,938	−10,717

[a] Data have not been adjusted for shifts of functions and activities among agencies.
[b] Data for 1974 are preliminary; data for 1975 are estimated.
[c] Bureau of Public Roads transferred to Transportation Department during fiscal 1966.
[d] Beginning fiscal 1963 outlays of Federal Old-Age and Survivors Insurance Trust Fund and Federal Disability Insurance Trust Fund are included under Health, Education, and Welfare Department, and outlays for the Unemployment Trust Fund under Labor Department. For 1959 these items are included under the Treasury Department.
[e] Data prior to fiscal 1967 represent outlays for the Federal Aviation Agency.
Source: Treasury Department.

SOURCE: *Cited in Tax Foundation, Inc., Facts and Figures on Government Finance, 18th Biennial Edition, (New York: 1975), page 82.*

Table 9.2

PROJECTED OUTLAYS BY FUNCTION, 1977 TO 1981

[In billions of dollars]

	1977	1978	1979	1980	1981
Outlays:					
National defense	101.1	112.9	121.5	132.3	142.8
International affairs	6.8	7.8	7.8	8.1	8.0
General science, space and technology	4.5	4.6	4.5	4.4	4.1
Natural resources, environment and energy	13.8	14.4	15.1	14.9	14.5
Agriculture	1.7	2.6	2.6	2.8	2.8
Commerce and transportation	16.5	19.4	19.1	18.7	18.7
Community and regional development	5.5	6.0	6.2	6.0	6.1
Education, training, employment and social services	16.6	15.3	15.3	15.3	15.3
Health	34.4	37.7	40.3	43.4	47.0
Income security	137.1	147.1	158.3	170.1	182.9
Veterans benefits and services	17.2	17.2	16.7	16.3	15.7
Law enforcement and justice	3.4	3.3	3.3	3.3	3.3
General government	3.4	3.9	3.6	3.6	3.7
Revenue sharing and general purpose fiscal assistance	7.4	7.7	7.9	8.0	8.2
Interest	41.3	44.8	46.5	46.9	46.9
Allowances	2.3	5.6	8.1	10.5	12.8
Undistributed offsetting receipts	−18.8	−20.7	−21.4	−22.1	−22.9
Total	**394.2**	**429.5**	**455.7**	**482.5**	**509.9**

SOURCE: *U.S. Office of Management and Budget, Executive Office of the President, The United States Budget in Brief: Fiscal Year 1977, (Washington: U.S. Government Printing Office, 1976), page 20.*

and "Other Human Services". In the first category, expenditures for (1) many of the programs administered by the State Department of Social Services and Housing for the traditional welfare programs, (2) social programs within the Office of the Governor, (3) programs for the Elderly, (4) programs for Children and Youth, and (5) programs of the Hawaii Office of Economic Opportunity are included. In the remaining category, i.e., "Other Human Services", are included expenditures for health and hospital care, employment security and other income support programs administered by the State Department of Labor and Industrial Relations, and closely allied labor and manpower development programs. *Table 9.3* and *Figure 9.4* depict the costs for the two categories of human services. Detailed expenditures are shown in *Tables 9.4* and *9.5*.

NOTE: Expenditure data was obtained largely from various financial reports and documents produced by the Hawaii State Department of Accounting and General Services.

SOME CONCLUSIONS CONCERNING STATE OF HAWAII EXPENDITURES FOR HUMAN SERVICES

Among the conclusions which can be drawn from the data displayed are the following:

(1) Excluding expenditures for education, approximately one-third of the total state expenditures are for what can be included under human services. For fiscal year 1975-76 human services expenditures totaled $384,640,513 or 26 percent of the State's total expenditures of $1,490,513,000.

(2) Certain human services expenditures, primarily those for public assistance programs, are increasing.

(3) The State of Hawaii expenditure trends for human services parallel general federal expenditure trends which reflect an annual average increase of about 20 percent. Assuming projected expenditure trends materialize, by the year 1981, total State of Hawaii expenditures for human services will exceed $1.0 billion.

Table 9.3

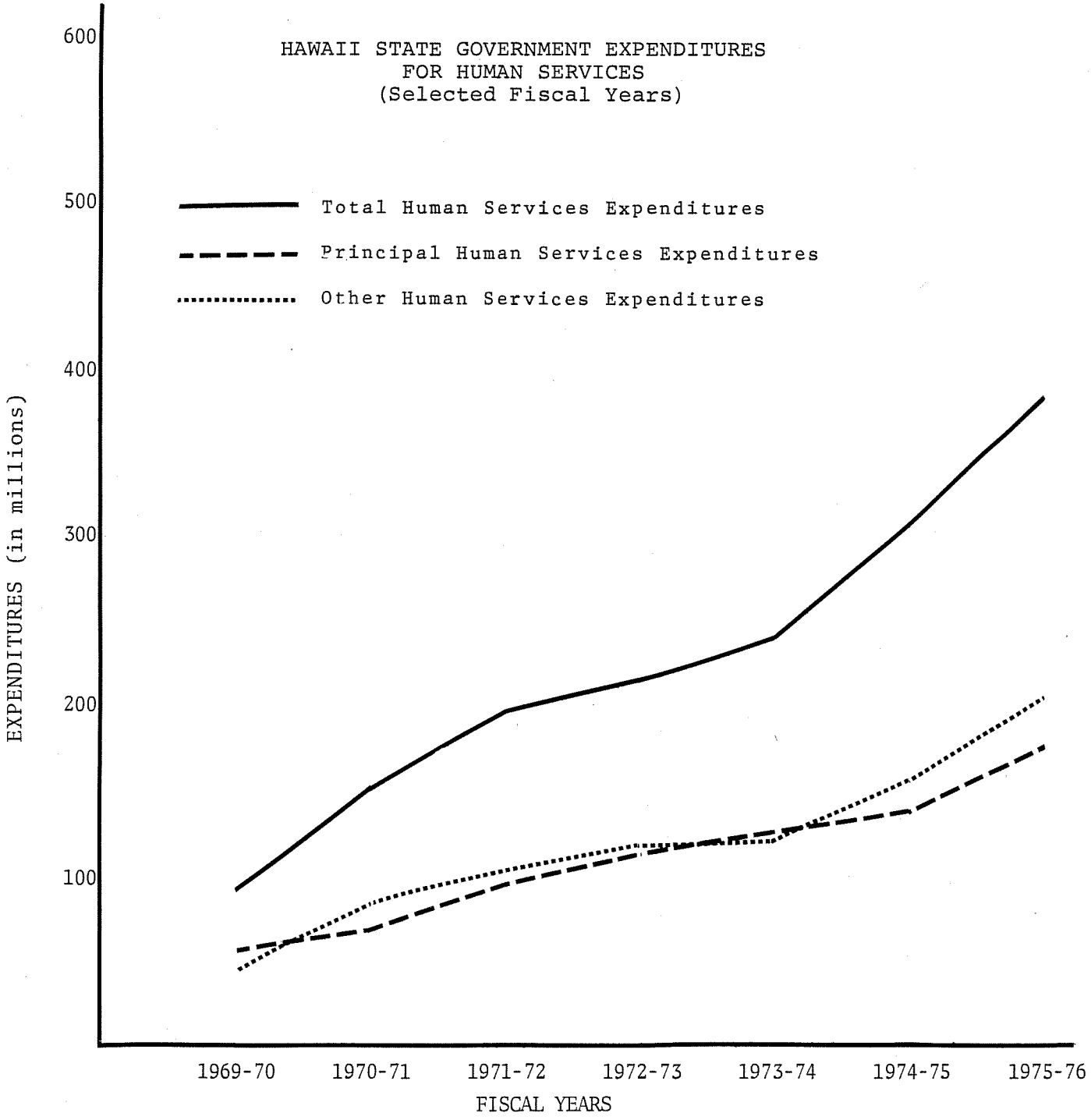
HAWAII STATE GOVERNMENT EXPENDITURES FOR HUMAN SERVICES PROGRAMS
(SELECTED FISCAL YEARS)

FISCAL YEAR	PRINCIPAL HUMAN SERVICES*	OTHER HUMAN SERVICES*	TOTAL HUMAN SERVICES EXPENDITURES	TOTAL STATE EXPENDITURES**	PERCENTAGE OF TOTAL STATE EXPENDITURES REPRESENTED BY HUMAN SERVICES
1969-70	$ 52,557,136	$ 43,618,886	$ 96,176,002	$ 710,431,867	14%
1970-71	70,198,178	82,956,007	153,154,185	837,756,849	18%
1971-72	95,294,353	102,016,362	197,310,715	888,420,606	22%
1972-73	111,161,905	107,208,600	218,370,505	935,816,195	23%
1973-74	123,462,332	120,285,904	243,748,236	1,045,066,011	23%
1974-75	138,896,354	155,854,628	294,750,982	1,311,767,890	22%
1975-76	176,125,408	208,515,105	384,640,513	1,490,667,513	26%

* *Includes grants-in-aid to counties and subsidies to non-public organizations*
** *Total state expenditures including outlays for capital improvement projects (CIP)*

SOURCE: Selected Annual Financial Reports of the State of Hawaii, Hawaii State Department of Accounting and General Services.

