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A Framework  
for  
Conducting Countywide  
Human Services Planning

prepared by  
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Office of Impact Assistance  
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## Countywide Human Services Planning Framework

### I. INTRODUCTION

Planners, human services providers and government officials at all levels of government have an unprecedented need for information upon which to determine projections of need for services, services delivery costs, and the current composition in local human service delivery systems. Some of the factors that are operating individually and together in various regions of the State which emphasize the need for local human services planning are:

- ° Economic instability as reflected by increasing unemployment rates and high interest rates.
- ° Rapid growth occurring in basically rural, sparsely populated areas.
- ° Economic stagnation and decline in some parts of the State as reflected by declining tax bases, increasing unemployment rates, and increasing Department of Social Services Income Maintenance caseloads.
- ° Federal budget cuts and the establishment of federal block grants to States for a wide variety of human service programs.
- ° State Departmental expenditure limits and local property tax revenue limits.

The overall effect of these factors is increased competition for governmental and private funding as well as increased uncertainty in predicting the need for services. It is essential that local communities develop and implement Human Service Plans to facilitate the effective and efficient delivery of human services to individuals most in need of assistance.



In order to accomplish this, human services planning must be done in a timely manner, within the context of community values and biases, and with an acknowledgement of the limits in volunteer, staff, and financial resources which of necessity must form the basis of the planning and implementation efforts.

At the same time, however, the very financial constraints which are making human services delivery increasingly difficult offer a new openness to change within the community and among agencies. For these reasons, planning becomes a more relevant activity and an opportunity to improve the social and emotional well-being of our communities and their residents.

## II. PURPOSE

The following framework is offered with three purposes in mind:

1. To orient emerging human service councils on the Western Slope toward action (as opposed to the organizational and political legitimization emphasis which now exists).
2. To assist communities in defining a minimal set of social indicators and data elements which will allow service agencies to respond appropriately to rapidly changing human service needs at the local level and which will aid in human service delivery evaluation across the State.
3. To identify means of implementing a standard planning model which will meet the informational needs of local service providers; facilitate dialogue between human service providers and local officials; identify the basis for initiating ongoing human services monitoring systems; and, allow local agencies, officials, and the community at large to reach agreement on major problems, resource allocation decisions, and program designs to optimally meet community human service needs.

It is the bias of the author that the most frequent and significant failings of community-based social planning efforts are not due to limitations of planning models or technologies that are used. Rather, failings are due to an inability within a community or planning group to communicate, identify and retain a unity of purpose, and to sustain the level of effort necessary to complete the various aspects of assessment, analysis, and implementation essential to constructively change the human service delivery system.

Consequently, a fairly simple planning model has been chosen which illustrates the basic activities of the planning process. This model has been chosen for illustrative purposes only. It is neither better nor worse than a number of other models which could be used. It was chosen because all of the various models evaluated had these basic activities included with only minor variations in sequence or content. Some of the alternative models contained substantially more detail within the general activities defined however more were contradictory. The specific methods for organizing a Human Services Council (or other similar planning body), doing a needs assessment and implementing a plan are applicable for many different planning models. The basic model which serves as the context for the specific methods suggested is diagrammed in Figure 1.

Please note that even though there is a great degree of similarity between planning models there is, nonetheless, a large variance in their results, or plans, that emerge from any planning process.

Planning efforts often self-destruct as the result of the inability of the planning body to work together rather than due to methodological problems. Therefore a rationale section has been included following the description each element of the model to explain potential pitfalls and how the proposed model can be used to avoid these problems. A summary of the Framework is attached as Figure 2. Each of these aspects of the planning process will be discussed in detail in subsequent sectors of this framework.

### III. THE PLANNING PROCESS

#### A. Organizational Structure

1. Size: 10-30 people.

2. Composition:

- a) Human Service Professionals
- b) County and Municipal Officials
- c) Business and/or Industry Leaders
- d) Service Clients (optional)

