



Rethinking Rural Human Service Delivery in Challenging Times: *The Case for Service Integration*

February 2010
RUPRI Rural Human Services Panel

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Overview

These are challenging times for the nation's families and communities and our most disadvantaged citizens now face unparalleled need, with long-term unemployment, hunger and food stamp participation rates higher than at any other time on record. Yet if necessity is the mother of invention, communities and organizations across the country will look far and wide for new models of delivering services that use limited resources more efficiently, while providing better outcomes for those they serve. For rural human service delivery, that model may be the creation of regionally-centered human service providers for service integration and coordination.

In rural communities, rising rates of poverty and unemployment, coupled with the unique risk factors inherent in rural life, have created an unprecedented need for human services. Current rural social and economic conditions, often exacerbated by isolation, scarcity of services, extreme weather conditions, and behavioral problems such as domestic violence and alcohol and substance abuse, have led to higher need for human services and safety net programs, including food stamps, job training, and direct financial assistance.

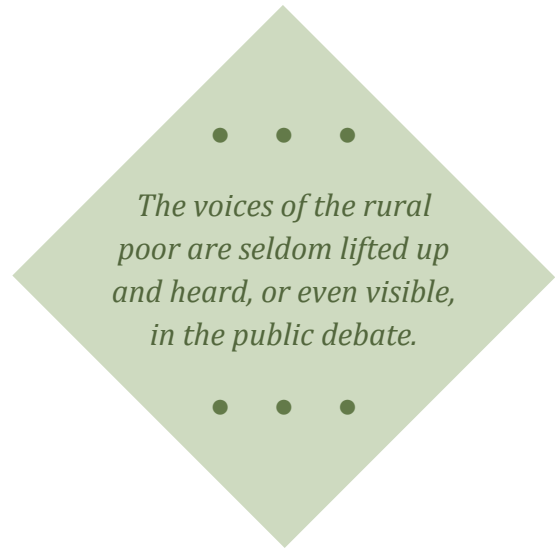
To further complicate matters, the global recession, and the national unemployment and housing foreclosure crisis, have had a devastating impact on both state and local government budgets. We are currently experiencing the steepest decline in state tax receipts on record, and these shortfalls are only expected to grow in the coming year. According to the National Association of State Budget Officers, the cumulative state budget gap for 2009-2011 will total at least \$250 billion and revenues are likely to lag into 2012. Continued high levels of unemployment are expected to further depress state income tax receipts forcing deep program cuts in human services.

The rural context for human services delivery is compounded by a severely stretched or non-existent rural non-profit safety net, as this sector is nearly total dependent on dwindling public and philanthropic support for its existence. A recent study conducted by the National Committee for Responsive Philanthropy (NCRP) and Southern Rural Development Initiative (SRDI) showed that rural development receives a tiny \$100.5 million out of the more than \$30 billion in grants from U.S. foundations. Only a small fraction of all foundation assets are located in non-metropolitan counties.

This relative lack of philanthropic investment denies rural service providers resources which providers in depressed urban communities have come to rely on. An equally troubling result of this minimal NGO/philanthropic impact in rural America is the glaring absence of meaningful

support for rural NGO organizational stabilization. An infusion of flexible philanthropic resources would increase the potential for creating a greater sense of community empowerment - an action that enables true social change to occur.

In fact, this national fiscal crisis may further threaten support for essential rural human services from public, private, and philanthropic sectors, as allocations and impact tend to be determined through population- based formulas, which by their very nature are biased against rural realities and challenges. All this is to say that the “voices of the rural poor” are seldom lifted up and heard, or even visible, in the public debate. Consequently, local, state, and national policymakers seldom have the opportunity, data or mechanisms to either understand or adequately respond to the particular circumstances and unique challenges of rural families in need.



Beyond the funding crisis for rural human services, providers face another, equally difficult reality. Rural residents in need simply have difficulties in accessing the services they need on a timely basis. Where service providers are non-existent, informal networks such as faith-based organizations, civic groups, and neighbors sometimes form the safety-net. And while it is true that distance/weather/ transportation barriers are environmental challenges for rural low-income individuals, lack of awareness of what services are actually available and whether or not they are eligible, creates additional barriers to their participation.

At times, even the most basic essential services may not be accessible or may not even exist. Beyond that, those in need often cannot access human service providers with sufficiently specialized knowledge to align their unique client needs with the limited array of public and non-profit program support for which they may be eligible. Rural providers, in turn, often cannot offer the array of specialized services that are standard in urban settings. In fact, this may result in a different expectation of what are minimally accepted levels of services in rural vs. urban communities.

The trajectory for all this is troublesome, at this most difficult time, as rural social and human service delivery struggles to overcome an almost insurmountable “convergence of the twain” — exponentially greater need, resulting from rapidly increasing costs and service demands, declining public sector resources, and a relatively insignificant non-profit and philanthropic resource base. This is a prescription for widespread rural suffering, despite the very best efforts of all involved, who struggle valiantly to overcome these odds.

