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ABSTRACT

This journal provides abstracts of 150 documents included in the database of Project SHARE, a national clearinghouse for improving the management of human services. These documents are on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services. Topics include planning, health services, administration, counseling services, employment services, personnel management, vocational rehabilitation, services for the elderly and disabled, and day care. Abstracts are arranged in alphabetical order by title and include the following information: author, publication date, number of pages, order number, availability, and a summary of content. Other parts of the journal contain an alphabetical list of personal and corporate authors, an alphabetical list of document titles, and a subject index. The index is a guide to the abstracts by specific subject categories with cross-references from synonyms to preferred terms. (YLB)

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ED237765

# Journal of Human Services

VOLUME 8 NUMBER 4 October 1983

## Abstracts

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Project Officer, William L. Daniels  
 Office of the Assistant Secretary for Planning  
 and Evaluation  
 Department of Health and Human Services

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# Preface

## About This Journal

The *Journal of Human Services Abstracts* is published quarterly by Project SHARE, a National 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 to those responsible for the planning, management, and delivery of human services. Project SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

Each issue contains abstracts of 150 of the documents recently included in the Project SHARE automated data base. Additional documents acquired by SHARE are included in bibliographies on selected topics. The documents announced in SHARE's publications are restricted to those documents actually acquired by Project SHARE and are not meant to provide comprehensive coverage of the field.

The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves arranged in alphabetical order by title, a list of personal and corporate authors, an alphabetical list of documents, and a subject index. The index is a timesaving guide that lists abstract numbers under specific subject categories. The numbers following the index terms refer to the abstracts as they appear in this journal. Do not confuse these numbers with the accession and ordering numbers that appear in bold-face type in the body of each citation. The categories are alphabetically arranged and include cross-references between conceptually related index terms and cross-references from synonyms to

the preferred terms. Here is an excerpt from a typical subject index.

Federal-local government relationships  
54  
Federal-municipal government  
relationships  
48  
Federal-nonfederal government/private  
organization relationships  
10, 23, 83, 94  
Financial assistance (emergency)  
See Emergency services  
Financial management procedural  
constraints  
48

As can be seen, one document is relevant to at least two of the subject categories — abstract number 48.

48 *Funding Problems in Human Services:  
A Local Government Perspective.*  
Mary Kelly-Rader  
1982, 26p  
**SHR-0009712** Pub. in *Jnl. of Health and  
Human Resources Administration* v4 n4  
p487-512  
Spring 1982.

In the above citation, we see that abstract 48, entitled *Funding Problems in Human Services: A Local Government Perspective*, was written by Mary Kelly-Rader, that the report was published in 1982 in the *Journal of Health and Human Resources Administration*, that it is 26 pages long, and its accession-order number is **SHR-0009712**. If the document were available from the National Technical Information Service or a private publisher, the statement would say "Available from NTIS" or give another source and the address. The actual abstract of the document immediately follows the citation.

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Any questions, comments, or criticisms you may have concerning the *Journal of Human Services Abstracts* or Project SHARE should be addressed to William L. Daniels, Project Officer, at the following address:

**Project SHARE**  
**P.O. Box 2309**  
**Rockville, MD 20852**  
**(301) 251-5170**

# Abstracts

- 451** *Advancing Social Work Practice in the Health Care Field: Emerging Issues and New Perspectives.*  
Gary Rosenberg, and Helen Rehr  
Mount Sinai Hospital, New York.  
Dept. of Social Work Services.  
1983, 162p  
**SHR-0010491** Available from The  
Haworth Press, 28 East 22 St., New  
York, NY 10010.

Seven papers address some of the key issues facing today's social work practitioners in health settings. One author focuses on the contribution of social epidemiology to social work practice, emphasizing that social work should address the needs of targeted groups of people for health promotion, maintenance, and service. Another paper makes a strong case for educational specialization in health care social work and presents a Health Belief Model. This model attempts to reconcile current needs at both the preventive and the clinical levels of care, emphasizing health promotion as well as the clinical diagnosis and treatment of the individual. It is argued that the enhancement of clinical programs can only be secured if social workers join in knowledge-building; it gives definitive guidelines for social workers in health settings to lead the field in this endeavor. Two papers deal with intervention issues for social work in health settings: the short-term, task-oriented approach is viewed as being relevant to the problems posed by people using medical care, and the group modality is seen as being able to serve many people who use hospitals and other health care settings. According to one administrator, key social work functions in health care settings are providing open access to information, acting as advocates for patients, and developing patient self-help groups. A concluding paper projects the advances of social work practice in health

settings for tomorrow. Chapter references, footnotes, and an index are supplied. Commentaries accompany some of the papers. *Author abstract modified. Also published as "Social Work in Health Care," v8 n3 Spring 1983. Papers commissioned for the 75th anniversary of social work at Mt. Sinai Hospital in New York.*

- 452** *Affirmative Action for the Disabled: A How To Manual for Municipal Governments.*  
Deborah R. Schriber  
New Haven Office of Handicapped  
Services, CT.  
Rehabilitation Services  
Administration, Washington, DC.  
Greater New Haven Chamber of  
Commerce, CT.  
Easter Seal Goodwill Industries, New  
Haven, CT. Projects With Industry.  
1979, 107p  
**SHR-0009320** Available from  
Ismael R. Chavez, Director of  
Handicapped Services, 1 State  
Street, New Haven, CT 06511.

This report presents the results of New Haven's research into programs and activities that can be undertaken by local governments, businesses, and private rehabilitation agencies to ease the entry of handicapped persons into the job market. It describes New Haven's affirmative action model, suggests how to implement specific activities, and identifies unresolved issues involving local government's role in affirmative action planning. New Haven's model concentrates on local government assistance in the job entry stage of employment by actively involving the rehabilitation community and suggesting guidelines toward assessing maintenance of the handicapped worker. It includes a

data collection system within the personnel and civil service system to monitor job recruitment and hiring practices, policies responsive to the needs of the handicapped, and strategies to keep the handicapped working. Sample program materials, data collection forms, and DHEW's nondiscrimination policy are appended. *One of a consortium of projects coordinated by the Regional Rehabilitation Research Institute of the Industrial Social Welfare Center, Columbia University School of Social Work.*

**453** *Age or Need: Public Policies for Older People.*

Bernice L. Neugarten  
1982, 288p

**SHR-0010427** Available from Sage Publications Inc., 275 South Beverly Drive, Beverly Hills, CA 90212.

The 10 papers in this collection examine Federal policies toward the elderly, with attention to distinctions between age entitlement and need entitlement programs. Two chapters provide an overview of these issues and a profile of the elderly population, emphasizing that social and economic changes have produced a widely divergent population of older people. They also discuss how age and need have become intertwined in policymaking, with an increasing number of public programs being based on age. The next essay traces recent growth in Federal programs and their impact on older people, showing that women, the poor, and minorities have been left behind in the general progress. Another analysis of Federal programs concludes that they are of most benefit to high-income groups. One paper argues that advocacy efforts for older people are currently handicapped by the aging movement putting forth irreconcilable images of older people – as needy and desolate, but also as active and competent. A model is presented for making the decision between an age-based, need-based, or age-need-based program and applied to a criminal justice victimization program. Other chapters examine mandatory retirement, social services provided

under Title XX of the Social Security Act, and research data showing that most older persons resist defining themselves as old and express a preference for interaction with people of different ages. A final paper presents arguments favoring age-based programs and practices, namely that age is a basic dimension of interaction in society, that it is politically infeasible to substitute age-neutral for age-based programs, and that a service agency in actual practice must differentiate the different types of personnel and services offered to persons of different ages. References and tables accompany the papers. *Author abstract modified. Sage Focus Edition, no. 59*

**454** *Aging in the Eighties: Part-Time Employment After Retirement.*

Harold L. Sheppard, and Richard E. Mantovani

National Council on the Aging, Inc.,  
Washington, DC.

Travelers Insurance Companies,  
Hartford, CT.

1982, 28p

**SHR-0010018** Available from National Council on Aging, Publications Department, 600 Maryland Avenue SW, Washington, DC 20024.

The report is based on data obtained in a mid-1981 national survey conducted to determine the potential for part-time postretirement employment. Interviews with employed persons aged 55 and over reveal that slightly more than two-fifths are potential part-time workers (called PTPR's) after they retire. These workers are characterized by a lower socioeconomic status, suggesting that much of the part-time postretirement work appeal is based on financial need. Workers not covered by any employer pension plan are more likely than those who are covered to be PTPR's. Hispanics, blacks, and unmarried women in general have high PTPR rates. A majority of the PTPR's preferred to continue in the same kind of work they are

now doing on a full-time basis, which raises the question of whether these kinds of jobs will be available for them when they want to work part-time. An expanded program of part-time employment for workers' later years is acutely needed, especially if pension coverage is not extended and if the socioeconomic status of such groups as nonmarried women remains relatively unimproved. Survey data and a technical note are included. *Author abstract modified. Based on the NCOA-Louis Harris and Associates study, "Aging in the Eighties: America in Transition."*

**455** *Aging: Long-Term Care and the Fiscal State: A Sociological Study of the Public Policy Process.*

Diane Carpenter Emling  
1981, 134p

**SHR-0010014** Available from  
University Microfilms International,  
300 North Zeeb Road, Ann Arbor, MI  
48106.

Using a case study of long-term care for Michigan's elderly, this dissertation examines the explanatory power of theories of political economy in accounting for public sector events. It draws on demographic and historical data to examine this issue, tracing who is in need of care and how society has come to rely so heavily on nursing homes. The study also reviews the movement for alternatives to institutional care for the aged and synthesizes the literature for an understanding of the nature of State spending for human services. The case study involves a market analysis of various types of long-term care available to the aged in Michigan. Using both State and comparable national data, the provider and market characteristics of in-home chore services, adult foster care, and nursing homes are examined. Results demonstrate that the concept of sectors and of the State's differential role within these sectors explains the entrenchment of nursing homes and the slow progress made by the movement for alternatives to nursing home care. The disserta-

tion discusses possible futures of long-term care of the aged. Study data, 3 footnotes, and over 100 references are provided. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Michigan State University, 1981.*

**456** *Aging, Race and Culture: Issues in Long Term Care.*

Geralyn Graf Magan

American Association of Homes for  
the Aging, Washington, DC.

Harry P. Kendall Fund, Evanston, IL.  
1982, 77p

**SHR-0010158** Available from  
American Association of Homes for  
the Aging, Publications Department,  
Suite 770, 1050 17th Street NW,  
Washington, DC 20036.

This volume presents 12 papers that examine the major issues regarding race and culture that affect homes for the aging. They describe efforts by State associations dealing with homes for the elderly and by individual homes to deal with these issues. The issue of race is likely to shape the future of the elderly population and our society because of the projected growth in the numbers of minority elderly during the next 20 years. Minority elderly consistently use nursing homes less than nonminority elderly, due to such factors as differences in socioeconomic status, cultural factors, communication and language barriers, and differences in eligibility for services. For the past few years, the American Association of Homes for the Aging has addressed the issue of affirmative action and has set affirmative action goals. The affirmative action statement of the California Association of Homes for the Aging notes that policy statements of open admissions and of equal employment are not sufficient to attract minority residents and employees. Homes for the aging deal with race and culture issues in several ways. They try to actively seek more minority residents and to hire minority persons for responsible management positions. They also try



to meet the social, cultural, and religious needs of those living inside and outside the facility. In all the cases presented, the act of taking the initiative with respect to minority concerns has made the home a better place to work and to live. However, remaining issues include the definition of success in reaching its goals and the measurement of openness and equal opportunity. Chapter reference lists and personal accounts by an administrative intern and a resident are included.

- 457** *Alternative Housing and Living Arrangements for Independent Living.*  
Norman K. Blackie  
1983, 7p  
**SHR-0010245** Pub. in Jnl. of  
Housing for the Elderly v1 n1 p77-83  
Spring/Summer 1983.