Figure 1  
Overview of  
THE PLANNING PROCESS

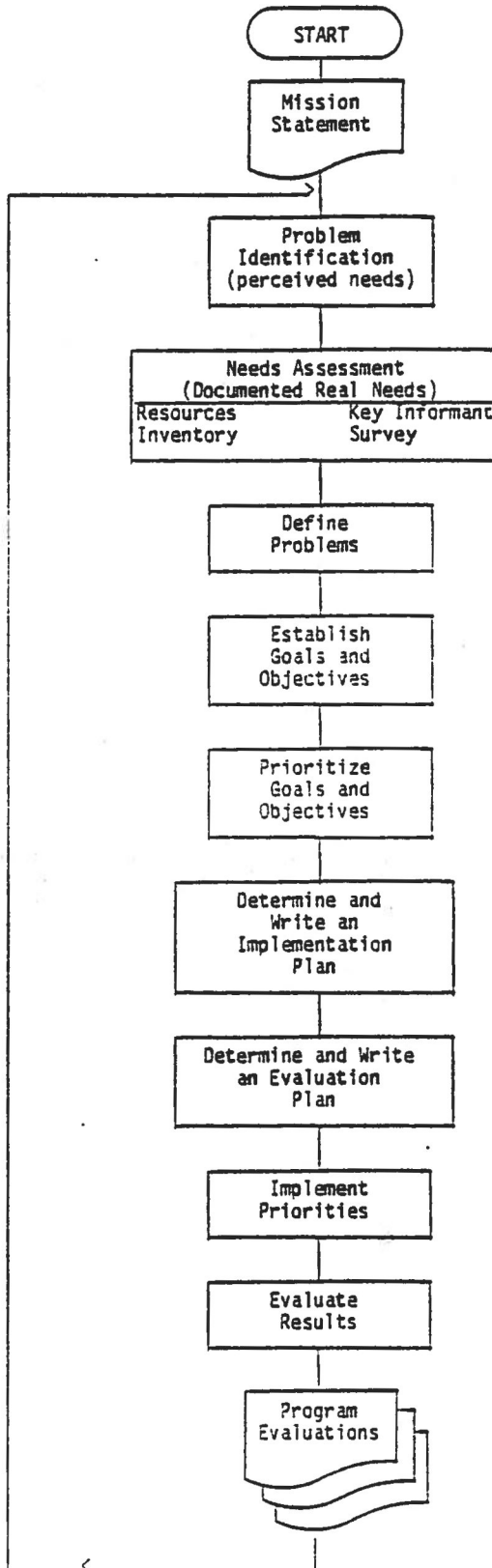


Figure 2  
Summary Description of the Planning Process

<u>Element</u>	<u>Approach</u>	<u>Rationale</u>
1. Organization of Council	Broad-based: - Business - General Public - Elected Officials - Agency - Client Advisory to local government	A primary purpose of Councils is to influence resource allocation decisions. Local government and business community are key actors in energy communities in this process. Broad-based participation is essential for credibility within the Community as a whole.
2. Problem Identification	Community forums with broad-based input on problem identification; Large Group-Small Group process to facilitate participation.	Facilitate constituency-building, sense of Community. Opportunity for visibility and participation of local officials, provides basic direction for future exploration and needs assessment.
3. Needs Assessment	Resource Inventory to serve as basis for development of a standardized MIS to assess resource allocation & to orient Council to local delivery system. Then key informant, nominal group process to identify key social indicators and service utilization.	<ol style="list-style-type: none"> <li>1. Limits data collection requirements</li> <li>2. Builds on community definition of problems</li> <li>3. Expedient</li> <li>4. Builds cohesion among providers</li> </ol>
4. Problem Definition/Goals and Objectives/Prioritization	Nominal group process based on data to establish goals, objectives and alternative solutions.	Goals and objectives should be developed in response to needs identified. This is appropriately a function of the Council.
5. Implementation Plan	Specification of general guideline, specifications, facilitating and limiting factors within agency, community client group, and Council.	Allow development of realistic, complete implementation plan based on community environment. Based in Field Theory or Force Field Analysis. Cookbook approach allows concepts to be internalized through routinization.
6. Evaluation	Formative evaluation through analysis of resource allocation. Outcome in re: Social Problem via subsequent iterations of plan in Problem Definition Process.	Emphasize planning as continuing process. Strengthen Council role in resource allocation decisions. Further elaboration inappropriate at this time.

3. Primary Responsibility: Local elected officials.

4. Rationale:

It is the basic position of this Framework that the primary purpose of a Human Service Council is to plan for the coordinated and effective delivery of needed human services. Since human services are largely publicly funded, it is essential that Councils have the involvement and participation of local elected officials, private sector community leaders (business/industry representation), service recipients, and human service providers. This will facilitate broadbased community participation and support as well as provide the technical base of knowledge necessary to the delivery and design of services.

It is a reality that the financial resources of governmental bodies are becoming increasingly limited. Therefore, the involvement of private businesses, industry, service clubs and/or foundations may be extremely useful in view of the potential financial assistance they may provide. These groups also can be valuable contributors of technical assistance in such areas administration and fiscal management, in the roles they can play in the prevention of social problems as well as in implementing early intervention efforts which in many cases reduces long-term service needs. For practical purposes it is important to have a relatively small planning committee of 15-30 members. If a community feels that a group of this size does not sufficiently represent the community, it may choose to establish subcommittees or task forces to deal with specific functional or programmatic areas and involve community members and service providers who are not on the planning committee.

Other factors which may influence Council composition are the roles a Council may choose to play in serving as an educational or technical assistance group, a support group for providers, and as an advocacy group. For these reasons a Council may want to form a general association open to anyone interested, and select a Board of Directors with specific slots allocated to be filled by appointed representatives of government and other major interest groups and other "at-large" slots to be filled through association elections. An alternative selection process would be to have the Council, with all appropriate groups represented, appointed by the local Board of County Commissioners.

B. Mission Statement

1. Approach

Early in the planning process the Council or the agency assuming the primary responsibility for creating the Council should adopt a Mission Statement. This Statement defines in the very broadest terms the purpose of the Council and the area of interest or activity of the Council.

2. Primary Responsibility: The governmental body convening the Council on the Council itself.

3. Rationale:

By definition the Mission Statement provides sanction for the planning activities of the Council. This is the initial attempt of the Council to limit the scope or define the parameters of its activities. This is an essential step which must be taken to enable the initiation of the planning process. Exactly when and who defines the mission may vary dependent on whether a council is appointed or elected. If the Council is appointed the mission may be a key factor in defining membership categories and selecting individuals. If a council incorporates and elects members the Mission Statement will probably be negotiated or defined by the Council as an initial organizational activity.

C. Problem Identification

1. Approach

Within any community various individuals or groups will identify what they perceive to be community problems or social needs. These perceived needs may be conveyed openly as a Council is organized and in fact they may be the reason a Council is formed. In other situations perceived needs may surface randomly or only after the Council meets and begins to feel comfortable with one another.

It is the job of the Council to validate whether problems initially identified are "real" on the basis of their prevalence, incidence, severity and the extent to which resources are devoted to their resolution.

A definitive determination of "real" versus "perceived" need can be made only as the result of a needs assessment. Since this is often a very time consuming and costly process, the Council must find ways of limiting the number of problems initially identified which will be

studied through a more formalized needs assessment process. Two ways in which this can be done are by: a) conducting initial informal, preliminary explorations of the perceived problem; and, b) obtaining an initial overall community perception of major problems.

Preliminary exploration can be done through informal discussions with community members to determine the geographic prevalence of a problem and a perception of its severity in the community. Other readily available secondary source data such as census information, arrest statistics and human service caseloads may also provide the validation that a problem is significant enough to be explored further.