Meeting the Challenge

The structural, financial, and environmental barriers faced by rural public and non-profit human services are similar to those faced by health care providers. However, the federal government has mounted a concerted effort to increase access and availability of health care services for rural residents. The government's initiative to create rural-responsive health care delivery, workforce training and financing capacity has been an innovative, effective and sustained rural policy response. By intentionally accounting for and addressing the costs and environmental realities of rural regions, federal policymakers and administrators have moved ever closer to ensuring access to appropriate and equitable health care for all underserved rural individuals.

However, such is not yet the case with rural human services. For decades, rural communities have found themselves at an unfair competitive disadvantage, as population-based, formula-driven funding allocations and urban-oriented program delivery designs became the norm in federal and state programs. Federal funding formulas that allocate money based on county population formulas are more likely to exclude less-densely populated rural counties from a limited pot of funding. Rural advocates have long argued for a more thoughtful, rural-specific human service delivery framework that takes into consideration other critical factors in addition to the number people to be served, such as the higher cost of service delivery in rural areas, scarcity of service providers, and the need for innovative approaches to gaining efficiencies that are quite different than what works in cities with high concentration of population.

Until recently, social welfare policy has primarily focused on "people-based investments" rather than "place-based investments." In an August 11, 2009 memorandum to heads of executive departments and agencies (No. M-09-28), the White House provided guidance regarding policy principles to advance the Administration's domestic and fiscal policies through a new "place-based" framework for leveraging federal dollars via place-conscious planning and programming. To quote from that memo:

*"Place-based policies leverage investments by focusing resources in targeted places and drawing on the compounding effect of well-coordinated action. Effective place-based policies can influence how rural and metropolitan areas develop, how well they function as places to live, work, operate a business, preserve heritage, and more. [...] **Given the forces shaping smaller communities, it is particularly important that rural development programs be coordinated with broader regional initiatives.** [...] To the extent possible, programs should allow for communities to identify distinct needs and address them in appropriate, strategic ways..."(emphasis in bold added)*

This new federal commitment creates the framework for finally confronting the longstanding rural human services disadvantage. As with all other public sectors, this "place-based framework" should be premised upon a realistic assessment of the relative cost, scale, and scope of services in a rural setting. In fact, there has never been a more opportune time to re-


think rural human services delivery systems and funding. The place-based approach articulated in this White House memo also provides the basis for consideration of the broader social determinants within rural regions that contribute to the health and well-being of its residents. Given that these risk factors are so prevalent in rural areas, this place-based approach would more effectively allow for and promote integration of services within the broader human services delivery continuum and ultimately with rural health care services.

Imagining a Regionally Integrated Rural Services System

By organizing resources and integrating human services into regionally-based, client-centered systems, geographic population centers, to which rural people already spend significant time traveling to address other daily needs, could also become the location in which they access the most essential of human services. These regionally-centered systems could provide access to experienced human services professionals with specialized awareness of federal and state assistance programs, as well as house local non-profit organizations. These regional service integration and coordination centers would offer greater economies of scale, more efficient use of limited resources, and most importantly be accessible and known to the greatest number of rural residents in a particular region. The regional centers may also be well-suited to redesigned funding systems that allow flexible and combined funding streams tailored to meet the needs of the region.

More regionally located services would also mean that rural clients, who may already be struggling to keep a job and a functioning vehicle, will have less travel time, fewer stops to access services, and a more rural-based framework for public agency and non-profit program interaction. In addition, regionally located services could increase human capital, provide training and education for rural human service professionals, and provide networking opportunities for providers.

Further, the creativity and resilience of rural people, and the informal networks so prevalent in rural areas would further complement and enhance an integrated services approach. These networks simply do not fit a delineated, program-defined jurisdictional boundary. Community organizations, rural midwives, immigrant home town associations, and faith-based programs, among others, all fill voids left by the public sector. A rural service integration system would allow the flexibility to combine processes that take advantage of these creative local networks, while addressing the unique needs of a changing rural demographic, particularly with the expanded growth of immigrant and aging populations.



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Creation of regional hubs for service integration and coordination also provide greater opportunity for attracting philanthropic support, increase organizational capacity and oversight, and increase the efficiency of management infrastructure.

Next Steps in Policy and Practice: Moving Toward a Rural Service Integration System

Moving toward a placed-based approach to integrating human services is not without its challenges, complexities, and risks, and will undoubtedly be met with internal and external resistance, despite a widely held understanding that this would likely result in greater accessibility and support for clients in need. For example, the vast regions of the Western United States are often governed by large county jurisdictions centered upon an urban area, with a diverse rural geography beyond its borders, which offer complex challenges to the concept of rural service integration.