One form of alternative housing arrangement chosen by some elderly consumers is shared housing. Shared housing is defined as a situation in which at least two or more unrelated persons live together in a dwelling unit, where at least one is over 60 years of age. Each has a private space and shares common areas, such as the kitchen and living and dining rooms. Homesharing for Seniors in Seattle, Wash., is an example of one successful program. It provides a match-up service for applicants, and each applicant is interviewed to assess and clarify homesharing needs. Services include negotiations of written and oral homesharing contracts and followup assessments to meet changing needs. A recent study by the Shared Housing Resource Center of 21 shared housing residences found that a wide variety of shared housing types exist. Staffing patterns, financial sources, self-care requirements, and charges to residents also vary widely. Almost two-thirds of the households are located in single-family houses rather than in apartment buildings, and these single-family shared households seem to experience less problems with the sharing of common space than do those in apartments.

Two-thirds of the households, after their initial rent-up, find no difficulty in resident recruitment. Surprisingly, zoning was not a problem for these households. Six references are included.

- 458** *Arkansas Senior Environmental Employment Program.*  
American Association of Retired Persons, Washington, DC.  
Administration on Aging,  
Washington, DC. Model Projects in  
Aging Program.  
Environmental Protection Agency,  
Washington, DC.  
Arkansas State Dept. of Human  
Services, Little Rock. Office on Aging.  
Arkansas Dept. of Pollution Control  
and Ecology, Little Rock.  
1980, 27p  
**SHR-0009578** Available from  
American Association of Retired  
Persons, 1909 K Street NW,  
Washington, DC 20049.

This report describes the development and accomplishments of a program to employ older Americans in jobs relating to the prevention, abatement, and control of environmental pollution developed by the National Retired Teachers Association-American Association of Retired Persons and the Arkansas Department of Pollution Control and Ecology (DPCE). The Senior Environmental Employment (SEE) program operated from 1977 to 1979. The DPCE first hired 12 retired persons and trained them to conduct a public information project on Arkansas' water programs that included giving presentations to community groups and distributing questionnaires. This project was followed by a statewide survey on solid waste disposal facilities which used eight SEE participants. A final 3-month project recruited retired individuals to collect information on the extent of asbestos materials in the schools as part of a State voluntary inspection program. This document describes all three projects in some detail,

concluding that they accomplished specific goals and resulted in cost savings to the DPCE. It also discusses public recognition given to SEE participants, publicity, and problems encountered. The report recommends the expanded use of SEE enrollees in developing additional State programs in the environmental area. A map, newspaper articles, and materials produced by the program are appended.

- 459** *Being Unemployed, Young, and Miseducated.*  
Ray C. Rist, Stephen F. Hamilton,  
Michael Reynolds, Mike Presdee, and  
Wilfred B. Holloway  
1982, 47p  
**SHR-0010383** Pub. in *Society* v19  
n6 p15-61 Sep-Oct 82.

The seven articles in this special issue on youth unemployment focus on the school's role in preparing disadvantaged youths for the job market, work experience programs, and the Youth Employment and Demonstration Projects Act (YEDPA). The first paper reviews the labor market difficulties facing poor and minority youths, explanations for current high youth unemployment, and the need for public policies that address job creation rather than training. The next author examines the effects of work experience, both work record and skills acquired, to employability as well as the impact of work experience on adolescent development. He concludes that youth work experience probably does not teach skills but does promote independence and responsibility. A theoretical analysis of industrial training contends that all learning events have social, organizational, and political aspects and teach ideologies as well as work skills. Australian programs to combat youth unemployment are critically discussed, with attention to proposals to introduce more vocational training into the schools. The next article surveys attempts to allow young people to make meaningful contributions to their communities and other human beings under the YEDPA. It also recommends corrective meas-

ures for problems encountered in the four projects presented as case studies. Efforts to encourage local education agencies to place school-age, low-income youths in jobs under the YEDPA are also described. Based on these experiences, suggestions for a work experience curriculum are presented. The final paper focuses on the YEDPA's provision for awarding academic credit to youths for work experience gained through its programs. All papers include references.

- 460** *Block Grants and Funding Decisions: The Case for Social Indicators.*  
Nancy Gumprecht  
1982, 12p  
**SHR-0010504** Pub. in *Social Service Review* v57 n1 p137-148.  
Mar 83.

A study of California State Department of Social Services data and social indicators compiled by the California Employment Development Department examined the comparative response of county public welfare departments to requests for child protective services in different regions throughout the State. Dimensions used to describe regional environments were richness (percentage of children receiving Aid to Families with Dependent Children (AFDC) and median income); stability (birth and divorce rate); homogeneity; and percentage of persons under 16 years of age. The measure of organizational response was based on percentage of budget spent on child protective services for four regional areas, the percentage of budget spent on child welfare services, the per capita expense on social services, and the percentage of child protective service referrals accepted. The central theme emerging from study findings is (1) that environmental richness, as expressed by the resources available to county residents, does make a difference in demand for services and (2) that county departments attempt to meet that demand in a variety of ways. These include spending more per capita on social services and increasing the budget propor-

tion spent on child welfare services. Most serious is the case of the poorest region compared with the State as a whole. The Central Valley with the highest child poverty spends more per capita for services and still rejects a higher percentage of referrals than any other region due to excessively strained resources. Findings indicate that social indicators can be used as fund-allocation mechanisms. For example, States might choose to allocate a flat proportion of population dollar figure to each county, with extra funds for counties with Supplemental Security Income and AFDC recipients more than a certain percentage above the State mean. Eight references are included.

- 461** *Burnout: Strategies for Personal and Organizational Life. Speculations on Evolving Paradigms.*  
Michael Lauderdale  
1982, 334p  
**SHR-0009941** Available from Learning Concepts, University Associates Inc., 8517 Production Avenue, PO Box 26240, San Diego, CA 92126.

This book examines the origin and evolution of human events that cause burnout and illustrates theory with case studies, examples, and anecdotes. It offers techniques for individuals, managers, human resource development personnel, and others who work with people to lessen the impact of burnout. Divided into two sections, the first series of chapters defines burnout, discusses how widespread it is, probes its probable causes, and offers some suggestions for personal use and for application in assisting others, especially employees. Chapters in the second part delve into social evolution to establish a larger context within which to view individual expectations. This part poses the larger, more distal causes of burnout. The discussion attempts to tie burnout to changes in the general culture and to extend the current concern about burnout to its deeper sources, conceptualizing social change in terms of

epochs or consecutively emerging paradigms to which the changing consciousness of the individual attempts to adapt. Charts and tables are provided. The appendix contains a chart of the literature on burnout, an index, and a bibliography of almost 300 entries.

- 462** *Case Management and the Elderly: A Handbook for Planning and Administering Programs.*  
Raymond M. Steinberg, and Genevieve W. Carter  
University of Southern California, Los Angeles. Ethel Percy Andrus Gerontology Center.  
Administration on Aging,  
Washington, DC.  
1983, 211p  
**SHR-0010532** Available from Lexington Books, Division of D.C. Health and Co., 125 Spring Street, Lexington, MA 02173.

Based on a 3-year project, this book discusses case management with the frail elderly from the perspective of the planner, the administrator, and the evaluator. The concept of the client pathway is used to provide a unifying structure for examining variations in organization and activity at all program levels. The client pathway is examined in five phases: entry, assessment, goal setting and care planning, care-plan implementation, and evaluation of client status. The text describes 11 client-level functions in detail, focusing on the decisions that must be made by planners and administrators in order to have an appropriate organizational structure. Five influences on case-management organizations are considered: primary mission, organizational setting, authority base, professional reference groups, and target populations. Several chapters describe how to build the service delivery system; the process in developing and maintaining coordination programs; and funding, grants administration, and costs. Attention focuses on decisions for case-managers selection, assignment of worker functions, kinds of

case managers, and kinds of support staff. The book clarifies the components of case-management interventions and identifies selected issues to help case managers understand their own and others' roles in serving the elderly through a case management approach. It examines case management considerations in information systems, accountability, and evaluation. The final chapter briefly describes research objectives and findings from the project upon which this book is based. Tables and an index are provided.

**463** *Chartbook of Federal Programs on Aging, 1982-83.*

Irma Schechter, and William Oriol  
Care Reports, Inc., Bethesda, MD  
1982, 197p

**SHR-0009873** Available from Care  
Reports, Inc., 6529 Elgin Lane,  
Bethesda, MD 20817.

The chartbook outlines major Federal programs affecting aging research, services, and training, and lists additional relevant programs for professionals in the aging field. Information covers each Federal program's purpose, legal authority (U.S. code number), fiscal year 1982 funds, and agency and individual eligibility. Persons or Federal units to contact are also listed for each program. In addition, a perspective on each program reviews the current status and future trends of the program and cites related programs, when applicable. The book also describes seven block grant programs. Appendices include additional resources.

**464** *Child Welfare: Current Dilemmas:  
Future Directions*

Brenda G. McGowan, and William  
Meezan  
1983, 519p

**SHR-0010382** Available from F.E.  
Peacock, Publishers, Inc., 401 West  
Irving Park Drive, Atlanta GA 30324

The book focuses on service delivery issues in child welfare and delineates ways to improve policy, service provision, and practice effectiveness. Through the framework of permanency planning, the text develops a set of principles against which the child welfare system can be judged. The historical evolution of the child welfare system is reviewed, and major trends and shifts in service provision for dependent, neglected, and troubled children are examined. One chapter highlights the policy framework for child welfare services that has guided the field since the Great Depression; it demonstrates that many current problems in child welfare are the direct result of the piecemeal development of social policy. Several chapters present a policy framework for the provision of social supports to all families, describe new directions for service delivery that will enhance family functioning, and focus on the importance of services to families and children at risk of separation from each other. Six chapters discuss the current child welfare system and point to new directions for service delivery. They review decisionmaking in child welfare, discuss foster family care, emphasize the importance of case assessment in determining resources needed for serving special populations, and examine ways to achieve permanence for children who enter the substitute care system. Also discussed are the adoption of children who have spent time in substitute care and the personnel needs of the child welfare system, including models for staffing child welfare agencies. Chapter notes, photographs, and an index are supplied.

**465** *Child Welfare Practice.*

Thelma Falk Baily, and Walter  
Hampton Baily  
1983, 243p

**SHR-0010440** Available from  
Jossey Bass Publishers, 433  
California Street, San Francisco, CA  
94104.

This guidebook examines a broad range of child welfare services, including foster care, residential treatment, and protective services, and offers practical guidelines regarding counseling and case management. An overview identifies qualities and skills that practitioners should possess, reviews the rights of children and families who use child welfare services, and emphasizes the importance of a family approach. Discussion of the initial interview and assessment emphasizes that highly skilled workers must be employed in this strategic phase of the process. Ways to help families cope with separation are outlined. Subsequent chapters examine the benefits of day care services in helping families during crisis periods, selecting foster families, and permanency planning. The authors then shift to residential programs for children who cannot remain at home and cannot adapt to foster family care, describing their benefits, characteristics, and factors to be considered in matching children with institutions. The review of protective services covers the history of child abuse and neglect legislation, the unique characteristics of these services because of the nature of child abuse and the laws governing treatment, case planning, and interview techniques for abused children. Suggestions on terminating a case details specific tasks to be accomplished, such as anticipating later problems, providing information on community resources, and exploring both the client's and the worker's feelings about termination. Finally, advocacy by social workers is explored, with attention to strategy and tactics, barriers to change, and consumer involvement. Chapter references, an index, and a bibliography listing over 100 works are provided. *Jossey-Bass Social and Behavioral Science Series.*

- 466** *Chronic Mentally Ill: Treatment, Programs, Systems.*  
John A. Talbott  
1981, 374p  
**SHR-0010492** Available from  
Human Sciences Press, 72 Fifth  
Avenue, New York, NY 10011.

Compiled by leading mental health authorities, this book offers a broad spectrum of care and treatment modalities for the chronic mentally ill. It describes the most significant forms of treatment, including psychopharmacological therapy, medication monitoring, psychotherapy, socialization, housing, case management, and vocational rehabilitation. Contributors examine effective services and programs emanating from a variety of sources, such as nursing homes, State hospitals, private practitioners, general hospitals, community mental health centers, private mental hospitals, community agencies, and Veterans Administration Hospitals. Specialized programs for children, the elderly, and rural populations are detailed. In addition, three State and county service systems attempting to cope with the massive aftermath of deinstitutionalization are examined. Chapter notes and an index are supplied. *Author abstract modified.*

- 467** *Comprehensive Services for the Teenage Mother: A Program Guide.*  
Mary Miller  
Pittsfield Girls Club, MA.  
Women's Bureau, Washington, DC.  
Girls Clubs of America, Inc., New  
York.  
1982, 54p  
**SHR-0010187** Available from Girls  
Clubs of America, Inc., 205  
Lexington Avenue, New York, NY  
10016.