An overall community perception or consensus of problems can be obtained by holding a public forum. The public forum is much like a public hearing except once the meeting starts people in attendance break into small groups. Each group is assigned a facilitator and selects a recorder to encourage discussion of problems and record problems identified. By using small groups, often the groups can reach consensus on major problems and rank these problems in terms of their severity. The Council can then consolidate the findings of the small groups to obtain an overall picture of community concerns. This technique has been successfully used in a number of Wyoming boomtowns by Dr. Julie M. Uhlmann.

The results of this activity and other preliminary explorations form the basis for conducting a more formalized needs assessment to more completely define and specify the elements of the problem identified.

At this point the Council should be able to define community social problems. Some useful guidelines for defining social problems are illustrated in the Human Services Monograph Series in a paper titled: Strategic Planning: A Collaborative Model, prepared by the Louisville, Ky. Human Services Coordination Alliance, Inc.

1. A community social problem is defined as a condition in the community which a given group agrees is undesirable and which requires collective action in order to be remedied.
2. All social problems should be stated in a consistent style and level of generality and should:
  - a) identify human conditions and not systemic or institutional conditions;
  - b) specify population but not geographic area;
  - c) not mention cause or effects of the condition; and,
  - d) include some sense of change.

It may be useful to establish some broad categories of human services to assist in problem definition. One very basic way was specified in Managing Human Services for Less: New Strategies for Local Leaders. All social problems were categorized as being in the general areas of Income, Housing, Impairment (physical or mental), and Work.

A somewhat less generic categorization of problems was used in the Strategic Planning: A Collaborative Model monograph in which problems are categorized into the areas of Employment Security, Employment, Physical Health, Mental Health, Housing, Public Safety, Family and Child Well-being, and Education.

2. Primary Responsibility:

The primary responsibility for initial problem identification (perceived needs) rests with the Council and the community-at-large. The Council, however, should take the lead in the exploration of perceived needs and in organizing and conducting public forums which result in more specific problem definition.

3. Rationale:

- a) Social problems are community problems. Therefore a mechanism to obtain community input in problem identification and/or problem solution provides a substantial contribution to the process as well as facilitates community acceptance of the Plan through participation and "ownership" in the document.
- b) The financial resources, volunteer time and energy, and technical research ability of the Council are all limited to varying degrees. One way of maximizing the use of these limited resources is by limiting the scope of the problem identification and therefore needs assessment aspects of the process through expediting the planning process and preserving some of the energy of Council members for plan implementation activities.
- c) Broadbased community participation through public forums will increase the credibility of the process and the Plan in the eyes of public elected officials thus facilitating Plan adoption and implementation.

It should be noted that reliance on the Public Forum in defining problems may have a biasing effect on the process that could be avoided by using a more research-oriented methodology in surveying the community. While acknowledging that this is true, a planning process for a wide



range of services such as is proposed here in dynamic rapid growth communities makes time and money crucial factors in the success of the planning effort. Therefore, the benefits gained by expediently moving through the process of problem identification to allow concentration on problem solving and implementation outweigh the cost of the potential bias of the problems identification method.

#### D. Needs Assessment

##### 1. Background

There are basically five techniques used in conducting needs assessment as reported by Leslie Steenland and John Leary in A Title XX Needs Assessment Methodology in Adams County, 1976. They are:

1. Key Informant - Community needs and service utilization are determined on the basis of information obtained through surveys or interviews with knowledgeable agency, community and political leaders.
2. Community Forum - Community needs and service utilization are determined as the result of a single large meeting or a series of such meetings which solicit the input of the community-at-large.
3. Rates-Under-Treatment - Needs are determined on the basis of agency-supplied client data.
4. Social Indicators - This approach relies on the collection of descriptive socio-economic statistics which are correlated with human service needs and the overall level of "social well-being" in a community.
5. Primary Survey - The design and implementation of a questionnaire or interview survey instrument intended to directly gather information regarding community needs and service utilization.

All of these methodologies have both advantages and disadvantages but by using a combination of the methodologies and applying them within the context of the purpose of the needs assessment, many of the limitations of the individual methods can be overcome.

##### 2. Approach

The method of needs assessment suggested here combines the key informant, rates-under-treatment, and social indicators methodologies as outlined in the Steenland and Leary paper with a resource inventory of service agencies.

### Resource Inventory

The resource inventory accomplishes three things: 1) It familiarizes Council members with the agencies which comprise the human service community, 2) It is the basis for preparing a Community Resource Directory to assist the general public in obtaining necessary human services, and 3) It provides the Council with resource allocation information.

A maximal amount of usefulness can be obtained from a minimal amount of effort by having agencies complete a brief two-page agency profile sheet. An example of a profile format is included in Exhibit A. This profile is based on the profile used by the Utah Department of Social Services in the Utah District 7A Human Services Plan. The first page of this profile includes pertinent information about the agency such as the services provided, target population, number served, and resource allocations. The second page of the profile utilizes a management by objectives (MBO) approach in identifying the problem(s), program or service objective(s), method(s) of solution, and evaluation plan.

Once the inventory has been completed there are a variety of ways in which this information can be used. One way is to reproduce and compile agency profiles to be distributed among service providers to aid in agency information and referral functions. A second way is to modify and abbreviate the profiles to make a community human resource/service directory.

A third way is to put information contained in the agency profiles into a matrix or a series of matrices. This is particularly useful in obtaining an overview of the community human service delivery structure in relation to social problems. This format can also be used to show human service gaps and overlaps in service; to specify the presence or absence of a continuum of treatment modalities within service areas; and to display funding and personnel allocations within agencies and service areas. Exhibits B through D are examples of matrices which may be useful.

Finally, the agency profile can be used to put together a total county human service budget by service and by funding source. An example of a budget format which can be used is included as Exhibit E.

### Assessment Procedure

Once the Resource Inventory has been completed through this use of agency profiles and matrices, the Council should have a good background on the current human service delivery structure. At this point the Council can start a more formal needs assessment process.