Additionally, crossing geo-political jurisdictions, sharing resources and staff, and creation of new entities to provide fiscal and operational program management, are but a few of the practical barriers that rural regions must face to achieve successful implementation. This concept is neither new, nor innovative in rural or urban settings. It is our belief however, that the culture and characteristics of rural organizations may lend themselves to this more responsive approach. And the growing fiscal strain on local government will force a re-examination of all service delivery dynamics. The time has never been more opportune.

The rural healthcare sector and the innovative and integrative programs of the Federal Office of Rural Health Policy provide us excellent models for building an alternative rural human services integration infrastructure. The Network and Outreach Grants developed and executed through ORHP are a rich source of innovation by locally-based grantees, responding to the broader continuum of care. Recently the RUPRI Rural Human Services Panel undertook a cursory analysis of the grants awarded under this program, and has identified a cohort of programs that appear to hold great promise for non-conventional services integration in rural communities. These projects offer great opportunity for further analysis and assessment as we seek to define the critical characteristics of a successful model for a particular region, or set of human services needs.

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As a starting point, it is essential to understand the **infrastructure** and **workforce capacity needs** for a typical regional service integration system. Local workforce opportunities should be identified, and local community colleges and regional universities should be supported and

encouraged to provide training for rural residents who care for and identify with the place they live and wish to stay. Nontraditional human service partners, such as Workforce Investment Boards and State Departments of Labor, should be considered as potential partners for developing and funding rural relevant training programs. The history of rural allied healthcare workforce training is a glowing example of such a success.

Finding appropriate frameworks for **regional service integration** is also critical given the diversity of rural human services administration throughout rural America. In many cases micropolitan centers can serve as a logical locale. In other rural areas, smaller non-metropolitan based regional hubs would need to be chosen. In addition, **local leadership** remains a vitally important component to achieving this transformational change. Anchor organizations must be committed to this model and local leadership, through these intermediaries, must be identified. This model offers national and local foundations an avenue to partner with local, state and federal government agencies to support needed research, evaluation, technical assistance, and policy and practice analysis for rural communities. They can also play a critically important role as conveners to organize and mobilize community leaders.

Establishing a rural human services framework, modeled after the Rural Health Services research, policy, and practice infrastructure is essential. Promising practices need to be identified and lifted up for further study. Additional research on service delivery and integration within rural social services, and across health and human services delivery will be required. To achieve this, HHS is encouraged to make funds available to stimulate further innovation, solicit examples of regional human services integration that can be supported and strengthened, and ultimately encourage the development of local, state, and federal policy and practice that supports and promotes this approach based on the findings of the research.

Finally, the power and potential of new communications **technology and ubiquitous access to broadband** throughout rural America offer a wide range of exciting new opportunities and applications for linking service providers and bringing needed services to where people live regardless of their remoteness. Just as a regional hub/spoke model has become a viable model for telemedicine services, this available technology can be very useful in the design and development of regional human services hubs.



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Early in the development of our nation's rural health networks, significant public and philanthropic funding for “promising programs” were made available to test and describe models of services integration, and build a groundswell of commitment to this new innovation. Now is the moment to achieve similar commitments from these sectors to expand and develop rural service integration models in the human services sector. By doing so, rural residents can be more effectively served in these critical times, and rural communities can once again grow and thrive.

RUPRI Rural Human Services Panel

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Vaughn Clark, Director of Community Development at the Oklahoma Department of Commerce. His responsibilities include supervision and oversight of the planning of several federal and state programs administered by the Department, including the Community Development Block Grant (CDBG), the Weatherization Assistance Program, the State Energy Office, the Community Services Block Grant (CSBG), the Emergency Shelter Grant (ESG), the Neighborhood Stabilization Program (NSP), and several additional programs funded under the American Reinvestment and Recovery Act (ARRA).

Jane Forrest Redfern, Rural Policy Coordinator for the Ohio Department of Job and Family Services. Her responsibility is to advise the agency and build capacity in Appalachian and rural Ohio.

Jerry Friedman, Executive Director of the American Public Human Services Association, a nonprofit, bipartisan organization of state and local human service agencies and individuals who work in or are interested in public human service programs.

Mario Gutierrez

Mario Gutierrez has had an extensive and successful career in the non-profit health sector as an organizer, program developer, administrator and funder. From 1996 to 2009, Mr. Gutierrez served as a Strategic Programs Director for The California Endowment. Since leaving the California Endowment, Mr. Gutierrez has developed his own independent consultant practice and has dedicated his time to volunteering his services with several local community, national, and international non-profit boards of directors.

Bruce Weber, Professor of Agricultural and Resource Economics and Extension Economist at Oregon State University and Director of the Rural Studies Program. His current research projects focus on the causes of poverty and hunger in rural areas, particularly on the interaction of community characteristics, public policy, and household economic outcomes for low-income people.

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