This manual presents guidelines for developing and implementing comprehensive supportive services for pregnant adolescents and teenage parents. Problems associated with teenage parenthood include inadequate income, unsuccessful marriage, inadequate prenatal care, child abuse and neglect, poor nutrition, and inadequate parenting skills. The first step in establishing local services is determining the need for a local program. Factors to consider in identifying the best possible agency to deliver such a program include the physical setting, ad-

ministrative structure, long-term commitment, community relations, and resources. Subsequent steps include determining program objectives; developing community involvement; and establishing an administrative structure, funding, and staffing. Child care arrangements are an essential ingredient to the success of the program. An onsite nursery has several advantages. Physical facilities that provide separate spaces for separate functions and transportation to the program are also essential. The program must be actively and repeatedly promoted if referrals are to be obtained. Based on the model in Pittsfield, Mass., the program components could include academic tutoring, health education, nutrition education and counseling, family life education, career awareness and vocational counseling, child development, physical education, individual counseling, and summer work experiences. Discussions of evaluation and of special problems, footnotes, appendices presenting curriculum outlines and related materials, and a bibliography listing 22 references are included.

- 468** *Connections: Developing Skills for the Family of the Young Special Child, 0-5.*  
Ann Larson VanSickle  
San Diego Unified School District,  
CA.  
1983, 557p  
**SHR-0010494** Available from  
Special Education Parent Facilitator  
Program, Sequoia Elementary School,  
Room 3, 4690 Limerick Avenue, San  
Diego, CA 92117.

This parent education guide is intended to help both families and professionals better understand how to raise a handicapped child within the family system. It teaches 20 parenting skills that emphasize the cognitive, language, social-emotional, and physical development of the young special child. The 20 skills are divided into modules containing objectives (and suggested time schedules), an overview, introduc-

tory activity, a professional presentation, small-group activity, overheads and handouts, a parent summary sheet, and references. Each skill presented within a module is self-contained, making it possible for parent education to occur weekly, monthly, or occasionally. The needs assessment survey tool can be used by staff and parents to determine the need for parent education and staff and parents to determine the need for parent education and staff development at each site. The program can be led by counselors, psychologists, teachers, speech and hearing specialists, parents, or others involved in parent education. Professionals are encouraged to attend the parent education classes in order to understand aspects of raising a special child from the parents' unique perspective.

- 469** *Considering a Nursing Home: A Handbook for Families.*  
James W. Richards  
Sedgwick County Dept. on Aging,  
Wichita, KS.  
1983, 46p  
**SHR-0010596** Available from  
Sedgwick County Kansas Dept. on  
Aging, 510 N. Main, Wichita, KS  
67203.

This handbook is designed for both individuals considering a nursing home for themselves and for families assisting these individuals in finding a suitable home. When a person can no longer live independently, a decision must be made about the next best arrangement for care. The guide discusses options available in Sedgwick County, Kansas, including community-based services (adult day care, home health care, friendly visiting, etc.) and nursing homes. It notes that prospective nursing home residents should be consulted about placement in all circumstances. Advice on selecting a home focuses on determining what kind of home is needed, visiting the homes, identifying medical services, checking reports of the State Department of Health and Environment, and doing a

followup observation of the home being considered. Other sections of the guide discuss financing care, preparing for admission, reactions to nursing home admission, and resident rights. Eight references, photographs, a list of important addresses and phone numbers in Kansas, a list of Sedgwick County nursing homes, and a checklist are included.

**470** *Continuing Care: Issues for Nonprofit Providers.*

Lois Jenkins Wasser, and Deborah A. Cloud

American Association of Homes for the Aging, Washington, DC.  
1980, 107p

**SHR-0010541** Available from  
American Association of Homes for the Aging, 1050 17th Street NW,  
Suite 770, Washington, DC 20036.

This booklet addresses issues that nonprofit providers of continuing care homes for the aging face in establishing workable and equitable policies and avoiding financial difficulties. A review of differences in the various payment plans covers accommodation fee with monthly payments, turnover of all assets, total fee in advance, and mixed payment plans. The book discusses a sponsor's commitment to its home, promotional activities, and responsibilities of the board of directors and the administrator. Steps in developing a nonprofit home are outlined, beginning with market identification and site location through funding, pricing, occupancy development, and management. The book then explains the following approaches to determining accommodation fees: life expectancy formula, amount of continuing care costs, loan equity, competition in the local market, and the advance deposit. One example of accommodation fee funding is provided. Other financial concerns discussed are protecting accommodation fees, refunding unused fees to residents who wish to relocate, and providers' rights to terminate occupants. Problems that homes encounter in setting competitive accommodation

and service fees and providing inhouse health services are surveyed. Additional topics considered include the correct use of morbidity and mortality statistics, financial audits, maintaining reserves, resident liens, and methods of recruiting minority and low-income residents. The final chapters focus on State legislation regulating continuing care homes and the American Association of Homes for the Aging model continuing care act. A glossary, footnotes, and 12 references are included.

**471** *Cooperative "Family": An Alternative Lifestyle for the Elderly.*

Gordon F. Streib, and Mary Ann Hilker

Administration on Aging,  
Washington, DC.

Andrus Memorial Foundation,  
Washington, DC.

1980, 18p

**SHR-0009971** Pub. in *Alternative Lifestyles* v3 n2 p167-184 May 80.

An evaluation of the Share-A-Home living alternative in central Florida found that the arrangement is generally very positive for the residents. A total of 10 family units are in operation. The "families" are composed of ambulatory elderly persons who are not related and who share their own household and divide the expenses of running it. A paid staff performs all domestic duties. The arrangement meets both the physical needs of shelter and food and the psychological needs of belonging to a primary group of caring people and preserving some sense of autonomy. The study surveyed the 76 females and 21 males living in the 10 group homes. Complete interviews were carried out with 51 persons. Responses indicated that 25 percent of the residents felt that they had no other alternative except a nursing home. Observations in the various homes revealed a wide variety in interactional patterns and styles, similar to "natural" families. Mutual help expressions of liking and trust between residents, and frequent conversation were observed in most of the

homes. The most successful homes were those with the most stable resident populations. Data tables and 16 references are supplied. *Data presented here were part of a paper, "A Variant Family Form for the Elderly: Some Preliminary Findings," by the authors, presented at the 41st Annual Meeting of the Southern Sociological Society, Atlanta, April 1979.*

**472** *Cost-Benefit Analysis: The Mystique Versus the Reality.*

Carl B. Buxbaum  
1981, 18p

**SHR-0009729** Pub. in *Social Service Review* v55 n3 p453-471  
Sep 81.

This paper critically reviews the goals, procedures, assumptions, and recent applications of cost-benefit analysis in social welfare programs. A survey of governmental welfare activities notes that dissatisfaction with policies in the mid-1950's provided the impetus for cost-benefit analysis. The paper then examines the theoretical goals of this technique and describes problems that emerge in reality, such as assigning dollar values to intangible costs and benefits, discounting rates and time horizons, and deciding what costs and benefits should be included. Also identified are difficulties that still face economists when cost effectiveness is used as an alternative. Even if these technical problems were solved, social welfare might not be improved by cost-benefit analysis because quality is an important objective, and the technique tends to discourage innovation. A review of selected cost-analysis studies reveals that very few compare one program with another and finds them useless or partially useless for policy purposes. A total of 52 reference notes are included. *Revision of a paper presented at the Fifth National Institute on Social Work in Rural Areas, Burlington, Vermont, July 29, 1980.*

**473** *Cultural Awareness in the Human Services.*

James W. Green  
1982, 257p

**SHR-0010516** Available from  
Prentice Hall, Inc., PO Box 500,  
Englewood Cliffs, NJ 07632.

Agencies need to develop and deliver culturally relevant services, and college and university programs need to develop and implement culturally relevant curricula. Human service agencies now recognize the importance of cultural awareness in developing and maintaining worker-client relationships. The book considers what is meant by ethnicity, particularly as it is expressed by clients in encounters with social workers. The older, categorical conception of ethnicity is distinguished from the newer, more useful transactional approach. The notion of help-seeking behavior is examined, and the component parts of the worker-client relationship are explained. Each component is illustrated with examples taken from the ethnographic and social service literature. A chapter on cross-cultural social work examines ways the worker can begin to acquire cultural awareness, focusing on the idea of "ethnic competence." One section suggests an interviewing approach that can be used to facilitate learning about others' cultural background. Several chapters on various ethnic groups (blacks, Asian-Americans, Pacific-Americans, Native Americans, Chicanos) explore ways the social services have and have not met the needs of minority clients and minority communities. Diagrams and about 350 references are supplied. An appendix contains a number of cross-cultural learning activities to be used in conjunction with the text. *Author abstract modified. Prentice-Hall Series in Social Work Practice.*

**474** *Developing Successful Volunteer Programs: A Guide for Local Government.*

Susan B. Casey



New England Municipal Center,  
Durham, NH.  
Charles Stewart Mott Foundation,  
Flint, MI.  
Ford Foundation, New York.  
Aug 82, 46p  
**SHR-0009942** Available from New  
England Municipal Center, PO Box L,  
Durham, NH 03824.

The publication includes information on volunteer programs in three New England communities and other local governments. Its chapters focus on what is required to have a successful municipal volunteer program; how a successful program can be developed; how to manage a volunteer program; work activities for volunteers; and volunteer financing, insurance, and other items. Such activities as needs assessment, creation of job descriptions, recruitment, and training are discussed. Sample forms used in volunteer programs are provided.

- 475** *Development of a CSS Through State and Local Partnership: The Schenectady Model.*  
Joseph A. Libbon, Ernest J. Townsend, Allen L. Thornton, and Joseph P. Kaiser  
Schenectady Shared Services, NY.  
National Inst. of Mental Health,  
Rockville, MD. Community Support Program.  
Feb 79, 28p  
**SHR-0009953** Available from New York State Office of Mental Health, Division of Project Planning and Development, Albany, NY 12237.

This paper summarizes the history of the Schenectady Shared Services Project, a successful effort to integrate State and local services into a community support system for the mentally ill. It discusses problems that arose during the model's development. Shared Services was formed through a collaborative agreement in 1972 by Schenectady County Mental Health

Clinic – a nonfederally-funded community mental health clinic, the Ellis Hospital Department of Psychiatry, and the Capital District Psychiatric Center administered by New York State. The final plan for service integration was unveiled in 1974, and actual integration was accomplished through a matrix authority structure. Adjustment problems encountered in the implementation phase are described, including the initial negative reaction of local services, fear that the county clinic caseloads would be overrun with chronic cases, strained relationships between the staffs which resulted in low morale and increased turnover, and the heavy administrative burden placed on Shared Services. However, the recruitment of a competent and aggressive administrator in 1976 provided the impetus for the model's maturation. His efforts to improve the physical facilities, improve staff morale and training, and facilitate organizational change are reviewed. The paper discusses the benefits and disadvantages of the integration effort and provides an outline of the community support system that emerged.

- 476** *Development of the Rehabilitation Model as a Response to the Shortcomings of the Deinstitutionalization Movement.*  
Marianne Farkas, and William A. Anthony  
Sargent Coll. of Allied Health Professions, Boston, MA. Center for Rehabilitation Research and Training in Mental Health.  
Apr 81, 67p  
**SHR-0010521** Available from Publications Coordinator, Boston University, Research and Training in Mental Health, 1019 Commonwealth Avenue, Boston, MA 02215.

The psychiatric rehabilitation model can help mentally disabled clients to function more effectively in a deinstitutionalized setting because it focuses directly on increasing clients' skills in their living, learning, and working envi-

ronments and modifying the clients' environments so as to be more supportive of the clients' coping efforts. This approach targets skills within environments as the therapeutic focus. A rehabilitation approach describes the treatment personnel's roles in terms of their contribution to a functional goal - the increase of clients' ability to function within environments. Rehabilitation programming carried out in both outpatient and inpatient settings can contribute to the overall planning for the chronic patient. Such an approach involves comprehensive documentation of all skill assets and deficits in its diagnostic planning and so does not underestimate the severity or potential strength of the mentally disabled. Finally, a rehabilitation approach identifies an overall community resource use plan for each individual client based upon that resource's contribution to the teaching or support of specific client skills. Tables and 149 references are provided. *Author abstract modified. Monograph no. 1.*

- 477** *EAP Manual: A Practical, Step-by-Step Guide to Establishing an Effective Employee Alcoholism/Assistance Program.*  
William S. Dunkin  
National Council on Alcoholism, Inc.,  
New York. Labor-Management  
Services Dept.  
CertainTeed Corp., Valley Forge, PA.  
1982, 91p  
**SHR-0009994** Available from  
National Council on Alcoholism,  
Publications Department, 733 Third  
Avenue, New York, NY 10017.