The method proposed here is explained in detail in the Steenland and Leary unpublished monograph titled A Title XX Needs Assessment Methodology for Adams County. A flow-chart of this process follows, identified as Figure 3.

For each social problem area the Council should select a group of local service providers and community leaders to determine information to be gathered, propose solutions to problems and make funding recommendations to the Council. This taskforce of key informants should have knowledge of the problem area, experience in delivery services in the problem area, and a good perception of community concerns and attitudes regarding the problems. Members would be asked to attend two meetings. The first meeting would result in a determination of data to be collected and the second meeting would result in analysis of data collected and a determination of how to use the information in defining and prioritizing goals and objectives as well as in preparing implementation plans.

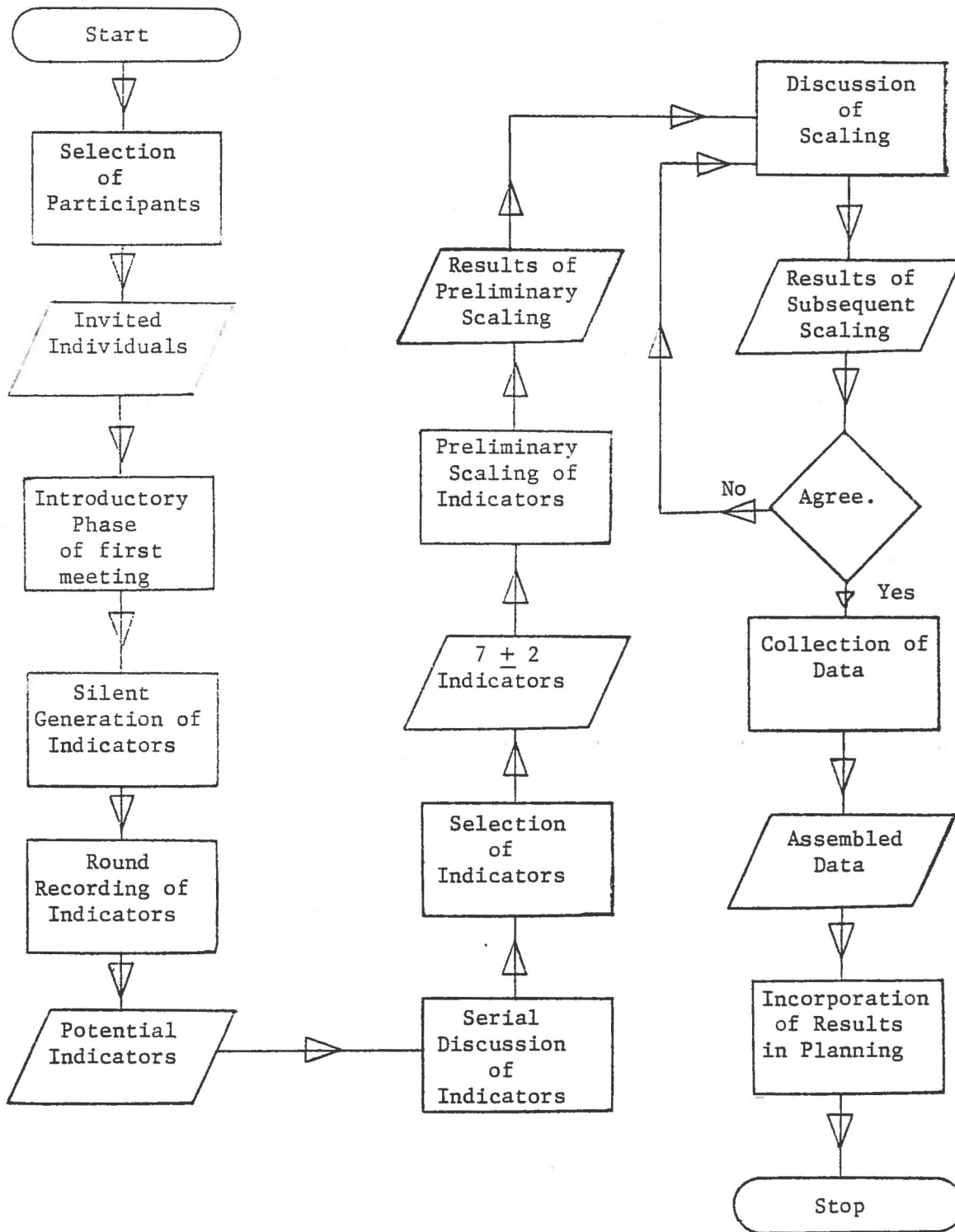
At the first meeting, a nominal group process would then be used in which individuals would independently generate a written list of potential indicators of need for the social problem area being discussed. A round-robin recording of indicators would then occur with each indicator written on a form visible to all members. Once all indicators have been recorded, each indicator would be discussed with regard to the following criteria:

- ° data availability
- ° relative seriousness of the problem represented
- ° causal relationship between the indicator and social dys function
- ° exact meaning of the indicator
- ° indicator redundancy with respect to other indicators
- ° relationship to needs assessment v. resource inventory

Following this discussion, individual members are asked to write down the five to nine indicators that best represent the given problem area and the need for services to meet that need. Results for the group

Figure 3

The Needs Assessment Process



Source: Steenland & Leary: A Title XX Needs Assessment Methodology for Adams County

as a whole are then tallied and the group decides what a logical cut-off point is for defining the five to nine indicators chosen. Each member is then asked to make two separate ratings on each indicator on a scale of one to ten. The first rating is the relative seriousness of having a person afflicted with the problem or condition represented by the indicator. The second rating identifies the extent to which the need or problem represented is being addressed.

Individual ratings are then discussed with particular emphasis on the indicators for which there is a wide range of scalar ratings. Following discussion of the ratings, participants are requested to re-rate each indicator on the basis of severity and the extent that the need indicated is being met. Individuals should change their previous ratings only if they believe their prior judgement has been erroneous.