Figure 9.4



SOURCE: *Adapted from selected Annual Financial Reports of the State of Hawaii, Hawaii State Department of Accounting and General Services.*

TABLE 9.4

HAWAII STATE GOVERNMENT EXPENDITURES* FOR PRINCIPAL HUMAN SERVICES PROGRAMS

(SELECTED FISCAL YEARS)

	1969-1970	1970-1971	1971-1972	1972-1973	1973-1974	1974-1975	1975-1976
WELFARE**	48,795,696	65,683,219	91,343,082	106,855,890	118,153,994	133,529,084	167,997,508
PROGRESSIVE NEIGHBORHOODS PROGRAM	231,926	705,993	652,297	712,015	735,930	1,189,055	1,914,355
COMMISSION ON AGING	319,153	351,007	394,861	760,736	1,408,894	1,841,573	2,059,930
COMMISSION ON CHILDREN AND YOUTH	35,210	54,878	46,412	43,629	44,522	66,959	360,391
HAWAII OFFICE OF ECONOMIC OPPORTUNITY	942,940	1,449,208	634,502	689,561	559,282	784,213	674,058
VOCATIONAL REHABILITATION	2,232,211	1,953,873	2,223,199	2,100,074	2,559,710	1,485,470	3,029,166
TOTAL EXPENDITURES FOR PRINCIPAL HUMAN SERVICES	52,557,136	70,198,178	95,294,353	111,161,905	123,462,332	138,896,354	176,125,408

* *Includes General and Special Funds*
** *Excludes Housing and Corrections*

SOURCE: Annual Financial Reports of the State of Hawaii, Hawaii State Department of Accounting and General Services.

TABLE 9.5

HAWAII STATE GOVERNMENT EXPENDITURES FOR OTHER HUMAN SERVICES
(SELECTED FISCAL YEARS)

	1969-1970	1970-1971	1971-1972	1972-1973	1973-1974	1974-1975	1975-1976
HEALTH*	5,897,399	7,182,401	9,438,555	8,402,707	14,110,364	16,495,627	16,427,830
HOSPITALS**	16,796,676	38,216,974	38,663,182	41,705,507	42,124,114	48,937,501	57,706,957
UNEMPLOYMENT INSURANCE	13,116,941	27,646,294	43,462,154	36,984,105	44,723,139	54,976,670	108,314,900
WORKERS' COMPENSATION	726,118	840,605	1,036,985	842,542	967,784	1,189,630	143,694
EMPLOYMENT SECURITY	3,676,571	4,716,463	4,740,978	5,035,506	30,510	-0-	-0-
EDUCATIONAL COUNSELORS	-0-	-0-	-0-	-0-	-0-	-0-	3,576,040
OTHERS***	3,405,181	4,353,340	4,674,508	14,238,233	18,329,993	34,255,200	22,345,684
TOTAL EXPENDITURES FOR OTHER HUMAN SERVICES	43,618,886	82,956,007	102,016,362	107,208,600	120,285,904	155,854,628	208,515,105

* *Excludes Environmental Health*
** *Excludes Capital Improvement Projects*
*** *Includes Manpower/Labor Related Programs*

SOURCE: Annual Financial Reports of the State of Hawaii, Hawaii State Department of Accounting and General Services.

MASTER SUMMARY AND CONCLUSIONS: RESOURCE ALLOCATION GENERALLY

Spending patterns at the federal level and in the State of Hawaii clearly indicate that a large and growing share of public resources are being channeled toward the meeting of people-oriented human services needs. The seemingly ever expanding demands upon the public treasury, both at the federal level and here in the State of Hawaii, have given rise to growing concern over the fiscal and economic aspects of human services. It is becoming increasingly evident that the production and distribution of human services are a significant component of the economic as well as the social and political structure of American society. Obviously, future policy-makers at the federal and local levels of government will face increasingly difficult decisions on (1) what share of the available resources are to be committed to the so-called human services, (2) what are to be the priorities, (3) how are the resource requirements to be financed, and (4) who will bear principal responsibility for operating the programs. These are among the issues which have arisen and are likely to intensify in the months and years immediately ahead.

Chapter 10

AVAILABILITY OF FEDERAL RESOURCE SUPPORT FOR SERVICES INTEGRATION PROJECTS AND ACTIVITIES

INTRODUCTION

As noted elsewhere in this study, the federal government, and in particular, the Department of Health, Education, and Welfare, has supported services integration efforts at the state and local government levels. DHEW support has included financial assistance through several grant programs, technical assistance, and information sharing activities. During the course of the study period, several letters of inquiry were sent by the Bureau to DHEW officials in Washington, D.C. and the Regional Office serving the State of Hawaii. In brief, the inquiry sought formal clarification as to the availability of federal financial assistance and technical assistance. Several responses were received; however, the clarification sought was not furnished. Accordingly, the discussion which follows is derived largely from review and interpretation of material appearing in literature to which the Bureau had access and contact with several federal officials.

SERVICES INTEGRATION TARGETS OF OPPORTUNITY (SITO) GRANT PROGRAM

The SITO program was among, if not, the very first DHEW initiative which made federal grant funds available to states and localities to improve the delivery of services at the client level.[1] Begun in fiscal year 1971, SITO, as of fiscal year 1974, represented "an investment" of $12,535,275.[2] See *Table 10.1* for a summary display of the funding for SITO projects by fiscal year and by source of funding.

According to several sources in the literature, the SITO program had ended as of this writing. According to the source cited in *footnote 1* above:

> All the SITO projects have been funded on a three-year demonstration basis. By the end of fiscal year 1975, the overwhelming majority of projects will have completed their three-year cycle.

Table 10.1

FUNDING OF SITO PROJECTS

Fiscal year	SRS			PHS			OS				
	1110	1115	VR	HSMHA	ADAHMA	HSA	OS	OCD	AOA	OE	Total
1971	$540,870	$748,079	0	0	0	0	0	0	0	0	$1,252,949
1972	436,594	746,256	$952,430	$1,000,826	0	0	0	$359,348	0	$624,642	4,120,096
1973	140,327	1,191,588	752,849	0	$583,293	$530,470	$11,470	364,470	$399,876	56,470	4,030,813
1974	362,256	744,164	426,174	0	434,470	509,761	0	309,792	344,800	0	3,131,417
Total	1,444,047	3,430,087	2,131,453	1,000,826	1,017,763	1,040,231	11,470	1,033,610	744,676	681,112	12,535,275

GUIDE TO AGENCIES AND SOURCES OF FUNDING

SRS—Social and Rehabilitation Service: Sec. 1110: Social Security Act, sec. 1110 (demonstration projects); sec. 1115: Social Security Act, sec. 1115 (research and demonstration projects); VR: Vocational rehabilitation—prior to fiscal year 1974 funds drawn from title 4a.1 of the Vocational Rehabilitation Act. Fiscal year 1974 awards drawn from sec. 202, Public Law 932-112.

PHS—Public Health Service: ADAMHA: Alcohol, Drug Abuse and Mental Health Administration; HSA: Health Services Administration Funds drawn from sec. 301, 303, 304 of the Public Health Services Act; HSMHA: Formerly the Health Services and Mental Health Administration.

OS—Office of the Secretary: OS: Office of the Secretary; OCD: Office of Child Development. Sec. 222, Economic Opportunity Act, as amended; AOA: Administration on Aging. Older Americans Act, title IV.

OE—Office of Education.

SOURCE: *Allied Services Act of 1974, Hearing before the Committee on Education and Labor, House of Representatives, 93rd Congress, second session, on H. R. 12285, May 29, 30; July 10 and 11, 1974, p. 86.*

Two other sources in the literature indicate the termination of SITO. One source indicates "...SITO funding lasted for only 3 years".[3] The other source appearing in a major journal published in 1976 reads "...SITO, begun in 1971 as a pretest of the Allied Services Act, has now officially ended".[4] (Emphasis added).

HEW PARTNERSHIP PROGRAM GRANT

A memorandum dated March 11, 1977 released through the Western Regional Office of the Department of Health, Education, and Welfare announced the availability of limited funds under the program. The following discussion concerning the partnership program grant is derived from the memorandum and its various enclosures.

Legal Authority and Program Objectives

The HEW Partnership Program Grant was authorized under Title II of the Community Services Act of 1974. The program is directed towards assisting general purpose state and local government units, and organizations or institutions other than state and local governments to strengthen efforts in improving the planning, management, and delivery of human services. The potential eligibility of non-governmental entities to the grants notwithstanding, "The... Program is based on the premise that general purpose government represents a critical locus of authority and responsibility for ensuring responsive and efficient human services".

Required Focus of Grant Activities

The focal concern of partnership grants is to:

> ...enhance or disseminate information about approaches, techniques or systems available to state and local governments for improved policy management of human services for low-income populations. Grantees must clearly demonstrate in their application and in their discussion with HEW staff that the activities proposed for funding are: (a) of a research or demonstration nature; (b) directed toward development of knowledge which will lead to improvements in human service programs benefiting low-income groups; and (c) directed to increasing the planning and management capacity of state and local general purpose governments.