Employers should develop an effective approach to solving employee alcoholism problems which adversely affect job performance. The basic objective of any employer program is to identify alcoholics as soon as possible and get them to act constructively about their problem. The easiest way is through line management insistence on adherence to acceptable job performance standards throughout the en-

tire organization. The organization should have a written policy dealing specifically with alcoholism, a policy which is known to all employees and which clearly delineates a positive procedure aimed at helping alcoholics to recover. The program must have an effective referral system, i.e., procedures, diagnostic facilities, and qualified personnel, including a full-time director. The program should have access to treatment facilities which are appropriate for employed alcoholics. It must offer training to supervisors at all levels and should have an educational component designed for employees. In addition, an effective medical recordkeeping system will ensure confidentiality to the individual employee while demonstrating evidence of program effectiveness. Finally, the program should provide third-party payment for the treatment of alcoholic employees through group health insurance policies or other benefits. Sample policies and procedures and other materials are appended.

- 478** *Effective Fund Raising.*  
Institute for Health Planning,  
Madison, WI.  
Jul 82, 15p  
**SHR-0009602** Available from  
Institute for Health Planning, 702  
North Blackhawk Avenue, Madison,  
WI 53705.

Prepared for Health Systems Agencies (HSA), this memo outlines fundraising strategies for local health planning organizations who need a diversified funding base in the wake of Federal budget cutbacks. It advocates a marketing approach to fundraising in which agencies assess their internal strengths and weaknesses while evaluating potential markets and competition in the community. Specific suggestions address staff reorganization, their functions in fundraising efforts, and the roles of volunteers and the governing body. The memo describes four general sources of support: insurance companies, business and industry, State and local governments, and provider organizations. It also dis-

cusses foundations and characteristics of projects that have been funded by corporate-sponsored foundations and community foundations. Research into local grantmaking trends is highly recommended, as is a motivation analysis of consumers and donors. Based on this data, the agency must create a situation where an exchange of values takes place and both parties benefit. The basic value exchange situations from the donor's perspective are beneficiary repayments, philosophical motivation, emotional motivation, recognition purchases, and product purchases. Methods of selling an agency's services are reviewed along with tips on proposal writing. Suggestions on donation solicitation cover approaching a foundation, federated fundraising campaigns, and soliciting large gifts from individuals or organizations. Sources of additional information on fundraising are identified. *IHP Transition Issues Memorandum.*

- 479** *Effective Service-Delivery Strategies Appropriate for Specific Rural Subcultures: Sample Profiles.*  
Murray State Univ., KY. National Rural Research and Personnel Preparation Project.  
Department of Education,  
Washington, DC. Div. of Personnel Preparation.  
Dec 80, 34p  
**SHR-0010429** Available from  
National Rural Project, Center for  
Innovation and Development, Murray  
State University, Murray KY 42071.

This document provides 25 profiles of effective strategies to deliver services to handicapped children in rural areas of Arkansas, Minnesota, Tennessee, Nevada, New Hampshire, and Arizona. The profiles are arranged under the following topics: preschool handicapped children, secondary school students, identification or "child find" techniques, recruiting specialized personnel, mainstreaming, vocational education for special education students, inservice

training for regular teachers to integrate handicapped children into their classrooms, transportation, parental involvement, grading procedures, dissemination of special education procedures, and support staff. Each profile identifies the geographic setting, its population, and the number of special education staff and students, if applicable. It then describes the strategy adopted to solve a particular problem, its special requirements, costs, and limitations. Examples of the profiled programs are an alternative classroom for secondary students with severe behavioral disorders, granting a full tuition scholarship to a local resident willing to obtain training in speech therapy, and organizing a parent advisory council for special education.

- 480** *Effects of Recentralizing Mental Health Services.*  
Thomas W. Weirich, and Sherri N. Sheinfeld  
1982, 10p  
**SHR-0009963** Pub. in *Community Mental Health Jnl.* v18 n3 p200-209  
Fall 1982.

The research sought to determine the effects of closing a satellite mental health center unit and moving its staff to another, more centralized location. The main focus was on the clients and the services they received. Case records and service histories supplied most of the data, while interviews, questionnaires, and observations provided corroborating evidence. Data were collected before, during, and after the closing of the satellite clinic. Subjects were all of the 121 cases active in the neighborhood clinic just before recentralization. They included men and women, blacks, whites, and Hispanics. Most were unemployed and single, and over half were Catholic. Recentralization resulted in 45 percent of the clientele being discharged. Over one-third of the men and over half the women did not continue service, particularly the Hispanic clients. Factors involved in the loss of these clients included insurmount-

able cultural and social barriers due to the clinic's new location, geographic problems (greater traveling distances, major streets to cross, and unfamiliar transportation), and the loss of neighborhood cultural supports. However, the clients received the same services at the same levels. Implications of recentralization for community mental health are discussed. A total of 12 references are given.

- 481** *Emergency and Special Needs Programs: Administrative Issues.*  
 Michael Sosin  
 Office of Human Development Services, Washington, DC. Office of Research and Statistics.  
 Wisconsin Univ.-Madison. Inst. for Research on Poverty.  
 1981, 13p  
**SHR-0010342** Pub. in  
 Administration in Social Work v6 n4 p1-13 Winter 1982.

States organize their emergency assistance and special needs programs with rules designed to minimize administrative effort. Eligibility rules are more tightly controlled and represent the basic way in which programs are controlled. Eligibility limits seem to imply some level of distinction between the deserving and the undeserving, although coverage is relatively broad. Most programs include basic need items and cover traditionally unfavored groups, such as migrants and transients. In addition, States leave many decisions up to counties and often do not monitor programs closely. Officials seem content to establish firm eligibility rules and let other officials interpret State mandates. This may imply, in the case of the Aid to Families with Dependent Children Program, that increasing State flexibility when funds are limited will run into rules that restrict access and, thus, moral distinctions will be common. Future research may find it useful to look at programs that currently allow great discretion to determine if these patterns generalize. Study data and 15 references are supplied. *Author abstract modified.*

- 482** *Emerging New Strategies in Social Work With Refugee Families.*  
 Daniel S. Sanders  
 May 80, 9p  
**SHR-0009734** Available from  
 National Conference on Social Welfare, Room 911, 1730 M Street NW, Washington, DC 20036.

This paper discusses nontraditional strategies for social workers serving Indochinese refugees, emphasizing a developmental approach that builds upon the strengths and resources within the family. Helping professions in the United States have responded to the refugees' situation with sympathy and a willingness to help, but there is a need to assess the effectiveness of intervention strategies in assisting families from a non-Western society with a markedly different culture. The trend in social work away from a remedial to a developmental approach is vital in helping refugees from other cultures. In this context, social workers have three main functions: social habilitation to help individuals learn new roles and patterns of behavior necessary for survival in a new society; social rehabilitation, which provides clinical and treatment services that enhance future growth; and social construction, which focuses on changing institutions so they become more responsive to the persons they serve. From this perspective, important strategies in working with refugees have included building on the powerful family bond among the Indochinese, identifying positive cultural factors that facilitate adaptation to the host society, and channeling religion as a force for growth and stability for refugee families. The complexity of the refugee situation and the need for a variety of support services and resources necessitates interdisciplinary cooperation among professionals. Bilingual programs and the formation of basic self-help groups by refugees along cultural and ethnic lines also facilitate adjustment. Ten notes are included. *Presented at the National Conference on Social Welfare, 107th Annual Forum, Cleveland, Ohio, May 1980.*

- 483** *Environmental Communication Intervention for the Aging.*  
Debbie Crutcher  
Murray State Univ., KY. Div. of  
Communication Disorders.  
Administration on Aging,  
Washington, DC. Model Projects in  
Aging Program.  
Jan 81, 52p  
**SHR-0009595** Available-NTIS  
PC\$10.00/MF\$4.50

This document describes the activities and evaluation of the innovative Environmental Intervention for the Aging (ECIA) project conducted in western Kentucky to help the rural elderly suffering from speech and hearing handicaps. Communication disorders among the aging present a frustrating situation for all concerned, but these problems are exacerbated in a rural area with limited transportation and no special treatment resources. The project was composed of three integral components: satellite diagnostic clinics, module instruction, and program evaluation. Five slide/tape modules were designed to train caregivers who interact on a daily basis with the communicatively handicapped, thus improving communication and the efficacy with which the older persons remain in an interactive state with their environment. The effectiveness of the slide-tape modular instructional technique was evaluated relative to cognitive and attitudinal change. Analysis of tests completed before and after the instruction by caregivers indicated that they had increased their knowledge and made positive attitudinal shifts toward the communicatively handicapped elderly. A control group showed no significant changes. Through the combined use of educational modules and satellite diagnostic screening services, the project served approximately 1,025 older persons, families, and caregivers. A cost-effectiveness evaluation showed that the cost per unit of direct service of ECIA was considerably lower than the cost of direct speech-language pathology or audiology services. Due to these re-

sults and numerous requests from various agencies, the modules are presently in the process of being published. The appendices contain the complete program evaluation, evaluation instruments, cost data, and a list of papers presented on the project. *Author abstract modified.*

- 484** *Essentials of Social Work Programs in Hospitals.*  
Jean Dockhorn  
American Hospital Association,  
Chicago, IL.  
1982, 46p  
**SHR-0010488** Available from  
American Hospital Association, Order  
Processing Dept., 840 North Lake  
Shore Drive, Chicago, IL 60611.

This book is designed to help hospitals establish new social work programs and foster the further development of existing ones. It is built on the premise that social work programs must function in outpatient and emergency services, home care, and satellite programs as well as in inpatient settings. The book describes the services (to patients, hospital staff, and the community) that a social work program can provide and the different organizational structures and personnel needed to provide these services. It defines the management responsibilities involved in planning, financing, staffing, directing, and evaluating a program. It explains quality assurance and accountability, fiscal management, and legal considerations and makes specific suggestions for ensuring a program's effectiveness. A total of 107 resources are listed. *Author abstract modified. Revised edition of "Essentials of a Social Service Department in Hospitals and Related Institutions." AHA catalog no. 187103.*

- 485** *Evaluation of a Women's Occupational Alcoholism Demonstration Project.*  
Mary H. Cahill, Beverly J. Volicer,  
Evelyn Neuburger, and Gretchen  
Arntz

Planners Studio, Newton Upper Falls,  
MA.

National Inst. on Alcohol Abuse and  
Alcoholism, Rockville, MD.

May 82, 205p

**SHR-0009995** Available from  
Planners Studio, 375 Elliot Street,  
Newton Upper Falls, MA 02164.

This report describes the development, implementation, and evaluation of a model intervention to address the needs of female employees with drinking problems. The model intervention consists of both supervisory training and employee orientation. The intervention was designed in 1980 and took place with personnel of several Federal agencies from October through June 1981. The evaluation was designed to consider the effects on both supervisors and employees, as well as the effects on the employee assistance program itself. Program goals are to operate in such a way that supervisors will confront and refer employees with job performance problems, that female alcoholics will be motivated to seek help, and that the employee assistance program will successfully diagnose alcoholism and get employees to accept appropriate treatment. Factors affecting the achievement of such complex goals include organizational support, improved performance appraisal systems, management sanction of the program, training programs for supervisors, employee orientation and encouragement, and expertly trained counselors to perform diagnosis and treatment. Tabular data are given. Study materials are appended. The reference list contains 39 items.

**486** *Evaluation of Differences in Needs and Service Programs Between the Rural and Urban Elderly: Results of Secondary Data Analysis.*

Mark C. Wozny, Mark J. Ramsdell,  
Jon E. Burkhardt, Sue F. Knapp, and  
Lee Norton  
Ecosometrics, Inc., Bethesda, MD.  
Administration on Aging,

Washington, DC.