It is important that some degree of consensus be reached on the level of seriousness rating for each indicator. An average value with a wide range of ratings reflects the judgement of no one whereas an average value of similar judgements, or ratings, can be considered the decision of the group.

The degree of consensus can be determined one of two ways. First, by plotting a scattergram identifying each person's severity rating. A wide distribution indicates a lack of agreement whereas a narrow distribution indicates agreement. An alternative method would be to calculate the standard deviation for the distribution. A standard deviation of less than 1.5 is generally acceptable.

If there is sufficient consensus about the indicators and the relative severity of the problems they relate to, then data gathering is the next step. Whenever possible, information should be collected for the past several years in order to do a trend analysis for the problem area and specific indicator. The data gathering task will also be greatly facilitated by having task force members collect data to the maximum extent possible. Similarly the task force should thoroughly assess the community to determine if data is available locally. The taskforce should minimize its primary data collection efforts.

Data can be presented in several ways. First, the values for individual indicators can be charted annually or more frequently if desired. Data can also be used in conjunction with other indicators for the problem area and the relative severity measures to derive an overall problem area index which also can be charted annually.

3. Primary Responsibility: The Human Services Council.

4. Rationale:

This method of needs assessment has several benefits.

° It is expedient and can be done with a minimal amount of staff and resources. Information gathered is limited to that believed to be most relevant to the problem area.

° It is a method which facilitates the cooperation of local agencies in defining problems in a relatively non-threatening way.

° The values of indicators can be used in combination with the seriousness rating to assist in "objectively" determining problem and program priorities.

° The indicators, when weighed and valued, can be used to form an overall problem area index which can then be monitored to evaluate overall progress or trends in the index over time.

° The methodology can easily be replicated annually to provide trend data. Similarly, as new problem priorities emerge, this methodology can be initiated to more specifically define these problems.

° The indicators selected can form to the basis for establishing a human services monitoring system.

E. Goals and Objectives

1. Approach

After completing the Resource Inventory, Needs Assessment, and Problem Definition phases of the planning process a fairly clear picture of major needs should be emerging. Consequently, the preparation of goals and objectives should be a logical, (straightforward) activity.

The basic principles to remember in developing goals and objectives is that they should be clear, specific, and measurable.<sup>1</sup> Furthermore, goals and objectives should also be time framed and wherever possible they should be action-oriented or stated in behavioral terms. One way of differentiating goals from objectives is that goals identify ends whereas objectives are the means of accomplishing the ends.

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<sup>1</sup> Weiss, Carol H., Evaluation Research, Prentice-Hall, Inc., Englewood Cliffs, N.J., 1972, p.26.

Much has been written on goals and objectives and there are numerous and often elaborated methods of categorizing goals and objectives. Regardless of the specific terms used it is important to remember that the purpose of goals and objectives and an implementation plan are:

- ° to establish a unity of purpose which the planning group can agree on
- ° to specifically identify activities and actions necessary to reach the goal identified
- ° goals, objectives and actions identified should comprise a "blueprint" for problem solving and act as benchmarks against which progress can be measured

Perhaps the best way of illustrating the interrelationships between goals, objectives and actions is by showing an example.

Goal: To reduce accidental death and disability rates in Bittersweet County by 10% by 1985.

Objective 1: To certify 60 or 50% of hospital Emergency Room physicians and nurses in Bittersweet County Advanced Coronary Life Support by December, 1983.

Objective 2: To train 20% of the general public or 2000 people in Bittersweet County in Cardiopulmonary Resuscitation by December, 1983.

Objective 3: To have a countywide EMS UHF communications system operational by December, 1982.

Action Step 1: Staff will work in conjunction with the communications committee to complete preliminary design of the ambulance-to-hospital, hospital-to-hospital, and ambulance-to-ambulance components of the system by March 1, 1982.

- a. Identify participants by January 30.
- b. Complete radio propagation study to determine repeater sites by February 15.
- c. Write conceptual design paper and present for approval by EMS Committee by March 1.

Action Step 2: The County will contract for purchases of the system by June 15, 1981.

- a. Write technical specifications by March 30.
- b. Obtain approval from Colorado Division of Communications by April 15, 1982.
- c. Let System for bid by May 1, 1982.
- d. Hold pre-bid conference by May 15, 1982.
- e. Conduct bid opening by June 3, 1982.
- f. Evaluate bids for compliance with specifications by June 5, 1982.
- g. Select vendor by June 8, 1982.
- h. Contract with vendor for equipment purchase by June 15.

Action Step 3: Arrange for all necessary dedicated phone line installation by August 15, 1982.

Action Step 4: Write system procedures manual and conduct training for all users.

- a. Draft and approve procedure manual, September 1.
- b. Conduct user training for all appropriate hospital and related ambulance personnel at each participating hospital during the month of September.

Action Step 5: Oversee equipment installation from August 15 through September 15, 1982.

Action Step 6: Field test all equipment by September 30, 1982 and make any adjustments necessary.

Action Step 7: Initiate system operation October 15, 1982.

Action Step 8: Provide Payment-In-Full using grant funding and Committee matching funds.

Hopefully this example illustrates that goals, objectives, and action steps are clearly and concisely stated. They are time limited, are written in action-oriented terms, and are measurable. The objectives are intended to be discrete, independent activities which all have a major role in the reduction of accidental death and disability. As you move from goals to objectives to action steps there is an increasing degree of specificity, measurability, and time limitation in the activities undertaken.

## 2. Primary Responsibility:

Preparation of goals and objectives is the responsibility of the Council, however, they may choose to have the problem area task forces to draft goals, objectives, and action steps due to their involvement in the needs assessment.