Length of Grants and Cash Contributions Required from Grantees

Funding support under the program ranges from one to three years.

> First-year grantees are not required to provide a cash contribution to the project. Grantees entering their second year of funding under the Partnership Program are required to provide a non-federal, cash contribution of 20 percent of the total program costs.

The cash contribution matched as the non-federal share must represent a net increase over expenditures for non-federal sources furnished for similar activities during the previous 12-month period. In addition, a non-federal, cash contribution of a minimum of 40 percent of the total program costs is required in the third year; however, the requirement for an annual net increase in non-federal share may be waived or reduced by the Regional HEW Director in instances where the grantee has voluntarily provided a non-federal cash contribution during the first year or a contribution in excess of 20 percent during the second year or in other situations where enforcement of such a requirement would cause a serious impediment to the success of the project.

Funding Available Under Partnership Program Grant

Available funds are limited as reflected by the following passage appearing in the aforementioned memorandum released in March 1977:

> It is important to reiterate the extremely limited capability we will have to support new projects. Our final Regional allocation is only $197,000 and we have seven current Partnership projects that are at least technically eligible for continuation funding. (Emphasis added).

OTHER POTENTIAL FEDERAL FUNDING SOURCES

Review and interpretation of various references in the general literature including examination of the 1977 Catalog of Federal Domestic Assistance,[5] the most recent issue available to the Bureau, indicates that federal grants for purposes relating to services integration may be potentially available through a number of different federal agencies or programs.

The most likely source of funding, as may be available, is the Department of Health, Education, and Welfare. One source in the literature states that funding support to state and local governments for human service development efforts under the HEW "Capacity Building" program has succeeded SITO as the principal funding source for activities in the area of services integration.[6] In addition, as noted in *Chapter 4*, federal grants were ostensibly available under the "Integrated Grant Administration" component of the Federal Assistance Review (FAR) program.

The 1977 Catalog of Federal Domestic Assistance contains a master listing of the various federal programs "...defined as any activity, service, project or process of any department, agency, commission, council, administration, Government-owned corporation, or instrumentality of the Executive Branch...which provides assistance or benefits to the American public". In turn, the programs in the Catalog are classified into 16 types of assistance. Benefits and services of the programs are provided through eight types of financial assistance. Programs carrying code letters "B" and "P" expressly contain provision for research grants or research support. One such program is the "Public Assistance Research" program (13.766) administered by the Social Rehabilitation Service, DHEW, which authorizes project grants and research contracts "To discover, test, demonstrate, and promote utilization of new social service concepts which will provide service to dependent and vulnerable populations such as the poor, the aged, children and youth, and to attract health manpower to rural scarcity areas".

FEDERAL FUNDING OUTLOOK

The Bureau concludes that federal financial assistance and technical assistance continue to be available to state and local governments through various federal grant programs. The level of funding support, however, appears limited, and competition for these funds is likely to heighten and intensify. This chapter has attempted to offer some insight into the question of available federal support for purposes related to services integration activities. While treatment of the subject is less than comprehensive, it is hoped that some additional insight on the subject has resulted.

FOOTNOTES

Chapter 2

1. Wayne F. Anderson, Bernard J. Frieden, Michael J. Murphy (eds.), Managing Human Services (Washington: International City Management Association, 1977), p. 89.

2. Alfred M. Skolnik and Sophie R. Dales, "Social Welfare Expenditures, 1950-74," Social Security Bulletin, January 1976, p. 3.

3. Robert Agranoff, "Beyond Fear: Approaches to Organizing Human Services in the Community," Public Management, May 1977, p. 2.

4. Sidney Gardner, Rules for General Purpose Governments in Services Integration, Project SHARE, Human Services Monograph Series No. 2 (Washington: U.S. Government Printing Office, 1976), pp. 47-48.

5. Laurence E. Lynn, Jr., "A Services Integration Update," Evaluation, Vol. 4, 1977, p. 96.

6. Hawaii, Governor's Ad Hoc Commission on Operations, Revenues and Expenditures, CORE Report to the Governor (Honolulu: 1974), p. B-63.

Chapter 3

1. Robert Agranoff, "Human Services Administration: Service Delivery, Service Integration, and Training," Human Services Integration, ed. Thomas J. Mikulecky (Washington: American Society for Public Administration, 1974), p. 42.

2. William Morrill, "Human Resources Planning: A Paradigm for Reform," American Institute of Planners Newsletter, November 1974, pp. 2-3.

3. Puget Sound Governmental Conference, A Guide to Human Resources Planning for Elected Officials.

4. "Final Amended Work Plan for Action under DHEW Partnership Grant" (Special Projects Unit, Office of Budget and Program Planning, State of Montana, January 5, 1976), p. 2.

5. League of California Cities, Handbook: Assessing Human Needs (Berkeley, Calif.: 1975), pp. 166-167.

6. Southern California Association of Governments (SCAG), Conference on Human Services Planning and Coordination, September, 1975, p. 10.

7. Wayne F. Anderson, Bernard J. Frieden, Michael J. Murphy (eds.), (Washington: International City Management Association, 1977), p. 6.

8. H.R. 12285, 93rd Cong., 2nd Sess. (1974).

9. Wynn Davies, "Wisconsin's Community Human Services Program," Project Share, Winter 1976-77), p. 5.

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11. Ibid.

12. Ibid.

13. Robert W. Gage, "Integration of Human Services Delivery Systems," Public Welfare, Winter 1976, p. 30.

14. "Services Integration: Analysis and Conclusions," in Human Services Integration, p. 79.

15. Kathleen G. Heintz, "State Organizations for Human Services," Evaluation, Vol. 3, Nos. 1-2, 1976, p. 106.

16. R.O. Washington, "A Strategy for Services Integration: Case Management," Grant #11-P-5718875-03 U.S. HEW, p. 1.

17. The Council of State Governments, Human Services Integration, State Functions in Implementation (Lexington, Ky.: 1974), pp. 9-10.

18. William A. Lucas, Karen Heald, and Mary Vogel, The 1975 Census of Local Services Integration; A Working Note prepared for the Department of Health, Education, and Welfare, (Santa Monica, Calif.: Rand Corporation, 1975), p. v.

19. Sidney Gardner, "Services Integration in HEW: An Initial Report" (2/26/71), cited in James Parham, "Constraints in Implementing Services Integration Goals--The Georgia Experience," in Human Services Integration, p. 15.

20. Elliot Richardson, "Services Integration - Next Steps," HEW Secretarial Memorandum dated 6/1/71, cited in James Parham, "Constraints in Implementing Services Integration Goals--The Georgia Experience," in Human Services Integration, p. 15.

21. "Services Integration: Analysis and Conclusions," in Human Services Integration, p. 79.

22. "Observations from the Kansas City Conference," in Human Services Integration, p. 52.

23. William A. Morrill, "Services Integration and the Department of Health, Education, and Welfare," Evaluation, Vol. 3, Nos. 1-2, 1976, p. 54.

24. Ibid.

25. Myron E. Weiner, "The Implications of the Services Integration Movement for the Theory of Public Administration," in Human Services Integration, p. 37.

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31. Gardner, p. 15.

32. Lucas, Heald, and Vogel, p. 2.

33. House Bill 32, Eighth Legislature, 1975, State of Hawaii, p. 3.

34. "Comments on Report of Field Investigation of the Task Force on Administrative and Organizational Constraints to Services Integration," Memorandum by James D. Isbister (May 31, 1972), cited in "Human Services Integration," A Working Paper by Ford Kuramoto (Interagency Liaison Branch, Office of Program Coordination, National Institute of Mental Health, November 8, 1972), pp. 3-4.

35. Arizona, Department of Economic Security, p. 61.

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2. Managing Human Services (Washington: International City Management Association, 1977), p. 527.

3. Ibid.

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12. Jules H. Berman, "The Allied Services Act of 1974," Washington Bulletin, April 8, 1974, p. 121.

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15. Ibid., pp. 123-124.

16. "Human Services Integration," A Working Paper by Ford H. Kuramoto (Interagency Liaison Branch, Office of Program Coordination, National Institute of Mental Health, November 8, 1972), p. 13.

17. Ibid.

18. Laurence E. Lynn, Jr. and John M. Seide, "Policy Analysis at HEW: the Story of the Mega-Proposal," Policy Analysis, Spring 1975, p. 232.

19. Ibid., p. 269.

20. "HEW Capacity-Building (Federal, State, and Local); Policy Statement Issued March 20, 1975," Evaluation, Vol. 3, Nos. 1-2, 1976, p. 56.

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22. Ibid., pp. 54-55.

23. Ibid.

24. U.S., Office of Management and Budget Papers Relating to the President's Departmental Reorganization Program: A Reference Compilation (Washington: U.S. Government Printing Office, 1971), pp. 10-18.

25. Ibid., p. 102.

26. Ibid., pp. 107-110.

27. Robert Agranoff, "Beyond Fear: Approaches to Organizing Human Services in the Community," Public Management, May 1977, p. 2.