30 Apr 82, 267p

**SHR-0010604** Available from  
Ecosometrics Incorporated, 4715  
Cordell Avenue, Bethesda, MD  
20014.

This document summarizes the analyses of secondary data concerning four aspects of the rural elderly: demographics, status needs, programs and resources, and the costs of services (using transportation as an example). The demographic analysis of rural and urban elderly used the Public Use Sample of the 1970 Census. The records of all persons aged 60 and above were selected from the overall sample. In each State, the elderly were divided into four groups and were compared on demographic, socioeconomic, and need-related variables. Results are reported for all of these variables and the subsets are included in each. The analysis of the status and needs of the rural elderly focused on nutritional intake and health status. The analysis of programs and resources focused on Title III of the Older Americans Act funds and the way States allocate these funds. The final analysis compared the cost of providing transportation service to the rural and urban elderly. It found that the basic production costs are higher in urban areas than in rural areas and that consumption rates (trips per mile) are higher in urban areas, but that these two factors appear to balance out, resulting in comparable costs per trip in both areas. Tables and 24 references are supplied. Appendices present characteristics of the elderly, regional groupings of States for key indicators, and a detailed description of parametric cost functions used to predict cost per mile. *Author abstract modified. See also related documents, SHR-0010602 and SHR-0010603.*

**487** *Evaluation of Senate Bill 38: Alternatives to Long Term Nursing Home Care.*  
Colorado Office of State Planning  
and Budgeting, Denver. Div. of State

Planning.  
 Colorado Dept. of Health, Denver.  
 Div. of Health Policy Planning and  
 Evaluation.  
 Colorado Univ. Health Sciences  
 Center, Denver. Div. of Health  
 Administration.  
 Jun 82, 111p  
**SHR-0009956** Available NTIS  
 PC\$13.00/MF\$4.50

This report tests the effectiveness of Colorado Senate Bill 38, which permits expenditures for alternatives to nursing home care and provides Medicaid coverage for additional types of home health care services, as well as reimbursement for case management at the county level. To determine whether diversion from a nursing home was desirable, the study compared clients diverted with those who could not be diverted and were placed in a nursing home. The nursing home group was surprisingly less functionally dependent than the community group. However, a greater percentage of nursing home subjects had previously been living alone as compared to the community group. There were no significant differences in the change in functional status or in hospitalization rates over a 4 to 5 month period, but the community group had a higher level of social functioning (including general happiness). Moreover, community clients were more satisfied with the services they were receiving than the nursing home group. The report also evaluates two pilot programs established under the act - adult day care for Medicaid eligibles and home health care for those normally qualifying for Medicaid only if placed in nursing homes (300 percenters). It mentions procedural changes made based on the evaluation results and points to the bill's overall effectiveness. Study data and sample forms are included. *Author abstract modified.*

- 488** *Evaluation of the Differences in Needs and Service Programs Between the Rural and Urban Elderly: Bibliography.*  
 Lee Norton, Mark Wozny, and Debbie

Fisher  
 Ecosometrics, Inc., Bethesda, MD.  
 Administration on Aging.  
 Washington, DC.  
 1981, 64p  
**SHR-0010602** Available from  
 Ecosometrics Incorporated, 4715  
 Cordell Avenue, Bethesda, MD  
 20014.

This bibliography presents over 500 citations on the literature on the rural elderly. It covers the topical areas of population, needs, services, costs, and Federal policy for the period 1970 to 1981, with the main emphasis on 1975 to 1981. Journal articles, books, and Federal and State Government publications are included. *See also related documents, SHR-0010603 and SHR-0010604.*

- 489** *Evaluation of the New York National Institute of Mental Health Community Support Program: A Position Paper and Status Report.*  
 Peter B. Lannon  
 New York State Office of Mental  
 Health, Albany. Community Support  
 Project.  
 National Inst. of Mental Health,  
 Rockville, MD.  
 Mar 81, 34p  
**SHR-0009681** Available from New  
 York State Office of Mental Health,  
 44 Holland Avenue, Albany, NY  
 12229.

This paper describes the evaluation design for the New York State Community Support Program (CSP), a 3-year demonstration effort to create a networking system of agencies that meets the social, vocational, and supportive needs of the chronically mentally ill. The scope of an evaluation of a community support system is particularly wide, since it must examine individual programs, agencies sponsoring these programs, and how the entire system responds to its clients. A summary of the evaluation

strategy identifies target areas, such as contract compliance, degree of integration achieved, distinguishing features of a community support system, client characteristics, interactions between clients and the entire system, and client impact. The evaluation plan included two comparison sites and called for a detailed investigation into the inter and intra-organizational dynamics of the demonstration sites. The design also prepared to analyze relationships among all aspects of a client's life, particularly how demographic and clinical history variables related to a client's functioning. The CSP implemented a longitudinal assessment of clients to determine the system's long-range impact. Moreover, it devised a framework for measuring the quality of life since improving the lives of the chronically mentally ill was an ultimate goal. The paper presents brief summaries of a few major efforts and their methodologies being used in the CSP evaluation both at the central office and the demonstration sites. It also lists other topics studied, studies in progress, and areas designated for future research. An annotated 23-item bibliography is appended.

- 490** *Families Who Care: A Study of Natural Support Systems of the Elderly.*  
Amy Horowitz  
Community Service Society of New York.  
1978, 15p  
**SHR-0010318** Available from The Community Service Society, Office of Information, 105 East 22nd Street, New York, NY 10010.

Interviews with 20 family members involved in the care of their elderly parents indicated that programs to aid such families can enhance the quality of family care by relieving the pressures on family systems. The 20 families were part of the Natural Supports Project, a demonstration program operated by the Community Service Society of New York. This project provides ser-

vices to families who are caring for a functionally disabled elderly relative. Seven of the subjects had their parent living with them, and nine others lived either in the same building or within easy walking or traveling distance. The care ranged from 24-hour supervision to visiting once or twice a week and taking care of the heavy household chores. Most of the cases fell between these two extremes. The adults caring for their parents had not necessarily had a positive past relationship with the parent, although providing care was often a continuation of a history of close association and mutual assistance. The view that the family has responsibility for care of the elderly parents was common. Less tension was involved in the cases having a history of reciprocity and affective interaction. Those who did not have a continuous history of care or close association tended to emphasize the sacrifices necessitated and the overwhelming feeling of never being able to do enough for the parent. Receiving concrete services such as homemaking and companion services had positive psychological benefits for the respondents and also gave them more time to pursue other activities. Policymaking and practice should focus on ways to support, rather than to replace or ignore, a family caring system struggling to survive. While the family is the major provider of needed social supports for the majority of elderly people, professionals should not overestimate the ability of the family network to provide total care. Fourteen references are listed. *Prepared for the 31st Annual Scientific Meeting, Gerontological Society, Dallas, Tex., November 1978.*

- 491** *Family Health Project: An Experiment in Block Grant Funding.*  
Michigan Dept. of Public Health,  
Lansing. Div. of Maternal and Infant Health.  
Mar 83, 79p  
**SHR-0010595** Available NTIS  
PC\$11.50/MF\$4.50



The evaluation supports the Family Health Project (FHP) approach as an effective means for delivering maternal and infant care. FHP began in 1979 in Berrien and Muskegon Counties, Mich., and integrated four categorical programs that served low-income mothers and children into a single multiservice program. It was designed to provide comprehensive, high-quality health care at low cost. The evaluation involved a systematic comparison of the two experimental (Berrien and Muskegon) with two matched comparison county health departments. Evaluation questions pertained to degree of implementation, comprehensiveness of health care, quality of health care, administrative ease, cost efficiency, staff satisfaction, and client satisfaction. Evaluation results indicated that model components under the control of the local health departments had been implemented. Principal advantages observed were increased services and greater integration of services within the family structure. Agencies that are interested in program consolidation and integration should be encouraged to pursue the FHP model. Tables and evaluation instruments are provided.

- 492** *Foster Care in Retrospect.*  
Rosalie B. Zimmerman  
Heymann-Wolf Foundation, New Orleans, LA.  
May 82, 125p  
**SHR-0010499** Available from  
Tulane University, Tulane School of Social Work, New Orleans, LA 70118.

This study documents the experiences of a sample of former foster children who had entered foster care during the years 1951-1969 in Orleans Parish, La., and were between 19-29 years old during the time of their interviews. The followup study indicates that long-term foster care was not injurious to these children. When judged by the criteria of youths' current adjustment, long-term foster care provided a better environment for rearing most of the

youngsters than did their natural homes. The youths in long-term, stable foster care had the best chance of success as adults, perhaps because these placements had a degree of permanency and because natural homes remained inadequate for the youths' growth and development. Followup data also indicate that most youngsters leaving foster care never saw a social worker once they left agency custody. This practice ignores professional knowledge of the stresses occurring in a family that must adjust to the presence of the returning child. The study also found that the youngsters' educational career is crucial to their later success as adults. The overall dropout rate of 56 percent in this sample is an indictment of the school system, families, and foster care agencies for failing to meet youngsters' educational needs. Other conclusions and policy implications are drawn. Study data, including sex-race characteristics of the sample, and about 80 references are provided. *Tulane Studies in Social Welfare, vol. 14.*

- 493** *Geriatric Medical Policy for California: Manpower and Setting.*  
Robert L. Kane, John C. Beck, David H. Solomon, and Alfred M. Sadler  
California Univ., Berkeley, Inst. of Governmental Studies.  
California Policy Seminar, Berkeley.  
1981, 27p  
**SHR-0010498** Available from  
University of California, Institution of Governmental Studies, 109 Moses Hall, Berkeley, CA 94720.

This monograph discusses how California's medical care system can be reorganized to improve care to the elderly in the most efficient manner. It considers California's manpower requirements for geriatric care and the problems of training geriatricians and optimizing their use. It also discusses the types of personnel - physicians and others - who must be supplied. The monograph treats the various kinds of environments for elderly care, with particular atten-

tion to the unit and home and other alternatives. To meet the expected growth in demand for senior services in the face of inadequate resources, the state should consider encouraging the establishment within each medical and nursing school of specific educational units charged with teaching geriatrics and provide targeted funding to support them. California should also consider establishing a minimum curriculum in geriatrics for medicine and nursing, offering incentives to doctors and nurses entering geriatrics, and seeking a program of Medicare waivers to cover the services of nursing practitioners and physicians' assistants trained in geriatrics. California also has the option of establishing demonstration projects to test alternative configurations of service delivery and of designating one or more resource coordinating centers to coordinate educational programs and research. Tables, 33 reference notes, and a "decision tree" for placing patients in long term care are provided. *Monograph no. 9*

**494** *Getting the Resources You Need*

Armand Lauffer

1982, 165p

**SHR-0010183** Available from Sage Publications Inc., PO Box 5024, Beverly Hills, CA 90210

This volume aims to help human service administrators and workers increase their ability to obtain needed resources. Readers receive step-by-step guidance on how to address three major issues: the scarcity of resources, the growth of consumerism, and the notion that smaller may be better. The manual defines program resources as services and service programs of significance to a population in need; people resources as the paid staff of an agency and collateral agencies, volunteers, relatives of people in need, and members of self-help groups; and strategic resources as both tangible resources like money and intangibles like political influence, professional expertise, personal energy, and legality. The manual incorpo-

rates a number of exercises and suggested activities to enable the reader to increase the availability of resources, to make them more accessible, to use them more effectively and efficiently, and to be more accountable in these activities. Guidelines also cover the identification of a community's available program resources, and the design of a program resource file. An inventory of almost 20 linking mechanisms covers ways agencies may work cooperatively. Advice on the involvement of people as resources covers both the work of professional and other paid staff and the organization of a volunteer program. A discussion of the natural helping system focuses on families and self-help groups. Guidelines on fiscal strategy cover methods of expanding funds from many sources, including general funds, grants and contracts, purchases of services, fees, gifts, reserve funds, in-kind services, and block grants. A discussion of the orchestration of other resources, charts, and chapter notes and reference lists are included. *Sage Human Services Guides Series no. 26. An earlier version of this monograph, titled "Resources for Child Placement," was published as Volume 6 of the Sage Human Services Guides Series.*

**495** *Health Center Response to Community Crisis: Some Principles of Prevention and Intervention*

Ward J. Cromer, and Barbara J.