### Rationale:

Goals and objectives are a public statement of the intent, basic directions and methods to be used in remedying identified social problems. Goals then serve as the criteria used by board members, elected officials, and the community-at-large in deciding how to be involved (if at all) and in monitoring the actions of the Council in relation to stated goals and objectives. It is important that a thorough, comprehensive range of objectives are established for every problem area in which a goal is written. Therefore, a complete knowledge of the problem area is conveyed, thus assisting in the establishment of credibility for the Council and offering a range of activities that can



be undertaken to remedy the problem. It is equally important, however, that objectives be prioritized and that resources be allocated in a manner that will ensure that all major objectives can be accomplished.

Writing goals in a clear, consistent, specific, and measurable manner is useful because it provides a concise, readily understandable way for readers to obtain a grasp of the purpose of the Council and Human Services Plan, aids participants in monitoring the Council, greatly facilitates evaluation, and serves as the basis for the preparation of a specific Implementation Plan for priority objectives.

#### F. Implementation Plan

##### 1. Approach

The Implementation Plan is a logical extension of Goals and Objectives which have been established. It is suggested that the implementation plan be prepared as a three part process. First, objectives should be prioritized. Implementation Plans should subsequently be written for the major priorities. These Plans do not require a lot of verbiage, however, they should contain the following elements:

- 1) Objective
- 2) Action Steps (to accomplish objectives)
- 3) Resources Required (manhours and dollars)
- 4) Target date for completion
- 5) Evaluation Criteria
- 6) Methodology (a brief narrative description)
- 7) Responsible Party/Lead Agency
- 8) Linkages (other parties/agencies necessary for accomplishment)

The second part of the process is a situational analysis of factors affecting the accomplishment of objectives. A very useful format for doing this is contained in Promoting Innovation and Change in Organizations and Communities, by Jack Rothman, John Erlich, and Joseph Teresa. This book is basically a community planning manual which presents a series of planning guidelines which are really theoretical hypotheses or propositions about approaches to innovation in different situations. If it is determined that the guideline is appropriate to the community problem, than it is translated into operational terms as an objective.

Action Steps and key community groups and individuals are then identified and involved in the project. With the exception of initially identifying the theoretical basis for the guideline, all of these steps are similar to those suggested here in preparing the Implementation Plan.

At this point the actual situational analysis occurs in which a series of facilitating and limiting factors are identified and assessed. These factors as part of the entire Planning Guideline Log Form are attached as Exhibit F. If, after completing the situational analysis, it appears that there are major deficiencies in the Implementation Plan, it may be necessary to revise the Implementation Plan. This revision is the third part of the process.

An issue which inevitably arises during the course of the planning process is the issue of prioritization. At some point when goals and objectives have been established or when the Implementation Plan is being developed it will become apparent that there are insufficient staff and financial resources to accomplish all objectives established in the Plan. Therefore, to use resources wisely the Council must prioritize objectives.

Criteria for prioritization include items such as: Need, current resource allocation, additional resources required, program approach, implementation plan, organizational capability, community support, short-term financial feasibility, the availability of alternative, less costly methods, degree of innovation and interagency cooperation. Most of these criteria are self-explanatory, however, the last one deserves some elaboration.

There are a large number of human service activities which can be undertaken independently by individual agencies and which do not require the collective action of a Human Services Council or of multiple agencies to be implemented. Should these activities be included in the Implementation Plan of the overall Human Services Plan? A related question is: Should Implementation Plans identify lead agencies and responsible parties for objective accomplishment for objectives which do not substantially involve the Council? These are difficult questions and questions which must be resolved locally. It is the position of the author that the Human Services Plan should include these localized or activities as part of the resource inventory or agency profile, however, these things should not be formally specified in the Implementation Plan.

2. Primary Responsibility: The Human Services Council

3. Rationale:

Implementation Plan should emphasize and largely be limited to activities requiring multiple agencies to work cooperatively to implement for three reasons.

First, a major role of Human Service Councils is to improve interagency coordination. Therefore, the Implementation Plan should focus on interagency problems and issues. Secondly, a Council should not risk its credibility and reputation over the implementation activities which it has little or no involvement in and therefore has no control over objective accomplishment or failure. Thirdly, the scarcity of resources require that the Council and the Plan limit their activities. The most relevant activities for the Council as a whole are those involving multiple agencies.

Formal specification of the implementation plan with responsible parties, deadlines, and a thorough listing of action steps must be done to keep momentum and avoid unnecessary delays and errors in implementation.

G. Evaluation and Feedback

1. Approach

The evaluation of the planning effort is the determination of whether planning goals and objectives have been accomplished. Thus this exercise is to a large extent a function of the clarity and specificity of program goals and objectives. In many situations this can be determined on the basis of whether or not the plan has effected changes in resource allocation which are consistent with the goals and objectives of the plan.

The second and more difficult aspect of the evaluation is the determination of whether program implementation has affected the social problems addressed. This aspect can be evaluated most easily through the recurring annual process of problem identification and as a result of human service intake monitoring.

Even though evaluation is often complicated and program specific, Councils can greatly facilitate evaluation by a) establishing a human services monitoring system as a result of the needs assessment process and by b) annually repeating the resource inventory.

2. Primary Responsibility: The Human Service Council and individual agencies.

3. Rationale: The performance of the Council and individual agencies is a major criteria by which the community and elected officials will judge the effectiveness of the planning process. Therefore, the viability of the Council as a planning and resource allocation body is dependent on the success of projects advocated and undertaken by the Council.

#### IV. CONCLUSIONS

Elected officials, human service providers, and the "man on the street" are all acutely aware that there is an increasingly severe scarcity of resources to meet human needs. A major philosophical change in the role of the federal government in defining and meeting human needs has also occurred as evidenced by the establishment of block grants to the states for Health and Human Services whereas previously funding flowed to the states and local agencies through categorical channels. Finally, major changes in the demand for services has occurred as a result of rapid growth in Western Colorado and all of the attendant social disruption which accompany rapid growth in predominantly rural areas.