Chapter 5

1. The Council of State Governments, Human Services Integration, State Functions in Implementation (Lexington, Ky.: 1974), p. 16.

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3. Ibid., p. 23.

4. Ibid., p. 24.

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7. Ibid., p. 31.

8. Ibid., p. 36.

9. Ibid., pp. 4-5.

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PART V
APPENDICES

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2.	*Appendix B*	(List of Resource People)
3.	*Appendix C*	Project Share - Special Bibliography)
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APPENDIX A

(To be made one and twelve copies)

THE SENATE

.....EIGHTH..... LEGISLATURE, 19 76.

STATE OF HAWAII

S.R. NO. 133

SENATE RESOLUTION

REQUESTING A STUDY OF AN INTEGRATED SERVICES APPROACH TOWARDS HUMAN SERVICES.

WHEREAS, the needs of the State in terms of human services are varied, and have changed with time, resulting in widespread efforts at providing needed services and assistance; and

WHEREAS, an alternative to the scattered and casual assembly of human services may be the establishment of an integrated services approach; and

WHEREAS, an integrated services system of human services may increase administrative efficiency, and may aid in the elimination of duplicated efforts, assistance or services, as well as aid in the identification of service gap areas; and

WHEREAS, integrated services may assist the recipients in their contact with the human services system, in that better or improved organization may cut down on needless interagency referrals, and wasted time spent pursuing needless referrals; and

WHEREAS, the increasing responsiveness of government to the needs of the people requires concurrent restructuring of administering agencies for more efficient delivery of required services; now, therefore,

BE IT RESOLVED by the Senate of the Eighth Legislature of the State of Hawaii, Regular Session of 1976, that the Legislative Reference Bureau is requested to conduct an in-depth study of the feasibility of an integrated services approach to human services; and

BE IT FURTHER RESOLVED that the report shall include investigation into the availability of federal assistance or funds for such an undertaking and specific recommendations for future action.

S.R. NO. 133

BE IT FURTHER RESOLVED that the Legislative Reference Bureau present a report of its findings and recommendations to the Legislature at least twenty days prior to the Regular Session of 1977.

OFFERED BY:

STANDING COMMITTEE REPORT NO. 124-76

Honolulu, Hawaii
March 5, 1976

PERMANENT FILE - DOWNTOWN

The Honorable John T. Ushijima
President of the Senate
Eighth State Legislature
Regular Session of 1976
State of Hawaii

Sir:

RE: S.R. NO. 133

Your Committee on Human Resources to which was referred S.R. No. 133, entitled:

"REQUESTING A STUDY OF AN INTEGRATED SERVICES APPROACH TOWARDS HUMAN SERVICES,"

begs leave to report as follows:

The purpose of this resolution is to request the Legislative Reference Bureau to conduct an in-depth study of the feasibility of an integrated services approach to Human Services.

Your Committee finds that Human Services encompasses a subject which is vast in content and include those fields relating to Health, Education, Employment, Welfare, and many other services. Integrating these different services poses many problems which need to be resolved.

Your Committee further finds that the proposed study would address itself to these problems and would be valuable in determining whether the concept of integrated human services is feasible in terms of implementation.

Your Committee on Human Resources is in accord with the intent and purpose of S.R. No. 133 and recommends its adoption.

Respectfully submitted,

George H. Toyofuku

GEORGE H. TOYOFUKU, Chairperson

SHR 035-056

PATSY K. YOUNG, Vice-Chairperson

ANSON CHONG, Member

ROBERT S. TAIRA, Member

FRANCIS A. WONG, Member

RICHARD S. H. WONG, Member

MAMORU YAMASAKI, Member

D. G. ANDERSON, Member

RICHARD HENDERSON, Member

BUDDY SOARES, Member

APPENDIX B

LIST OF RESOURCE PEOPLE*

Joshua Agsalud, Director
Department of Labor and
Industrial Relations
State of Hawaii

Norman Akita
Kauai Branch Administrator
Department of Social Services
and Housing
State of Hawaii

Fred Bicoy, Coordinator
Molokai Community Action Council

Jennifer Bohlin
Social Services Supervisor
Department of Social Services
and Housing, Maui Branch
State of Hawaii

Stephen Brant
Program Deputy
Department of Public Social
Services
County of Los Angeles, California

Virgil Brown, Budget Analyst
Department of Budget and Finance
State of Hawaii

William Cashion
Executive Director
Hale Opio Kauai, Inc.

Andrew Chang, Director
Department of Social Services
and Housing
State of Hawaii

Phillip Choy, Program Specialist
Office of Human Resources
City and County of Honolulu

Walter Choy, Director
Hawaii Office of Economic
Opportunity
State of Hawaii

Richard Chun, Project Coordinator
Kauai Office of Elderly Affairs
County of Kauai

Keith Comrie, Acting Director
Department of Public Social
Services
County of Los Angeles, California

Elmer Cravalho, Mayor
County of Maui

Kathryn Crockett
Comprehensive Health Planner
Department of Health, Maui Branch
State of Hawaii

Angelo Doti
Assistant Program Deputy
Department of Public Social Services
County of Los Angeles, California

Hoaliku Drake, Director
Office of Human Resources
City and County of Honolulu

Robert Dye, Executive Assistant
Office of the Mayor
City and County of Honolulu

Virginia Escalano, Central Income
Maintenance Unit Supervisor
Department of Social Services and
Housing, Kauai Branch
State of Hawaii

Mary Alice Evans, Program Planner
Progressive Neighborhoods Program
Office of the Governor
State of Hawaii

Frank F. Fasi, Mayor
City and County of Honolulu

Gary Fifield, President
Community Services Council
of Kauai

Linda Fukunaga, Food Stamp Supervisor
Department of Social Services
and Housing, Maui Branch
State of Hawaii

MaBel Fujiuchi, Coordinator
Community Improvement and Development
Kauai Economic Opportunity, Inc.

Donald Galloway, Coordinator
Law and Justice Services
Chief Administrative Office
County of Los Angeles, California

Milton Hakoda
Director of Parks and Recreation
County of Hawaii

Kazuichi Hamasaki
Maui Branch Administrator
Department of Social Services
and Housing
State of Hawaii

Louis Hao, Center Manager
Molokai Multi-Service Center
Progressive Neighborhoods Program
Office of the Governor
State of Hawaii

Ruby Hargrave, Executive Director
Honolulu Community Action
Program, Inc.

Jerold Hayashida, Social Worker
Liliuokalani Trust
Kaunakakai, Molokai

Andrew Higa, Hawaii County
Branch Administrator
Department of Social Services
and Housing
State of Hawaii

Warren Higa, Deputy Director
Hawaii Office of Economic
Opportunity
State of Hawaii

Asako Iwamoto, Social Worker
Department of Health, Kauai Branch
State of Hawaii

Virginia Kapali, Program Specialist
Information and Referral
Kauai Office of Elderly Affairs
County of Kauai

Dr. Lawrence Koseki
Associate Specialist
School of Public Health
University of Hawaii

Harry Kim, Coordinator
LEAA-CETA-SCET
County of Hawaii

Ricardo Labez, Acting Special
Assistant in Human Resources
Office of the Governor
State of Hawaii

Kimie Lane
Civil Defense Coordinator
County of Maui

Sylvia Levy
Comprehensive Health Planning Officer
Department of Health
State of Hawaii

Ellie Lloyd, Director
Kauai Office of Elderly Affairs
County of Kauai

Eduardo Malapit, Mayor
County of Kauai

Jiro Matsui, Fiscal Officer
Department of Budget and Finance
State of Hawaii

Barney Menor
Transit Coordinator
County of Hawaii

Hiroshi Minami, Executive Director
Health and Community Services
Council of Hawaii

Michael Needham, Executive Director
Hawaii County Economic
Opportunity Council

Robert Omura, Executive Director
Catholic Social Services

Wayne Omuro, Administrator
Central Administrative Unit
Department of Social Services
and Housing
State of Hawaii

Pauline Ono
Social Services Supervisor
Department of Social Services
and Housing, Kauai Branch
State of Hawaii

Susumu Ono, Administrative
Director, State of Hawaii
Office of the Governor

Masaru Oshiro, Deputy Director
Department of Social Services
and Housing
State of Hawaii

Richard Paglinawan
Deputy Director
Department of Social Services
and Housing
State of Hawaii

Librado Perez, Director
Social Services Agency
County of Alameda, California

Josephine Reyes, Central Income
Maintenance Unit Supervisor
Department of Social Services
and Housing
State of Hawaii

Iva Ross, Jr., Supervisory Self-
Support Program Specialist
U.S. Department of Health, Education,
and Welfare
San Francisco Regional Office

Joseph Souki, Executive Director
Maui Economic Opportunity, Inc.