Burns

1982, 13p

**SHR-0010080** Pub. in The Jnl. of Primary Prevention v3 n1 p35-47 Fall 1982.

This article describes the experiences of a neighborhood health center in Charlestown, Mass., prior to, during, and after a community crisis—mandatory busing of children in the Boston public schools. The Bunker Hill Health Center serves as an outpatient mental health unit and during the crisis was equipped to handle stress cases. Principles relating to prevention and intervention emerged which can be applied

by community clinicians when they face potential or actual community crises. The article emphasizes the importance of early intervention, in this case prior to the onset of busing. The short-term and long-term effects of the crisis on the neighborhood and on the health center are briefly discussed. Fourteen references are supplied. *Author abstract modified. This paper was revised from a panel presentation at the Orthopsychiatric Association Meeting, New York City, 1976.*

- 496** *Health Education as a Basis for Social Support.*  
Ruth Campbell, and Barbara Chenoweth  
Administration on Aging,  
Washington, DC.  
1981, 9p  
**SHR-0010401** Pub. in *The Gerontologist* v21 n6 p619-627 Dec 81.

This article describes the Peer Support System Project that involved older people in providing mental health services, including education and service identification. The program was initiated at the Turner Geriatric Clinic in Ann Arbor, Mich., an outpatient clinic of the University of Michigan, and then extended to a senior nutrition site, a nursing home, and a community hospital in a rural area. Over a 2-year period, the project trained 48 peer counselors who served 2,500 people, largely through monthly health workshops. The workshop format usually included a formal speaker or panel presentation on topics such as arthritis, memory problems, and stress, followed by informal group discussions and socializing. Peer counselors selected topics for the workshops, arranged transportation if needed, led discussions, and conducted follow-up evaluations. The peer counselors were recruited from their own communities and ranged in age from 52 to 83. Most were outgoing people with good social contacts and a positive image of their age group. Training varied at each site, but its overall goals were to teach

peer counselors to conduct workshops, develop awareness of their own special skills and interests, and to acquaint counselors with each other. Each site scheduled 16 hours of training, usually divided into six sessions. Ongoing counselor meetings were held twice a month to plan workshops and develop new ideas. The basic peer counselor/workshop model provided three avenues for growth: individual counseling, organization of small support groups, and a growing referral and information network. Surveys of both peer counselors and workshop participants revealed extremely positive reactions to the project. Tables and references are provided.

- 497** *Health Planning Agency Involvement in Institutional Strategic Planning.*  
Larry Hartzke  
Institute for Health Planning,  
Madison, WI.  
Health Resources Administration,  
Hyattsville, MD.  
Jul 82, 23p  
**SHR-0009603** Available from  
Institute for Health Planning, 702  
North Blackhawk Avenue, Madison,  
WI 53705.

This document presents guidelines for regional and State health planning agencies in initiating, promoting, and maintaining an institutional planning process for a given geographic area. After a brief review of the strategic planning process, the issue of what the planning agency can do to promote this activity is discussed. Topics addressed include why strategic planning is valuable, what types of facility-specific information are needed before a planning agency approaches an institution, what roles the agency might elect to play in the process, selecting planning approaches, and persuading facilities to plan. The paper also outlines specific types of assistance a planning agency can offer a facility, such as expertise, design of an appropriate regional health system, an environmental assessment, a survey of the service

population, and utilization forecasts. A final major issue discussed is how the distinct planning processes of facilities and the planning agency can be integrated. The integration model proposed involves the individual hospital planning committees, the establishment of a regional health facility committee or consortium, and the planning agency. An explanation of each component's functions notes that the consortium becomes the focal point for coordination and cooperation. Over 60 references are provided. *Author abstract modified.*

**498** *Health Planning and Competition: Public Goods and the Impact of Demand Elasticity.*

Thomas C. Webster  
1982, 22p

**SHR-0009703** Pub. in *Jnl. of Health and Human Resources Administration* v4 n4 p465-486 Spring 1982.

An examination of both the competitive and health planning approaches to delivering health services concludes that the exclusive use of either model as advocated by their doctrinaire supporters is unrealistic. The debate between planning and competition is based on the assumption that performance gaps exist in the current delivery of health services. The competitive model views the market as restructured, so that resource allocation is guided by consumer choices exercised in an environment of competing health plans. Basic assumptions of the planning ideal are that the objectives, alternative methods for achieving the objectives, and impacts on each alternative are known; that criteria for ranking alternatives are established; and that models that indicate the consequences of the alternatives are developed. If health services are provided in a market that is highly elastic or the elasticity can be restored by providing information and increasing alternatives for the consumer, then a competitive approach would seem appropriate. However, if the incentives provided by a competitive market cannot be restored by enhancing the elasticity of de-

mand, then the planning approach should be used. Figures and 35 references are included.

**499** *Help for Families on the Front Lines: The Theory and Practice of Family Allowances.*

Joseph Piccione  
Free Congress Research and Education Foundation, Washington, DC.

1983, 40p

**SHR-0010518** Available from Free Congress Foundation, 721 Second Street, NE, Washington, DC 20002.

The United States should convert its present indirect family allowance program (tax exemption of dependents) into a universal family allowances program. Family allowances, mechanisms to ease the child raising expenses of families, have been viewed as necessary by every industrial nation in the world except the United States. A universal family allowances program would consist of a monthly payment to the parents of all American children under age 18, who are living at home or under the family's financial responsibility at school or elsewhere. The allowance could be granted, as is the practice of many other countries, to the children of families of resident aliens in the country and to those arriving in the country under refugee status. The program could be administered by the Social Security Administration, and initial enrollment could be done at post offices and work sites. The allowance amount per month would be set by Congress, but the basic financial component of the program would be the redirection of the tax exemption for dependent children. The allowance could be adjustable and tied to, for example, the cost of living index. A computation formula is discussed, and tax reform issues are examined in relation to family allowances. *Currents in Family Policy Series.*

**500** *Home Bittersweet Home: Old Age Institutions in America.*

Daniel R. Krause

1982, 143p

**SHR-0010360** Available from  
Charles C. Thomas Publisher, 2600  
South First Street, Springfield, IL  
62717.

This critical study examines many facets of old age institutions (OAI's) in the United States, including characteristics of a high quality institution, the decision to institutionalize an elderly person, and alternatives to such facilities. An overview traces the impact of Government policies and American lifestyles on the growth of OAI's. The chapter on primary characteristics of OAI's first notes differences, such as ownership, level of care, and costs, and then addresses similarities. This discussion emphasizes that OAI's are complete and self-contained environments that have rigid routines, ignore individuality, are medically oriented, and isolated. The author subsequently describes ideal characteristics of a high quality institution which address these deficiencies and produce an environment that is warm, varied, challenging, and responsive. Following a review of factors that have produced a strong dislike for the idea of living in an OAI, the book uses a case study to illustrate problems involved in actually making this decision. It also provides a questionnaire to guide a decision on institutionalization. The social context of the OAI is explored, with attention to economic factors, family structure, demography, value structure, attitudes about old age, and political considerations. The Danish approach to assisting the elderly and OAI's is described to demonstrate a policy that has produced attractive OAI's that people are eager to live in. The final chapter identifies groups that would have some interest in or need for institutional care and discusses Government policies to meet their needs. Tables, notes, reading lists, 50 references, and an index are included.

- 501** *Hospice: Complete Care for the Terminally Ill.*  
Jack McKay Zimmerman

1981, 191p

**SHR-0009323** Available from Urban  
and Schwarzenberg, 7 East Redwood  
Street, Baltimore, MD 21202.

This book provides a comprehensive picture of hospice care for the terminally ill and discusses practical considerations in dealing successfully with the dying patient. First, it identifies current problems in managing the terminally ill and describes ways in which the hospice responds to these problems. A description of the Church Hospital Hospice Care Program in Baltimore illustrates the development and activities of one hospice. The book then outlines the principles and practices of hospice care, beginning with symptom control for pain and systemic, gastrointestinal, respiratory, urinary, neurological, and skin problems. A separate chapter explores ways of meeting the psychosocial needs of patients and their families, using several case studies. The composition of the hospice care team is reviewed, as are the cardinal features of inpatient and outpatient care. Among the individual topics considered are staff selection and training, evaluation, staff stress, and specific difficulties encountered in home care. A discussion of the organizational structure, financial aspects, and staffing of a hospice care program emphasizes the advantages of a hospital-based program. The final chapter answers some commonly asked questions about hospice care today and briefly examines future trends in the care of the terminally ill. Charts, chapter references, and an index are included.

- 502** *Hospitals and Older Adults: Current Actions and Future Trends.*  
Connie Evaschwick  
Hospital Research and Educational  
Trust, Chicago, IL. Office on Aging  
and Long-Term Care.  
1982, 10p  
**SHR-0010255** Available from  
American Hospital Association, 840  
North Lake Shore Drive, Chicago, IL  
60611.

This paper highlights the demographic and related economic trends affecting hospitals and the directions in which hospitals are moving to provide services more effectively and efficiently to meet older adults' needs. As hospitals receive a greater proportion of their patients from the older age brackets, they will need to alter care accordingly. Older patients are characterized by physiological and metabolic changes which differ from younger adults, chronic illness, higher incidence of disease, susceptibility to iatrogenesis, multiple illnesses, functional disabilities, and multifaceted problems. Thus, the most effective and efficient treatment for older people is oriented toward achieving and maintaining independence, not cure. Such care must be comprehensive and integrated, focusing on the physical, mental, and social aspects of a person's situation. It also should be continuous and coordinated and should be unrestrained by artificial reimbursement limitations. The paper discusses constrained resources; specific hospital programs designed for older adults; special services geared for older and chronically ill persons; and organization, manpower, and financing requirements. Tabular and graphic data and 19 footnotes are appended. *Executive Brief. Series on Aging. Trust catalog no. 702125.*

**503** *How Do We Look. A Guide to Corporate Self Assessment and Ethical Reflection in Nonprofit Homes for the Aging.*

Geralyn Graf Magan  
American Association of Homes for the Aging, Washington, DC.  
1983, 83p  
**SHR-0010562** Available from American Association of Homes for the Aging, 1050 17th Street NW, Washington, DC 20036.

This resource guide for conducting self-assessments of nonprofit homes for the aging provides basic discussion questions to stimulate the evaluation process and describes two meth-

ods which have been used successfully in other homes. The first section contains 63 discussion questions in the areas of philosophy, corporate behavior, corporate integrity, and professionalism. Suggestions for conducting group discussions are included. The next section outlines two methods of corporate self-assessment (CSA). The orderly change (OC) approach helps the organization identify possible organizational changes and provides a systematic way of implementing these changes. It is best suited to organizations which are prepared to make a strong commitment to CSA and need a methodological approach. The OC process involves a general 1-day workshop and a long-term structure such as a committee or task force. A more open-ended approach, the team agreements methods, is especially appropriate for large organizations with complex and sophisticated structures and high-powered, vocal volunteer and professional leaders. An informal retreat setting for groups of up to 60 persons is recommended. Case studies demonstrate how these methods were used to develop an in-house approach to evaluation by the United Church of Christ Homes in Annville, Pa., to create quantifiable measures for programs operated by the Southwestern Ohio Seniors' Services in Springdale, Ohio, and to conduct a CSA with an outside consultant in the Eden Home for the Aged in New Braunfels, Tex.

**504** *How to Manage Cutbacks and Develop Local Funding Sources.*

Center for Management Systems,  
Sioux City, IA.  
1981, 22p  
**SHR-0009732** Available from Center for Management Systems Newsletter Group, Box 3414, Sioux City, IA 51102.

This special report for agency administrators offers practical suggestions for reducing expenditures, allocating scarce resources, and fundraising. It first lists a wide variety of ideas to help agencies survive budget cutbacks, such as

consortiums, contracting, scheduling changes, pay cuts, use of staff volunteers, and zero-based budgeting. Sections on funding address strategy planning and then describe funding efforts used successfully by local agencies. The report also outlines how to implement a simple cost control system, install an energy usage control system, and prepare for a temporary funding crunch. Other cost control suggestions deal with cash flow management, benefits, hiring, and white-collar crime. Techniques for locating donors to fund special projects are followed by a sample article promoting a deferred giving program. Checklists evaluate an agency's publicity profile and provide ideas for an impressive annual report. Additional areas considered include marketing an agency's services, funding management strategies for nonprofit organizations, volunteers, and direct mail fundraising. Finally, productivity trends and methods of motivating employees are examined.