All of those circumstances mandate that communities renew their efforts to improve the delivery of health and human services through improved coordination and the development of innovative, cost effective ways of delivering needed services. The purpose of this paper is to provide a framework or structure that facilitates this coordination and innovation. Given the disparate values, service delivery structures and unique characteristics of the communities which may use this framework, the framework has been written as a general guide which inherently includes trade-offs to accommodate the different community interests involved.

The broadbased composition of the Council represents a trade-off between the expediency and technical competence offered by service providers alone, and the credibility or legitimization occurring from the participation of a broad-based group with elected officials and other community leaders outside the human service community.

The public forum and key informant needs assessment technique proposed is a trade-off between the quality and validity of hard research in favor of a less costly, more expedient, and participatory approach which can easily be replicated.

The rigor and specificity suggested in establishing goals, objectives and implementation plans are seen as a necessary trade-off in that the energy dedicated to the efforts can enable communities to avoid much unnecessary effort in implementation thus assisting communities to keep together through the implementation process and therefore reach their goals.

It is the proposition of the paper that by conducting human services planning as proposed in this framework, a substantive improvement in service delivery can be achieved and, more importantly, that a community structure can be established and maintained which will assist community problem-solving in the future.

## BIBLIOGRAPHY

Curtis, W. Robert. Managing Human Services With Less: New Strategies for Local Leaders. Human Services Monograph Series, #26, Sept., 1981.

Epstein, Irwin and Tripode, Tony. Research Techniques for Program Planning, Monitoring, and Evaluation. New York: Columbia University Press, 1977.

Human Services Coordination Alliance. Final Report: HSCA Comprehensive Services Planning/Delivery System. NTIS, SHR-0003814, 1979.

Leary, John T. and Steenland, Leslie D. A Title XX Needs Assessment Methodology for Adams County. Unpublished Thesis, 1976.

Rothman, Jack, Erlich, John L., and Teresa, Joseph G. Promoting Innovation and Change in Organization and Communities. New York: John T. Wiley and Sons, 1976.

Southern California Association of Governments. Guide to Social Indications for Local Government. NTIS, SHR-0000843, 1975.

Uhlmann, Julie M., unpublished planning paper for Western Colorado Human Services Networking Meeting, Summer, 1981.

Weiss, Carol H. Evaluation Research. Englewood Cliffs, N.J.: Prentice-Hall, 1972.

EXHIBIT A  
Agency Profile

Problem Area: \_\_\_\_\_

Service: \_\_\_\_\_

Agency: \_\_\_\_\_

Program Year Covered by Agency Plan: \_\_\_\_\_ to \_\_\_\_\_

Agency Specific Service Definition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eligibility Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Target Populations and Number to be Served

	<u>Target Population</u>	<u>Number to be Served</u>
Description	#	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agency Resource Allocations			Total
Budget Category	Funding Source	Service Budget	% of Agency Total Budget

Staff Allocation in Fulltime Equivalents: \_\_\_\_\_

Prioritized Intervention Strategies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

EXHIBIT A  
Agency Profile  
Page 2

Problem to be Addressed

Objective to be Achieved

Methods to be Used

Evaluation Standards





County Human Service System

Target Population & Number Served, by Agency & Program Type

Services/Problems	Agency			
	County Health Department	Community Hospital	Sobriety Center Services	Community Mental Health Center
<b>1. Substance Abuse</b>	///	///	///	///
Detox	A 620			
Halfway House	A 30			
Outpatient Counseling	A 450		ES4 250	L, M 85
Education & Prevention			ES4 1725	
Community-based Intensive Res. Treatment				
Hospital-based Intensive Res. Treatment		M, H 130		
Methadone Maintenance				
<b>Key</b>	A=All L=Low Income M=Middle Income H=High Income ES1=Ethnic Minority, Black ES2=" ", Chicano ES3=" ", Other ES4=Women only AG5=Aged only Y=Youth only			

EXHIBIT D  
Staff and Funding Allocations  
by Program and Agency

Services/Problems	Agency					
	County Health Department	Community Hospital	Sobriety Center Services	Community Mental Health Center		
<b>1. Substance Abuse</b>	////	////	////	////		
a. Detox	6.5 \$180					
b. Halfway House	2.5 \$ 40					
c. Outpatient Counseling	1.5 \$ 35		1.5 \$ 50	0.3 \$ 10		
d. Education and Prevention			1.5 \$ 42			
e. Community-based Intensive Res.Treatment						
f. Hospital-based Intensive Res.Treatment		16.5 \$500				
g. Methadone Maintenance						
<b>Key</b>						
	<table border="1"> <tr> <td>FTE</td> </tr> <tr> <td>\$</td> </tr> </table>	FTE	\$			
FTE						
\$						
\$=Dollars in 000's						



steps that you might take in starting to carry out this guideline.

## INITIAL LOG FORM

As a further step toward getting started, we suggest that you put down your tentative thoughts regarding implementation of the guideline. The Initial Log Form we developed for the field test was helpful to practitioners in that connection. The Initial Log is a tool for organizing your thinking in a systematic way. It is geared especially to helping you think about your goal, ways of operationalizing the guideline, the key individual and community groups to involve, and the facilitating and limiting factors in the situation (personal, agency, client, community).

Following the Log Form you will find illustrations of key sections that were completed by project practitioners.

# INITIAL LOG

---

## A Preliminary Guide for Action

- 1 Date of Preparation of Guide for Action \_\_\_\_\_.
- 2 In relation to using the guideline, what is your goal (i.e., the innovation)? Be as specific and concrete as possible. Keep a short-term time perspective (five to 12 weeks).
- 3 Describe the circumstances (conditions, events, assignments, requests, etc.) that led you to use this guideline to achieve the goal above.
- 4 Look back at the intervention guideline. How would you begin to define or concretize *each* element of the guideline in your immediate practice situation (i.e., how might you operationalize these components)? Keep in mind the delimited innovation goal stated in question 2.
  - (a) What is the *General Target System*:

*The Proximate Target:*

(b) What is the *Partial Target System* (specifically):

.....