William Takaba
Acting Director on Aging
County of Hawaii

Edwin Tam
Public Welfare Administrator
Department of Social Services
and Housing
State of Hawaii

Fred Tokoro, Research Analyst
Progressive Neighborhoods Program
Office of the Governor
State of Hawaii

Dr. Hirobumi Uno, Executive Director
Vietnamese Immigrants Volunteer
Assistance
Honolulu, Hawaii

Anna Viela, Employment Specialist
Department of Social Services
and Housing, Maui Branch
State of Hawaii

Phyllis von Stroheim
YWCA
Kauai, Hawaii

Isaac Watson, Program Specialist
Progressive Neighborhoods Program
Office of the Governor
State of Hawaii

Jack Weir
Chief Assistant Welfare Director
Social Services Agency
County of Alameda, California

Wendy Wiswell, Executive Secretary
Community Services Council of Kauai

Richard White
Special Programs Coordinator
Community Services Administration
San Francisco Regional Office

Martin Woods, Division Chief
Department of Public Social Services
County of Los Angeles, California

Richard Yamada, Supervisor
Uniform Accounting and Reporting
Branch
Department of Accounting and
General Services
State of Hawaii

Robert Yokoyama
County Executive on Aging
County of Maui

Raymond Young, Executive Director
Big Brothers/Sisters of Kauai, Inc.

George Yuen, Director
Department of Health
State of Hawaii

Jennie Yukimura, Social Worker
Children's Team-Mental Health
Department of Health, Kauai Branch
State of Hawaii

**Titles as indicated, are those that were assumed as of the interview/contact date.*

APPENDIX C

PROJECT SHARE - SPECIAL BIBLIOGRAPHY

The attached bibliographical material represents a cumulative master listing of documents concerning human services integration announced by Project Share during the 12-month period January 1976-January 1977. The material is displayed by calendar quarter with each quarterly listing consisting of two sub-parts, a subject index (Part A) and a corresponding alphabetic listing (Part B). The numerical references appearing under the given subject index (A) are keyed to the numbers found in the alphabetic listing (B) for the subject calendar quarter.

NOTE: *Project Share is a Clearinghouse for improving the management of human services. Project Share acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services. Project Share is operated for the Office of Intergovernmental Systems, Office of the Secretary, HEW, by Aspen Systems Corporation. Questions and comments concerning Project Share publications may be addressed to:*

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APPENDIX D

SERVICE CENTER QUESTIONNAIRE

1. What is the formal/legal name of the Center?

_____

1a. What is the establishing authority (i.e., ordinance, executive order, etc.)? Give specific reference.

_____

1b. What is the geographical area served by the Center?

_____

2. What are the functions and purposes of the Center?

_____

_____

3. Which of the following best describes the agency or organization which ultimately owns the physical facilities and other property comprising the Center?

a. ___ Federal Government
b. ___ State Government
c. ___ County Government
d. ___ Corporation, partnership, or individual proprietorship organized for profit
e. ___ Corporation, partnership, or individual proprietorship organized as a nonprofit entity
f. ___ Others (please specify)_____

_____

4. Which of the following best describes the organizational entity which operates the Center?

a. ___ Federal Government
b. ___ State Government
c. ___ County Government
d. ___ Corporation, partnership, or individual proprietorship organized for profit
e. ___ Corporation, partnership, or individual proprietorship organized as a nonprofit entity
f. ___ Others (please specify)_____

_____

5. Does the organization which owns the Center also operate the Center?

Yes____ No____

If no, what specifies the manner in which the Center is operated?

a. ___ By statute or ordinance
b. ___ Formal contract agreement
c. ___ Concession specifications
d. ___ Lease agreement
e. ___ Informal agreement
f. ___ Others (please specify)_____

_____

6. How many employees work at the Center?

Type of Position	Center Employees	Non-Center Employees	Volun-teers	Others (specify)	No. Full-Time	No. Part-Time
Administrative						
Professional						
Para-Professional						
Clerical						
Others (specify)						

7. Does the Center employ a full-time Center Manager/Director?

Yes____ No____

8. Briefly, describe some of the duties and responsibilities of the Center Manager/Director.

_____

_____

_____

_____

9. Please list under column (a) other agencies, if any, which are participating directly in the Center's operation and indicate by checking the appropriate column the nature of the agency (b, c, or d).

a. Name of Agency	b. Public	c. Private	Other (specify)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

10. In your opinion, what agencies or organizations should ideally be located in the Center?

Name of Agency	Reason(s)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

11. Does the Center Manager/Director exercise line authority over the existing personnel/agencies located in the Center?

Yes____ No____

12. Are the employees of the other agencies as may be located in the Center, merely outstationed from their parent agencies and in effect not answerable or otherwise accountable to the Center Manager/Director for their performance?

Yes____ No____

13. Please indicate by checking the best description of the Center's operation.

a. ___ A consortium of autonomous agencies providing services from a common location
b. ___ A "team" centered delivery system under the overall administrative direction of a Center Manager/Director
c. ___ Others (specify)_____
_____

14. Please indicate, by checking all applicable spaces below, the "coordinating mechanisms" which are currently being utilized to enhance more efficient and effective delivery of Center services.

a. ___ Common in-take system based upon single application and single case record
b. ___ Regular joint meetings between and among the agencies located in the Center for purposes related to program development, service delivery, etc.
c. ___ Team approach in diagnosing and delivering services to clients
d. ___ None of the above are applicable
e. ___ Others (specify)_____
_____

15. What are the funding sources and amounts which the Center received during its last full year of operation?

a. Federal Government $_____
b. State Government $_____
c. County Government $_____
d. Endowments and Contributions $_____
e. Fees for Services $_____
f. Others (specify)

_____
_____ $_____

16. What fees, if any, are assessed for the services provided?

_____

_____

17. What eligibility requirements, if any, must be met in order to receive the Center's services?

_____

_____

18. In your opinion, at the present time, the functioning of the Center can be best described as (check one):

a. ___ Poor
b. ___ Fair
c. ___ Good
d. ___ Excellent

If you feel that the Center's operations can be improved, what are some of your thoughts as to some of the operational aspects of the Center that can be strengthened?

_____

_____

_____

_____

_____

_____

_____

19. Other Comments:

_____

_____

_____

_____

_____

EXHIBIT 1

PROPOSED HAWAII STATE DEPARTMENT OF HUMAN SERVICES

(Recommendation of the Commission on Organization of Government, State of Hawaii)

HUMAN SERVICES

Under the category of Human Services commissioners grouped all public assistance programs of State government.

These include the following departments: Social Services and Housing, Health, Labor and Industrial Relations and Hawaiian Home Lands. Independent agencies include: the Executive Office on Aging, the new Office of Children and Youth and its predecessor Commission, Committee on Employment of the Handicapped, Commission on the Status of Women, Hawaii Office of Economic Opportunity, Progressive Neighborhoods Program, Commission on Manpower and Full Employment and its State Advisory Council on Vocational Education, State Manpower Services Council, State Immigration Service Center, and the new Intake Service Centers for prisoner rehabilitation.

The commissioners formulated the following goal statement for this category: "To assist and enhance the opportunity for all of Hawaii's people to achieve and maintain a minimum standard or level of economic and social self-sufficiency, and to protect and enhance their physical well-being."

They determined the following sub-goals:

1. Enhance the opportunity for individuals, groups of individuals, and society as a whole to live lives of dignity and self-sufficiency by:
   - Providing long and short term assistance for those in need,
   - Assisting those able to achieve and maintain self-sufficiency as productive, contributing members of society, keeping in mind, however, that there are those individuals to whom the State is obligated to provide life sustaining support.
2. Provide a strong program of primary prevention of social problems which develop during the early childhood years.
3. Provide assistance to the "gap" group.

It was recognized that objectives and policies in the human service field are myriad. Nowhere else is the need for responsive government felt more keenly. Nowhere else are the professional skills required more varied. Commissioners were most concerned by the fragmented, piece-meal delivery of human assistance services and the waste it represents both in alleviating individual and family problems and in employing limited public resources.

Operational problems

Before opting for an integrated delivery agency, they had the benefit of a detailed examination of organizational problems revealed by the interview survey. In Health these problems range from fragmentation in the delivery of State-administered dental and public health nursing care to ambiguity over responsibilities in emergency response services and cumbersome decision-making processes for the operation of State hospitals. In Labor they include duplication of functions related to employment planning among at least four agencies.

In Social Services there is uneven distribution of specialized staff support among the administrators of large line divisions; this disparity is most evident between Public Welfare, which has adequate staff support, and Corrections, which has little. Yet the scope of the Welfare Division, embracing entitlement programs, social services, and medical care services, makes it difficult to administer despite specialized staff assistance. A realignment, even within a larger department, could offer more specialized management.

Significantly, the survey found that Vocational Rehabilitation and Public Welfare clients of DSSH being served by Employment Security and Unemployment Insurance programs in DLIR receive no special assistance, confirming perceived concerns regarding fragmented delivery of assistance.

Finally, the survey spotlighted the problems of independent agencies, notably Progressive Neighborhoods, Aging, Status of Women, and Children and Youth. These programs all deal with community involvement, community environment, self-realization, and/or group recognition. There is no coordination in the efforts of these units and other such groups.