**505** *Human Services Management: Analysis and Applications.*

Myron E. Weiner  
1982, 640p

**SHR-0010517** Available from The Dorsey Press Division of Richard D. Irwin, Inc., 1818 Ridge Road, Homewood, IL 60430.

This introductory textbook to human services management begins with an exploration of traditional organization and systems theories of management. It then goes on to examine emerging management science theories – contingency, communication, decision, cybernetic, game, quantitative, and market. Behavioral science theories of management are discussed as well. These include role theory, group dynamics, planned change, and interorganizational relations. Particular attention is given to the work of Kurt Lewin in this field. The dynamics of the organization are described, setting the foundation for addressing the single most important aspect of contemporary management – viewing the organization as a strategic rather than struc-

tural entity. A case model illustrates the strategic-integrated view of the organization that uses teams, task forces, or projects to address problems, clients, or issues. Administrative tools and techniques needed for human services administration are reviewed. For goal-oriented and accountable management, these are strategy formation, program development, planning and budgeting, work/resource scheduling and assigning, work measuring and monitoring, among others. It also includes effective use of computers as well as management analysis, operation research, and organizational development to both monitor and effect peak productivity and efficiency. The final dimensions of management considered in the text are the fundamental processes associated with managing finances, personnel or human resources, and the office itself. The text closes with a look at the special value tensions faced by human service managers. It categorizes the tensions to study them closely, then offers coping mechanisms and countering strategies. A case experience is presented to show how the coping mechanisms are used and their effect on the tension. *Dorsey Series in Social Welfare.*

**506** *IBM Project to Train the Handicapped.*

J. W. Campbell, and I. Kaplan  
IBM Corp., Gaithersburg, MD. Federal Systems Div.  
Rehabilitation Services Administration, Washington, DC.  
1980, 13p

**SHR-0010464** Available from National Rehabilitation Information Center, The Catholic University of America, 4407 Eighth Street, NE, Washington, DC 20017.

The IBM project to train handicapped persons to be business application programmers is designed to enable the students to perform competitively within the local data processing community. By June 1980, about 285 severely

handicapped people will be in the project in 16 States. IBM assists State vocational rehabilitation agencies in planning and implementing successful programmer training programs. IBM provides information about the local programmer job market and projects in other States. It also recruits a business advisory committee of data processing executives. A project typically has three major components: the State vocational agency, a business advisory committee, and training activity. The vocational rehabilitation project director is the key to the training projects' success in providing leadership and integrating the efforts of all involved. The director develops a realistic project plan and budget proposal, identifies well-qualified candidates, and coordinates the delivery of rehabilitation services to the individuals during the course. The business advisory committee guides the director in the development of a job-oriented curriculum, provides application problems of increasing complexity for use in the course, conducts mock interviews, and teaches students nonprogramming job skills and behavior. The instructor adapts the training to the students' needs, builds confidence in the students, and ensures that students are performing at their level of ability. Graduates have had annual starting salaries from \$12,000 to \$18,000, with an average between \$14,000 and \$15,000.

- 507** *Immigration and Income Transfer Policies in the United States: An Analysis of a Non-Relationship.*  
David S. North, and Jennifer R. Wagner  
New Century Foundation,  
Washington, DC. Center for Labor and Migration Studies.  
Dec 82, 74p  
**SHR-0010462** Available from  
Center for Labor and Migration  
Studies, 1789 Columbia Rd., NW,  
Washington, DC 20009.

Income transfer program provisions dealing with aliens should conform to the Government's overall policies toward aliens. Any legalization program (providing legal status to those currently illegally present in the United States) should dovetail with the income transfer programs, so that those granted legal status are automatically issued social security numbers. Income transfer policies should be based on four principles. They should be designed to not encourage migration to the United States and to not attract illegal aliens. The programs should not, however, exploit any class of migrants and should assure equitable treatment among the aliens lawfully admitted to the United States. The report describes how these principles should be applied to OASDI (social security), Medicare, SSI (supplemental security income), (earned income tax credit), AFDC (Aid to Families with Dependent Children), Medicaid, Refugee Cash Assistance, food stamps, unemployment insurance, worker's compensation, general assistance, and TDI (temporary disability insurance). Tables and notes are included. Appendices contain information on the prospect of legalization, an anomaly in the Food Stamp Program, and California's way to prevent illegal aliens from receiving income transfer payments to which they are not entitled. *Third edition.*

**508** *Impact of Budgeting Strategies on Human Service Allocations.*

Kirk Seibert

1982, 238p

**SHR-0010258** Available from  
University Microfilms International,  
300 North Zeeb Road, Ann Arbor, MI  
48106.

This study hypothesizes that different budget strategies are used for human service programs in the budget development stage and that strategies determine criteria for distribution of funds during the allocation stage to jurisdictions responsible for human services. The research model analyzes the budget development



and allocation activities by which the Pennsylvania State government provides funding for grants and subsidy programs to counties and its residents. Budget strategy is operationally defined as the methodology used to prepare a program's budget request. A review of budget documents submitted by the governor to the legislature confirms that line-item, incremental, program planning, entitlement, and performance budget strategies are used to complete various program budget requests. Regression analysis results confirm that variation exists in the distribution of allocations to counties for the programs studied. The analysis confirms that program allocations to counties are explained by the predominant budget strategy which is used to prepare the budget request for the program. The analysis also confirms that the prior year allocation is the single most important budget strategy variable for explaining budget year allocations to counties for human service programs. Thus, the resource distribution of State funds to local jurisdictions appears to be determined by existing service provision and fiscal considerations rather than programmatic needs of the county as defined by socioeconomic indicators. Study data, chapter notes, about 100 references, and data sources are provided. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Work to the University of Pennsylvania, 1982.*

- 509** *Impact of Some Proposed Policy Changes on the Nursing Home System.*  
Linda M. Goeldner, Robert L. Ludke,  
and John M. Kyder  
1983, 9p  
**SHR-0010507** Pub. in *The Jnl. of Long-Term Care Administration* v11  
n1 p1-9 Spring 1983.

A competitive long-term health care system with private health plans, vouchers, health insurance for the poor, and chronic care insurance will change the nursing home market and

draw long-term care providers into new relationships with acute care providers, private health plans, private health insurance firms, and Government. Nursing homes will find themselves competing with new rivals: Hospitals and health plans are likely to enter into long-term care markets as they seek out new sources of patients and revenues in a more competitive, financial tight market. If more outreach services (home health care, meals-on-wheels) are implemented, nursing home residents will be those requiring heavy care. But if these networks are not in place, nursing homes will have residents requiring less service intensity. If a voucher system replaces the current Medicaid system, the crucial issue for nursing homes will be whether their services will be part of the mandated benefits package paid for by Government vouchers. If nursing home benefits are covered by health plan and health insurance packages for the poor, the Government and private insuring firms will attempt to contain the costs of nursing home services. Chronic care insurance could increase the demand for long-term care services. Finally, nursing home administrators should be aware that the proposed shift from Medicaid to an insurance voucher system may be linked to reductions in benefits covered. One figure and 16 footnotes are included.

- 510** *Implementation and Federal Child Health Policy.*  
Andrew F. Coburn  
National Center for Health Services  
Research, Hyattsville, MD.  
May 81, 518p  
**SHR-0010257** Available from  
University Microfilms International,  
300 North Zeeb Road, Ann Arbor, MI  
48106.

This study assesses the implementation of the 1967 child health amendments to Title V of the Social Security Act. The 1967 amendments eliminated project grants for the maternity and infant care (MIC) and health of school and pre-school children (C and Y) projects. The analysis

focuses on three phases of the implementation of the 1967 amendments: the policy design phase, where policy objective implementation standards were established by the Congress; Federal implementation by DHEW; and implementation by the States and localities. The study is based on four case studies of Federal and State implementation conducted in Massachusetts, Michigan, Utah, and South Carolina. The study demonstrates that implementation and the fulfillment of Federal expectations are affected by 10 preconditions and by the way Federal intent and expectations interact with the State context to influence State approval and bureaucratic support of Federal policy objectives. The analysis indicates that there are serious limitations to the effectiveness of Federal child health policy and administrative activity in influencing State and local responsiveness to Federal objectives. Footnotes, study instruments, and about 50 references are supplied. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Brandeis University, 1981.*

- 511** *Improving Management Performance in Health Care Institutions: A Total Systems Approach.*  
Addison C. Bennett  
1978, 243p  
**SHR-0010361** Available from  
American Hospital Association, PO  
Box 96003, Chicago, IL 60693.

This text outlines a systematic approach to examining, diagnosing, and curing organizational and managerial ills in hospitals. The initial chapters survey the hospital's place in the health care system, its unique management problems, the chief executive's role, and a systems approach to managing change. The author analyzes components of this method, beginning with the organizational environment and communication processes. Also examined are internal and external factors which affect interdepartmental coordination and theories of control. The discussion of hospital goal setting

advocates a gradual introduction of the management-by-objective approach and details required characteristics of hospital goals. It also considers setting departmental goals, budgets, managerial responsibility, and accountability. The section on effective management identifies basic requirements for successful health care facility managers and offers practical guidelines for designers or administrators of a management development program. The following elements of a management manpower planning process are explored: analyzing organization conditions, forecasting future management needs, inventorying existing managerial resources, and planning for individual development. The CORE (Continuing Operational Review and Evaluation) process is recommended as a system to help managers review and evaluate operational activities and progress. Other chapters discuss the deficiencies of performance appraisal systems and outline an objectives-oriented appraisal approach. Finally, the text describes problem-solving techniques for managers and methods of gaining employees' participation in decisionmaking. Diagrams, about 170 references, and an index are included. *AHA Catalog no. 1056.*

- 512** *Individualizing Staff Development in Rural School Districts to Enhance Services for All Children, Including the Handicapped.*  
Doris Helge  
Murray State Univ., KY. National Rural Research and Personnel Preparation Project.  
Department of Education,  
Washington, DC. Div. of Personnel Preparation.  
Jan 81, 16p  
**SHR-0010430** Available from  
National Rural Project, Murray State University, Murray, KY 42071.

Based on direct work with school districts and a study of problems experienced by over 80 rural districts and cooperatives, this document

outlines four staff development approaches for rural special education programs. These models emphasize identifying resources as well as needs, monitoring the local culture of a particular district, and locating creative alternatives that are effective and cost-efficient. They also employ staff development as a vehicle for systematic change. The report first describes management Model A that consisted of three organizational entities: (1) the administrative or management team composed of principals and the superintendent; (2) the district-wide or core team of regular and special education teachers, selected administrators, a school board member, and a parent of a special education child; (3) school-based teacher assistance teams. This organizational structure allowed the needs of individual schools to be identified, prevented duplication of inservice efforts, and promoted information exchange. The report details the responsibilities of each team, the model's development process, and problems encountered. Model B initiated a Management Information System to optimize school and community resources on special education, gathering data from individual schools. Model C trained personnel for multiple roles to enhance cost efficiency, such as training principals and secretaries as crisis interveners. Model D prepared inservice trainers on a district and state-wide basis. References are included.

- 513** *Initial Report of the Client Outcome Monitoring Project.*  
Colorado Dept. of Social Services,  
Denver. Office of Client Outcome  
Monitoring.  
1 Feb 82, 70p  
**SHR-0009958** Available NTIS  
PC\$ 10.00/MF\$4.50

This manuscript describes the methods by which the Colorado State Department of Social Services began its routine evaluation of Title XX client outcomes. It discusses the fiscal and ethical issues of evaluation as well as the pros and cons of various evaluation tools. Data cover tar-

get groups served in the State under Title XX, the number of clients serviced and the number of caseworkers assigned to each target group, and the average length of time clients remain in each target group. The report includes demographic data on each population group served by the following programs: self-sufficiency for aged and disabled adults, adult protection, employment and self-support (day care), youth in conflict, child protection, and permanency planning. It identifies the program goals and client outcomes for each group. Study data and appended evaluation instruments are provided. The manuscript can serve as a model for other States interested in designing a client outcome evaluation program. *Author abstract modified.*

- 514** *Inter-Agency Research Among Ontario Family Service Agencies, I: Report on a Developmental Project.*  
John Gandy, Camille Lambert, and Keith Grady  
Ontario Association of Family Service Agencies, Toronto.  
Department of Health and Welfare Canada, Ottawa (Ontario).  
Toronto Univ. (Ontario). Faculty of Social Work.  
1983, 33p  
**SHR-0010295** Available from  
Ontario Association of Family Service Agencies, 175 Bloor Street East,  
Suite 114, Toronto, Ontario M4W 1E1.