(c) Is a Decision-Making Unit involved? Describe it. How will its members be encouraged to accept the innovation?

(d) How will you foster diffusion from the partial to the larger target—for example, forms of linkage, communication, promotion?

goals, objectives, Action

5 List the  $\wedge$  steps you anticipate going through to utilize this guideline. Describe specific behaviors in the order in which you expect they will occur.

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6 Why *key* community groups will you probably involve (if any)?

Group	Reason for Contact
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7 What *key* individuals will you probably involve (if any)?

Individual(s)	Title and/ or Affiliation	Reason for Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8 Facilitating and limiting factors in guideline implementation.

As an aid to implementation you should consider factors that will affect your progress. We have provided checklists of common *facilitating factors*, those that will assist you to carry out the guideline, and typical *limiting factors*, those that may inhibit your success. In the checklists we have included conditions that were frequently indicated by practitioners in the field study. Others may be important in your own situation, and space is provided for you to note these.

Following the itemized checklists, you are asked to estimate the relative importance of various facilitating and limiting factors.



Personal Factors

---

Facilitating

- Good personal relationship with administrator.
  - Good personal relationship with supervisor.
  - Good personal relationships with staff.
  - Personal commitment to the agency.
  - Personal knowledge of clients.
  - Personal position or role.
  - Good personal reputation.
  - Self-confidence.
  - Other: \_\_\_\_\_
- 

Limiting

- Poor personal relationships with board (members).
  - Lack of personal knowledge of the community.
  - Poor personal reputation.
  - Personal loss (demotion, job title, etc.)
  - Overinvolvement.
  - Fatigue.
  - Lack of time.
  - Other: \_\_\_\_\_
-

## Agency Factors

---

### Facilitating

- External authority requires your organization to support your effort.
- Affiliated organizational support.
- Board involvement.
- Administration support or involvement.
- Administration disinterest.
- Supervisor involvement.
- Supervisor disinterest.
- Physical facilities aid the effort.
- Other: \_\_\_\_\_  
\_\_\_\_\_

### Limiting

- Lack of power or authority of your organization.
- Unclear or shifting goals, programs, or assignments.
- Lack of agency knowledge of clients or community.
- Lack of agency support, or hindering action of affiliated organizations.
- Lack of agency support, or hindering action of supervisor.
- Other: \_\_\_\_\_  
\_\_\_\_\_

Client Factors

---

Facilitating

- Voluntary client participation in your organization or program.
- Client participation in your organization or program through a legal or administrative ruling.
- Client is generally interested in your organization.
- Client shows receptivity to your organization or program.
- Other: \_\_\_\_\_  
\_\_\_\_\_

Limiting

- Client shows a general negative response to your organization.
- Client is disinterested or dissatisfied with your organization or program.
- Client lack of knowledge of your organization, its purposes, programs, or activities.
- Other: \_\_\_\_\_  
\_\_\_\_\_

## Community Factors

---

### Facilitating

- Voluntary community participation in your organization or program.
  - Community support of clients.
  - Other: \_\_\_\_\_
- 

### Limiting

- Community disinterest or dissatisfaction with your organization or program.
- Community lack of knowledge of your organization, its purposes, programs, or activities.
- External influences make the community unsupportive of your organization or program.
- Community residents are specifically disinterested in your program.
- Other: \_\_\_\_\_

9 Facilitating factors—relative importance.

In general, to what degree do you think *personal factors related to yourself* may be facilitating in implementing this guideline? (These factors might include good relationships with staff, good relationships with community people, personal knowledge of community, and positive effects of skill.)

Rate the degree of facilitation:

None \_\_\_\_\_ Great Deal  
0 1 2 3 4

In general, to what degree do you think *agency factors* may be facilitating in implementing this guideline? (These factors might include administration support, supervisor support, staff support, and physical facilities aid effort.)

Rate the degree of facilitation:

None \_\_\_\_\_ Great Deal  
0 1 2 3 4

In general, to what degree do you think *client factors* may be facilitating in implementing this guideline? (These factors might include client participation in organization or program receptivity to organization of program, client receptivity to organization or program, and client support of practitioner.)

Rate the degree of facilitation:

None \_\_\_\_\_ Great Deal  
0 1 2 3 4

In general, to what degree do you think *community factors* may be facilitating in implementing this guideline? (These factors might include community support organization generally, influential and other community groups support organization or program, changes in community tend to support organization or program, and community support of practitioner.)

Rate the degree of facilitation:

None \_\_\_\_\_ Great Deal  
0 1 2 3 4

10 Limiting—relative importance.

In general, to what degree do you think *personal factors related to yourself* may be limiting in implementing this guideline? (These factors might include poor relationships with staff, poor relationships with community people, lack of personal knowledge of community, and negative effects of insufficient skills.)

Rate the degree of limitation:

None \_\_\_\_\_ Great Deal  
 0        1        2        3        4

In general, to what degree do you think *agency factors* may be limiting in implementing this guideline? (These factors might include unclear or shifting goals, programs, and/or assignments; lack of funds, facilities, and other resources; lack of support or hindering action of supervisor; and lack of support or hindering action of staff.)

Rate the degree of limitation:

None \_\_\_\_\_ Great Deal  
 0        1        2        3        4

In general, to what degree do you think *client factors* may be limiting in implementing this guideline? (These factors might include negative response to organization generally, clients interference with organization activities, and dissensus among clients.)

Rate the degree of limitation:

None \_\_\_\_\_ Great Deal  
 0        1        2        3        4

In general, to what degree do you think *community factors* may be limiting in implementing this guideline? (These factors might include negative response to organization generally; lack of knowledge of organization purposes, programs, or activities; influential community groups or leaders that do not support organization or program; and competition by other activities with community residents' time and interests.)

Rate the degree of limitation:

None \_\_\_\_\_ Great Deal  
 0        1        2        3        4

steps that you might take in starting to carry out this guideline.

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