Commissioners recognized that these organizations provide a necessary and valuable outreach and assessment function in their specific areas of involvement. Specifically, in regards to PNP, however, commissioners questioned the legality of the agency's operating programs which cannot be considered demonstration projects. At the same time there is a need to operate a unit which has the capability to test new programs without having to take into consideration the normal personnel constraints of State government. This suggests that a unit for an integrated human services agency would be a staff office concerned with community assessment, group recognition, self-realization and community involvement. This office would be charged with the development of programs so that these considerations would be reflected through normal channels.

Case for Integration

Commissioners discussed the concept of an integrated human services agency with local officials and authorities on the subject from The Council of State Governments panel on human resources. They included T. M. "Jim" Parham, Commissioner of the Georgia Department of Human Resources; E. W. "Buzz" Sandberg, former Deputy Secretary of the Florida Department of Health and Rehabilitative Services; Cleighton Penwell, former Director of the Oregon Department of Human Resources; Harry Kennedy, U. S. Department of Health, Education and Welfare, Region IX (San Francisco); Dan Magraw, Minnesota Assistant Commissioner of Administration; and Dick Howard of the Council staff, who has conducted several surveys and written extensively on the subject. These officials advised the commissioners and staff on the organizational design factors for establishing such an agency. State officials participated in one of the discussion sessions with these officials. In addition commission members and staff conducted correspondence and conversations with officials in other states as well.

From this activity there emerged agreement on the following observations:

1. **The ultimate goal of an integrated human services department—or indeed of a number of agencies for delivering human services—is to assure that those people in need of assistance are helped in a timely and adequate manner.** People in distress from poverty, disease, emotional disorder, social deprivation, or economic hardship don't care about "administrative structure" of governmental programs. **These people simply want help.**

Whether they get it or not depends on many things. When they present their problems to a social agency is there someone to see them with sufficient time to give adequate attention to their problems? This person's calling could be that of a caseworker, nurse, employment counselor or sanitarian, among others. Does this specialist possess the knowledge and skill to understand the problem(s) or accurately identify them? Does this worker have access to the necessary resources—money, supplies, lodging, medical treatment and the like—to alleviate their problem(s)? Obviously, organizational structure is only important for how it assists and supports the activities of human service workers and contributes to efficient and economical use of resources.

2. **Basic human needs are intertwined.** They are inextricably enmeshed. Individuals do not have a separate and distinct health system, a social system, an emotional system, or economic system. Therefore, a problem with any particular "system" will tend to create problems in another "system."

Serious emotional anxiety or mental deviation has social and physical health implications. Emotional insecurity may be both a cause and result of alcoholism. While expert medical care for alcoholics is essential, particularly in acute stages of detoxification, it will not likely succeed by itself. In serious cases, medical attention for the alcoholic must be accompanied by social service counseling with the spouse, the children, and perhaps employers; occupational retraining may be necessary to complete the process. Continued social supports and medical supervision are frequently necessary for long periods—perhaps for life.

An integrated Department of Human Services is more likely to develop coordinative programs to serve these multi-dimensional needs.

3. **Balanced development of services is essential.** If human needs are multi-dimensional, then specialized program resources require balanced development to meet those needs. For example, it is unsound to:

- seek out cases of malnutrition without provisions for alleviating hunger and assuring adequate nutrition...
- make sophisticated diagnoses if there are no specialized facilities for intensive care...
- continuously expand expensive institutions without developing community alternatives that can limit the need for such institutions...
- invest in rehabilitation with little or no attention to prevention...

An integrated Department of Human Services is more likely to give attention to balanced and rational development of services.

4. **Maximum cooperation and coordination is needed.** This premise builds on the two preceding ones. An awareness that human problems are multi-dimensional, and require a balanced array of helping specialties, must be supported by efforts to assure that available resources are focused on individuals in a coordinated way. The objective is to assure complementary assistance between the special resources while, at the same time, eliminating unnecessary duplication.

For example:

- a medically indigent mother may need to go to the maternal health clinic, the well-baby clinic, the family planning clinic, the social services office, the unemployment insurance office and food stamp office, but it shouldn't be necessary for her to fill out forms with the same information for all five programs...

Although examples of excellent cooperation between separate agencies existed prior to the movement for integrated human service agencies, the total record has been spotty and inconsistent. Almost as frequently agencies have scapegoated each other for lack of progress, saying they could not do their job properly because another agency would not cooperate.

An integrated Department of Human Services with a single point of leadership accountability is more likely to make a maximum attempt at cooperation and coordination.

5. **Economy and efficiency are more easily structured in an integrated department.** All programs require basic administrative supports, such as personnel and fiscal accounting, budgeting, auditing, purchasing, printing, data processing, inventory control, forms design, etc. It is reasonable to assume that such services can be organized to support several programs at a smaller cost per unit.

All programs further require staff services to organize in-service training, plan for short and long range objectives, develop new program ideas, evaluate program success, collect statistics, and conduct research. It should be possible to improve standards by central coordination and oversight.

From the standpoint of the people being served, there is obvious advantage in the co-location of services, the development of common information and referral procedures and the initiation of common intake practices. Not only does this assist the public to locate and receive services, it enables staff to understand each other's jobs better, and increase the services actually rendered per work-day.

An integrated Department of Human Services is more likely to create economics of scale and initiate innovative attempts to improve efficiency across program boundaries.

6. **Maximum potential for the receipt of available federal funds is offered.** Traditionally, human service programs have been initiated by the Federal government and it has been the State's responsibility to operate these programs. However, the Federal government also provides many avenues for the receipt of planning and operating funds for these programs. It is also true that preparing for and maintaining the receipt of these funds is often extremely complex with involved rules and regulations. It is therefore necessary to develop a coordinated strategy to maximize the receipt of federal funds for all human service programs.

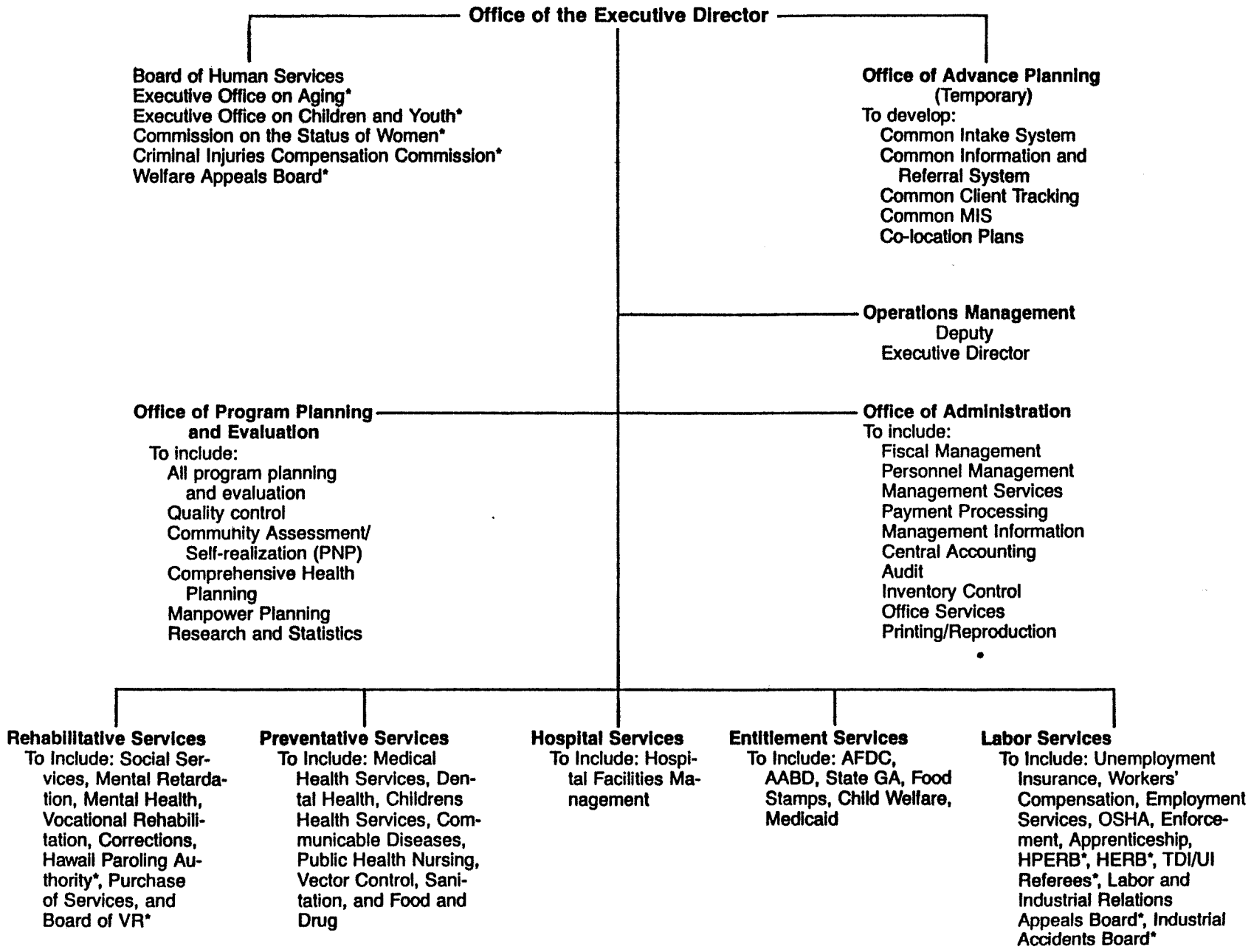
An integrated Department of Human Services is more likely to foster the cooperation necessary to develop this coordinated strategy.

DHS Basic Structure

The Commission recommends integration of the Department of Social Services (without the Hawaii Housing Authority), Department of Health (without environmental programs and medical health facilities licensing), Department of Labor and Industrial Relations and other human service programs, including Progressive Neighborhoods, Children and Youth, Aging, and the Status of Women.

The commissioners determined that such an organization would score well by their own criteria for organizing the Executive Branch, notably Nos. 4, 9, and 3. However, under their first criterion ("consider history, tradition and current community and cultural values"), the Department of Hawaiian Home Lands would not fit into such an agency.

DEPARTMENT OF HUMAN SERVICES



* For administrative purposes

The proposed structure of the integrated Department calls for an Executive Director assisted by a Deputy (for field service delivery) and five functional directors appointed by the Governor.

The Directorate of Preventative Services would be responsible for program administration of the following: medical health services, children's health services, communicable diseases, dental health, public health nurses, vector control, sanitation, food and drug.

The Directorate of Rehabilitative Services would be responsible, similarly, for the following: social services, mental health, mental retardation, vocational rehabilitation and services for the blind, corrections facilities management, and Intake Service Center. This official, under the Commission's Criterion No. 6 ("certain functions can be performed more effectively by private or quasi-public institutions"), would be responsible for purchase-of-service activities. The new Hawaii Paroling Authority would be lodged with this Directorate for administrative purposes.

The Directorate of Hospital Services would be responsible for those State hospitals which are not able to operate without subsidy and unable to attract private sponsorship.

The Directorate for Entitlement Services would handle program administration for Aid for Dependent Children, Aid for the Aged, Blind and Disabled; State General Assistance, Child Welfare, Food Stamps and Medicaid.

The Directorate for Labor Services, similarly, would handle Unemployment Insurance, Workers' Compensation, Occupational Safety and Health Administration, Labor Law Enforcement and Apprenticeship Training. To this Directorate would be administratively attached the Hawaii Public Employment Relations Board, Temporary Disability Insurance referees, Unemployment Insurance referees, State Immigration Service Center, the Labor and Industrial Relations Appeals Board, Commission on Manpower & Full Employment, State Advisory Council on Vocational Education and State Manpower Services Council.

The Departmental Executive Director would be supported by an Office of Program Planning and Evaluation in addition to an Office of Administration. The Planning Office would incorporate the community assessment unit, referred to earlier, in order to reflect client participation in the planning process. The Criminal Injuries Compensation Commission and the Welfare Appeals Board would be attached to the Executive Director's office for administrative purposes.

It is the intent of this structure to clearly define staff and line entities. The Offices of Administration and Program Planning and Evaluation are the department's staff offices. The Directors of the functional program areas would be responsible for line administration of their program areas and would have little or no internal staff capabilities in their offices. They would receive necessary staff services from the Departmental staff offices.

There would be within the office of the Executive Director a unit responsible for developing structures and processes to achieve the objectives of the organization: co-location, common intake system, common information and referral system, common client tracking system, and common management information system. This unit would be under the immediate supervision of the Executive Director and would be subject to a "sunset" provision, which would specify a time deadline for completion of its tasks.

Finally, there would be the critical delivery arm of the organization fashioned by this unit: five to six community intake and referral centers throughout the State, each with a full array of program specialists under the oversight of generalist-administrators. These field executives,

in turn, would be under the immediate supervision of the Deputy Executive Director. The objective of this network would be to deliminate professional compartmentalization in the delivery of services.

Implementation

The Commission recommends enabling legislation calling for implementation of the departmental organization and creation of the aforementioned "advance planning" unit within three to six months. Additional funding required would be approximately $150,000 for a professional and support staff of five to six people. This unit within one year would be expected to develop common intake, information and referral, management information and client tracking systems plus co-location development and program plans. Under this timetable, common intake, information and referral systems should be in place and operating within the first half of 1979. Implementation of the management information and client tracking systems could be anticipated by the end of 1979 or in 1980. Co-location facilities would be set up over a one to five year time frame.

SOURCE: "Report To The Ninth State Legislature State of Hawaii Of The Commission On Organization Of Government", February, 1977, pp. 89-95.

EXHIBIT 2

A BILL FOR AN ACT

RELATING TO THE ESTABLISHMENT OF AN OFFICE OF HUMAN SERVICES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that securing the well-being of all of its needy citizens continues to be a policy concern deserving of the highest priority. The legislature finds that the State of Hawaii has long been a leader among the states in the development of progressive and innovative undertakings in behalf of its needy people. This observation is evidenced by the enactment of Act 294, Session Laws of Hawaii 1949, which established the Hawaii state commission on children and youth, one of the first entities of its kind in the United States. To strengthen the provision of services to our young people, the legislature enacted Act 207, Session Laws of Hawaii 1976, which established the office of children and youth within the office of the governor as a successor agency to the state commission on children and youth.

Similarly, with respect to our senior citizens, the State of Hawaii has been in the forefront in the enactment of legislation designed to assist the elderly. For example, more than a decade ago, the legislature enacted Act 198, Session Laws of Hawaii 1963, which created the state commission on aging and corresponding county committees on aging to advise and assist all levels of government in the formulation and implementation of programs to meet the specific needs and requirements of Hawaii's elderly population. Act 198 preceded the passage by the Congress of the United States of the Older Americans Act of 1965 which provided federal fundings support for state and local governments. The most recent major legislative enactment is the passage of Act 217, Session Laws of Hawaii 1976, which established the executive office on aging within the office of the governor as a successor agency to the state commission on aging.

The legislature finds that a large and growing share of the State's resources are being committed to programs and services for our children and youth, our elderly, and other people in need. The finite resources of government require prudent utilization of such resources

with firm resolve to assure that our tax dollars are not being expended in a wasteful or extravagant manner.

The purpose of this Act is to establish a new office, the office of human services, within the office of the governor to replace the existing offices including the office of children and youth, the executive office on aging, the commission on the handicapped, the office of the progressive neighborhoods program, and the Hawaii office of economic opportunity. The primary purposes of the new office are to facilitate and enhance the development, delivery, and coordination of effective programs for those in need through research oriented activities and the provision of advice and assistance to the executive, agencies in the human services field, and the legislature.

SECTION 2. Office of human services; appointments. (a) There is established within the office of the governor, an office of human services. The following shall be among the programs to be under the auspices of and coordinated through the office:

(1) Progressive neighborhoods program, including the model schools program, the Nanakuli children and youth projects, the community physician program, the community improvement grants program, the

detached worker program, the community service centers program, and the health and employment linkages and program;

(2) Executive office on Aging;

(3) Office of children and youth;

(4) Commission on the handicapped;

(5) Office of affirmative action;

(6) Commission on population and the Hawaiian future; and

(7) Hawaii office of economic opportunity.

(b) The director of the office shall be known as the director of the office of human services, hereinafter referred to as director. The director shall have training and experience in the field of social work, education, public health, or related fields; direct experience in programs and services related to children and youth, the elderly, or other handicapped and disadvantaged persons; and experience in a supervisory, consultative, or administrative capacity. The director shall be appointed by the governor without regard to chapters 76 and 77. The salary of the director shall be set by the governor. The director shall be included in any benefit program generally applicable to the officers and employees of the State.

SECTION 3. General functions, duties, and powers of the director. The director shall have the following principal functions, duties, and powers:

(1) Serve as the principal official in state government solely responsible for the coordination of programs for children and youth, senior citizens, and other needy and disadvantaged persons.

(2) Oversee, supervise, and direct the performance by his or her subordinates of activities in such areas as planning, evaluation, and coordination of children and youth, elderly, and directly allied programs, and development of a statewide service delivery network.

(3) Assess the policies and practices of other agencies impacting on children and youth, elderly, and the disadvantaged, and conduct advocacy efforts in their behalf.

(4) Advise the governor and the legislature on new legislation, programs, and policy initiatives and conduct such liaison as would be required to implement them.

(5) Serve as a member of advisory boards and regulatory panels of state agencies in such areas as

child development programs, elderly programs, social services programs, and health and medical assistance programs.

(6) Administer funds allocated for the office of human services; and apply for, receive, and disburse grants and donations as may otherwise fall within the authority of the office of human services.

(7) Serve as a referral agency for complaints of persons regarding services or operations of state and county agencies affecting children and youth, the elderly, and the disadvantaged, and investigate complaints.

(8) Adopt, amend, and repeal rules pursuant to chapter 91 for purposes of this chapter.

(9) Retain such staff as may be necessary for the purposes of this chapter, in conformity with chapters 76 and 77, except for the heads of the four divisions referred to in Section 5 who shall not be subject to chapters 76 and 77.

(10) Contract for such services as may be necessary for the purposes of this chapter.

(11) On a continuing basis, provide initial and continuing orientation as to the goals, functions, and

programs of the office to members of the council.

(12) On a continuing basis, actively and enthusiastically seek the input of council members on all matters pertaining to the functions of the office.

(13) On a continuing basis, transmit minutes of the council to the governor and to the chairpersons of the legislative committees responsible for programs of the office.

SECTION 4. General duties of the office of human services. The office of human services shall:

(1) Establish statewide goals and objectives relating to children and youth, the elderly, and other disadvantaged persons.

(2) Study the facts concerning the needs of children and youth, the elderly, and other disadvantaged persons in the State through adequate research studies, such research to be carried on whenever possible through the departments or agencies of the state and county governments responsible for providing services in the fields of health, education, social welfare, employment, and related areas. Where such research cannot be done within such established agencies, it shall be carried by this office.

(3) Review legislation pertaining to programs within the purview of the office and appropriations made for services in their behalf and consider and present revisions and additions needed and report to the governor and to the legislature regarding such legislation.

(4) Evaluate the availability, adequacy, and accessibility of all services for children and youth, the elderly, and the disadvantaged, within the State.

(5) Monitor and coordinate the operations and the operating policies, affecting children and youth, the elderly, and the disadvantaged, of all state and county departments and agencies responsible for providing such services, including, without limitation to the generality of the foregoing, the department of health, the department of social services and housing, the department of education, and the department of labor and industrial relations, and report such facts and the office's recommendations to the governor and to the legislature. The executive heads of all such departments and agencies shall make available to the office of human services such information as the office deems necessary for the effective discharge of its duties under this chapter.

(6) Maintain contacts with local, state, and federal officials and agencies concerned with planning for children and youth, the elderly, and the disadvantaged.

(7) Encourage and foster local action in behalf of children and youth, the elderly, and the disadvantaged.

SECTION 5. Administrative and program support for the office of human services. The provision of administrative and program support for the office of human services shall be accomplished by the creation of four principal organizational divisions in the office of human services. One division shall be known as the division of child development and youth affairs; the second as the division of elderly affairs; the third as the division of research and development; and the fourth as the division of administrative and technical services.

(1) The division of child development and youth affairs shall be engaged in the activities of children from birth through age 17.

(2) The division of elderly affairs shall be engaged in the activities of persons aged 55 and older.

(3) The division of research and development shall be engaged in research and demonstration activities

pertaining to programs and services assigned to the office of human services.

(4) The division of administrative and technical services shall be engaged in the following activities, including, but not limited to:

(A) Preparation and submission of budgetary requests for the office of human services.

(B) Management of contracts and agreements entered into by the office of human services with public and private vendors, consultants, and suppliers.

(C) General administrative housekeeping functions of the office of human services.

SECTION 6. Advisory council for human services; composition and compensation. There is established within the office of human services, the advisory council for human services, herein referred to as council except as otherwise indicated. (a) The council shall be composed of nineteen members appointed by the governor subject to section 26-34, Hawaii Revised Statutes, except as provided in this section. Members shall have had training, experience, or special knowledge concerning human services programs. Of the nineteen members:

(1) Five shall be ex officio voting members to consist of the director of social services, the chairperson of the board of education, the director of labor and industrial relations, the director of health, and the senior judge of the family court of the first circuit.

(2) Fourteen members shall be regular members:

(A) One public officer from each of the counties of Hawaii, Maui, Oahu, and Kauai shall be appointed from a list of four such officials submitted by the mayor of each county.

(B) Four members shall be representatives of private organizations which are engaged in the planning or delivery of human services.

(C) Six members shall be citizens, three of whom shall be under the age of 21 at the time of appointment and three of whom shall be age 55 or older at the time of appointment. Of such members, there shall be at least one representative from each county who shall be nominated by the mayor for gubernatorial appointment, provided not more than three such members shall be from Oahu.

(b) Members of the council shall serve without compensation but shall be reimbursed for expenses, including travel expenses, necessary for performance of their duties.

(c) If for any reason any ex officio member is not able to attend meetings of the council, the individual member immediately subordinate to such member and authorized to act in his or her place shall attend in the stead of the ex officio member. The substitute individual shall be entitled to participate in all actions and business of the council with all rights, authority, and privileges of the appointed member, including full voting rights.

SECTION 7. Council, functions. (a) The council shall participate in, recommended, and advise the director in coordinating, planning, and monitoring functions of the office of human services delineated in this chapter. The council shall generally work towards the establishment and effectuation of a cohesive, comprehensive system for the development and delivery of programs and services for children and youth, the elderly, and the disadvantaged on a statewide basis.

(b) The governor may appoint additional members or modify the composition of the advisory council should such modification be required to comply with federal regulations

for purposes related to eligibility for federal funds. Should the governor be required to effect such modification, he shall propose an amendment to the legislature for its review and action at the regular session next following the modification.

SECTION 8. Council, duties. The council shall have the following powers, duties, and responsibilities:

(1) Serve in an advisory capacity to the director, the governor, and the legislature on matters relating to programs and services for children and youth, the elderly, and the disadvantaged.

(2) Assist the director in determining program and policy needs and priorities for the State in establishing and implementing a comprehensive program for children and youth, the elderly, and the disadvantaged in accordance with the goals and objectives expressed in this chapter.

(3) Assist the director in formulating short-term and long-range goals for programs and services for children and youth, the elderly, and the disadvantaged.

(4) Assist the director in consulting with and seeking the opinion of the general public in relation to a comprehensive system of programs and services for children and youth, the elderly, and the disadvantaged.

(5) Assist the director in the evaluation of general and specific policies relating to the needs of children and youth, the elderly, and the disadvantaged.

(6) Assist the director in encouraging both public and private agencies and programs to work toward the development and maintenance of a comprehensive and coordinated system for human services.

(7) Carry out other functions, duties, and responsibilities of an advisory nature reasonably related to the coordination, evaluation, and conducting of research on human programs and services.

SECTION 9. Relationships with other departments and agencies and cooperation with office of human services. It shall be the duty and responsibility of every state department and county agency providing programs and services to children and youth, the elderly, and the disadvantaged to actively work toward the goals and objectives established by the office of human services and to coordinate with the office of human services the development of its programs plans. The executive heads of all such departments and agencies shall cooperate with the office of human services in providing information as the office deems necessary for the effective discharge of its duties. However, nothing

contained in this chapter shall be deemed to delegate or detract in any way from the functions, powers, and duties prescribed by law for any other department or agency of this State, nor to interrupt or preclude the direct relationships of any such department or agency or units of county government in the performance of such functions, powers, and duties. Notwithstanding that each county shall maintain maximum control over the development and administration of human service programs tailored to meet county needs, each department, agency officer, and employee of the State and of the counties shall cooperate with and assist the office of human services in the performance of the functions, powers, and duties of the office.

SECTION 10. All functions and programs of the office of the progressive neighborhoods program; executive office on aging; office of children and youth; commission on the handicapped; office of affirmative action, commission on population and the Hawaiian future; the Hawaii office of economic opportunity; and such other offices within the office of the governor engaged in human services are transferred to the office of human services.

All state officers and employees whose functions are transferred by this Act shall be transferred with their

current functions and shall continue to perform such duties as designated by the director upon their transfer, subject to the state personnel laws and this Act.

No officer or employee of the State having tenure shall suffer any loss of salary, seniority, prior service credit, vacation, sick leave, or other employee benefit or privilege as a consequence of this Act, and such officer or employee may be transferred or appointed to a civil service position without the necessity of examination; provided, that the officer or employee possesses the minimum qualifications for the position to which he is transferred or appointed; and provided, that subsequent changes in status may be made pursuant to applicable civil service and compensation laws.

An officer or employee of the State who does not have tenure and who may be transferred or appointed to a civil service position as a consequence of this Act shall become a civil service employee without the loss of salary, seniority, prior service credit, vacation, sick leave, or other employee benefits or privileges and without the necessity of examination; provided that such officer or employee possesses the minimum qualifications for the position to which he is transferred or appointed.

In the event that an office or position held by an officer or employee having tenure is abolished, the officer

or employee shall not thereby be separated from public employment, but shall remain in the employment of the State with the same pay and classification and shall be transferred to some other office or position for which the officer or employee is eligible under the personnel laws of the State as determined by the head of the department or the governor.

SECTION 11. All records, equipment, machines, files, supplies, contracts, books, papers, documents, maps, and other personal property heretofore made, used, acquired, or held by any office relating to the functions transferred to the office of human services, the county offices, or policy councils and committees shall be transferred with the functions to which they relate.

SECTION 12. There is appropriated out of the general revenues of the State of Hawaii the sum of $, or so much thereof as may be necessary, to be expended by the office of the governor for the purposes of this Act.

SECTION 13. Severability. If any provision of this Act or the application thereof to any person or circumstances is held invalid, the invalidity does not affect other provisions or applications of this Act which can be given effect without the invalid provision or application, and to this end the provisions of the Act are severable.

SECTION 14. This Act shall take effect upon its approval.