This report describes an approach for assisting direct service organizations to effectively produce and use research pertinent to their own particular needs and interests. It was developed through a 2.5-year demonstration project involving more than 40 family service agencies in Ontario, Canada. Following a brief description of the Ontario Association of Family Service Agencies, the book outlines the Problem Solver Perspective developed by Havelock (1969) and its adaptation to the project. This approach views research as a problem solving process

which begins when the user group articulates a research need, involves users in all stages, and regards external resources as change agents. The application of this model is detailed in its three phases: assessment of member research interests and resources; a series of diagnostic workshops; and activities relating to research training and development of study projects, such as a seminar on client surveys and a project to develop a methodology for uniform costing of services. Also discussed are practical considerations involved in working with a large number of autonomous, dispersed, and diverse organizations and directions for future research within the family service network. Finally, the report explores key issues underlying this approach to increasing agency research capabilities, such as organizational, staff, and cost implications. The demonstration project's experiences suggest that the following are necessary conditions for successful interagency undertakings: a staff is needed to serve as change agents, and agencies must be prepared to share staff release and travel costs. About 25 references are included. *See also volumes II and III, SHR-0010296 and SHR-0010297.*

- 515** *Inter-Agency Research Among Ontario Family Service Agencies, II: Unit Costing Individual and Family Counselling Programs.*  
Ontario Association of Family Service Agencies, Toronto.  
Department of Health and Welfare Canada, Ottawa (Ontario).  
Toronto Univ.(Ontario). Faculty of Social Work.  
1983, 23p  
**SHR-0010296** Available from Ontario Association of Family Service Agencies, 175 Bloor Street East, Suite 114, Toronto, Ontario M4W 1E1.

As part of a demonstration project to increase agencies' research capabilities, an interagency committee of family service representatives

from the Ontario Association of Family Service Agencies designed a unit cost model and procedures for data collection in relation to family and individual counseling programs. Three units for costing were selected: number of counseling sessions; time spent counseling; and time spent on direct and indirect services, such as conferences and correspondence. In relation to each unit, the impact of direct program costs and other administrative costs on total program costs can be distinguished. The project also designed and tested procedures and sample forms for collecting financial and service data. The accuracy of the unit cost data generated by this model depends on the quality of the basic information provided by individual agencies. However, the model's developers tried to limit demands for agency data to reasonable levels and use data readily available to service providers. As agencies gain experience in working with the unit cost model, the results should become increasingly valid and useful to their staffs. The report presents a hypothetical agency case study to demonstrate the model and provides tables, forms, and five references. The appendices contain a glossary and examples of staff and program expenses not directly related to counseling which might be considered in costing. *Author abstract modified. See also volume I, SHR-0010295; volume III, SHR-0010297.*

- 516** *Inter-Agency Research Among Ontario Family Service Agencies, III: Client Feedback Questionnaire and Survey Guidelines for Family Counselling Programs.*  
Ontario Association of Family Service Agencies, Toronto.  
Department of Health and Welfare Canada, Ottawa (Ontario).  
Toronto Univ. (Ontario). Faculty of Social Work.  
1983, 15p  
**SHR-0010297** Available from Ontario Association of Family Service

Agencies, 175 Bloor Street East,  
Suite 114, Toronto, Ontario M4W  
1E1.

In response to concerns of family service workers from the Ontario Association of Family Service Agencies (OAFSA) about current use and interpretation of client satisfaction surveys, an interagency committee reviewed the relevant literature and developed a survey questionnaire for clients of family counseling programs. The committee first decided to use outcome, relationship skills, helping skills, and termination as the dimensions of client satisfaction and to develop specific items for each dimension using closed-end questions. For example, empathy and respect were selected as items to measure relationship skills. Clients also were asked to identify any external factors affecting outcome as well as two different questions to measure overall perception of outcome. The questionnaire and administrative guidelines were tested by four OAFSA member agencies. Most agencies felt that all dimensions of client satisfaction should be included, but were particularly interested in outcome and counseling effectiveness as perceived by the client. They also felt the clients should complete the surveys in their homes and reported a lack of skilled manpower and equipment to do anything beyond simple statistics. The revised Client Feedback Questionnaire contains seven closed-ended questions, responses to which can be computer processed and analyzed. The committee has recommended that family service agencies conduct standardized client feedback studies using this questionnaire and that the OAFSA facilitate these surveys by making the questionnaires available to interested agencies, arranging for computer processing, and reporting the findings to its members. The questionnaire and references are appended. *See also volumes I and II, SHR-0010295 and SHR-0010296.*

- 517** *Interdisciplinary Approach to Social Development in Energy Boom Towns.*  
Joseph Davenport, and Judith Ann Davenport

1982, 16p  
**SHR-0010199** Pub. in Social  
Development Issues v6 n2 p28-43  
Fall 1982.

The social consequences and problems related to energy development in small communities in the western United States are examined, with emphasis on human service delivery needs in such communities. The impact problems in boom towns are similar to those of any area experiencing rapid industrialization but are accentuated by the relatively small population bases in most western communities. Among the social problems in boom towns are high housing costs, trailer home living, alcoholism, gambling, prostitution, depression, and substance abuse associated with housewives' living in overcrowded and isolated trailers. Family crises, truancy, school dropouts, and rapid turnover in school populations are additional problems. Women and minorities suffer from these problems and have added difficulties because of their different status. Elderly persons are hit hard by the inflation of rents and prices, by the added strains on the health care delivery system, and by their apparent inability to see themselves as potentially influential in the community's decisionmaking process. The Wyoming Human Services Project (WHSP) tries to mitigate these human service problems by enhancing the community's ability to solve its own problems. In Gillette, Wyo., the project identified six broad problem areas: child services and care, group and community involvement, mental health, physical health, recreation, and social issues. The project personnel initiated a help line, a Golden Age discount program, high school classes on gerontology, a cooperative day care program, a volunteer program, and a G.E.D. program. Future actions might well be in the following areas: development of further child care services and recreational facilities; efforts to address the housing needs of low-income persons; and increased staffing for health, mental health, and social service programs. The

WHSP model of impact mitigation might well be used or adapted for other areas of the country which are similarly affected. Twenty-seven references are included.

**518** *Investigation of Selected Community School Terminations.*

Michael H. Kaplan  
Virginia Univ., Charlottesville.  
Mid Atlantic Center for Community Education.  
Charles Stewart Mott Foundation,  
Flint, MI.

Sep 82, 43p

**SHR-0010448** Available from  
Mid-Atlantic Center for Community  
Education, University of Virginia,  
School of Education, 405 Emmet  
Street 217 Rouffner Hall,  
Charlottesville, VA 22903.

This investigation explores factors that have led to community school terminations. Ten schools in five States were selected for study. They all had supported community programs for at least 3 years and in some cases, for up to 10 years. Structured and unstructured interviews were conducted with 118 individuals in the 10 school systems. Onsite visits were made to several of the school systems. Service and program offerings in the terminated community schools included avocational classes for adults, recreation for adults, adult education classes, college-level courses for credit, specific skill development classes (e.g., welding), preschool or day care programs, and enrichment programs for children. Also available were children's recreation programs, publicity coordination, activities for families, senior citizen outreach, health care coordination, school volunteer programs, community improvement programs, job training, and interagency council involvement. The community schools tended to serve mostly adult populations. The report presents a profile of community school termination, showing critical factors that can terminate or continue a school. Figures and 11 references are included. *Research Report 82-108.*

**519** *Isolated Elders: Health and Social Intervention.*

Eloise Rathbone McCuan, and Joan Hashimi  
Missouri Univ., St. Louis. Gerontology Program.

1982, 324p

**SHR-0010561** Available from Aspen  
Systems Corp., 1600 Research Blvd.,  
Rockville, MD 20850.

This book analyzes major factors which contribute to the isolation of diverse subgroups of the elderly and suggests interventions to prevent, reduce, and eliminate this isolation. A conceptual model is proposed that considers biophysical, psychological, economical, and social situations or events that interfere with the elder's ability to maintain personal integrity and social involvement. It views the clinician's intervention with the elderly as a skills building activity to enhance an individual's isolation-related problem solving abilities. Subsequent chapters examine isolators that affect the following subgroups and describe appropriate interventions: older women as they age; the older male veteran population; the elderly in Tolivar, Mo., to illustrate the problems of older persons who retire to a small traditional community without familial roots or community ties; the black urban elderly; and the Spanish-speaking elderly, particularly the Mexican-Americans in California. An examination of causes of elderly abuse suggests that isolation plays a multidimensional role in the lives of both the abuser and the victim. Another chapter focuses on the general invisibility of older alcoholic and the rejection they encounter in seeking intercession. An extensive analysis of isolators impacting the chronic mentally ill as they grow older considers the cumulative effects of periods of institutionalization and isolation of community placement when it occurs late in life without training in daily living skills. Alzheimer's disease is discussed from the family system perspective, identifying isolators encountered by the affected individual and the

family caregivers, both before and after medical assistance is obtained. Finally, the authors summarize major research and training issues in preventing isolation of the aging. Diagrams, chapter references, and an index are provided. *Author abstract modified.*

- 520** *Job Club Counselor's Manual: A Behavioral Approach to Vocational Counseling*  
Nathan H. Azim, and Victoria A. Besalel  
1980, 209p  
**SHR-0010227** Available from  
University Park Press, 300 North  
Charles Street, Baltimore, MD 21201

This manual provides the information, material, and specific procedures needed by vocational counselors to organize and conduct a job-finding group. It also gives job seekers guidelines for use in their search for jobs. The jobseekers treat job finding as a full-time job. They use standard scripts and forms and use a structured group setting to give and obtain support from other job seekers. The job club teaches members how to contact friends, relatives, and acquaintances as primary sources of job leads. It also teaches job seekers how to obtain interviews for jobs that have not been publicly advertised or that may not yet exist. The telephone is the main contact for leads. The program shows clients how to emphasize distinctive personal and social skills in addition to work skills. Evaluations comparing the job club approach with other programs have shown that the unemployment rate of continuing job seekers is 10 percent or less for those enrolled in a job club and 40 percent to 72 percent for those in control groups. The manual explains the counselor's role, the method for establishing the job club, the content and format of the first session, methods of finding job leads and arranging interviews, and job applications. The guidelines also cover the counselor's followup of job club graduates, ways to handle such special situations as professional jobs and relocation, and

issues such as absenteeism and job development. The manual also includes a behaviorist view of the hiring process and a discussion of the conceptual framework for the job club approach to job finding. Extensive forms, charts, sample letters, and other information necessary for implementation of the job club program are provided. An index and 16 references are supplied.

- 521** *Legislator's Guide to Youth Services*  
Michele R. Magro  
National Conference of State  
Legislatures, Denver, CO  
Youth Development Bureau,  
Washington, DC  
Dec 82, 106p  
**SHR-0010244** Available from  
National Conference of State  
Legislatures, 1125 Seventeenth  
Street, Suite 1500, Denver, CO  
80202.

This guide reviews youth services from the child welfare and juvenile justice perspectives. It presents a legislative view of youth needs and programs by State Senator Robert Presley of California. He discusses his concerns about status offenders and abused and neglected children and some of California's approaches in responding to problems across State boundaries. Another chapter assesses the demographics that will influence and shape the States' responses throughout the 1980's. One discussion takes an empirical research approach in examining the relationship between child abuse and neglect and juvenile delinquency. In addition, the volume focuses on the State role in youth services by analyzing State action and statutes regarding child welfare and juvenile justice. It examines three case studies - Florida, Illinois, and Pennsylvania - to highlight innovative and unique aspects of each State's child and youth services delivery system. The last section presents major Federal initiatives that have been instrumental in shaping the current service delivery system. Figures, a glossary, 48

notes, and 16 references are supplied. A list of resource organizations is appended. *Author abstract modified.*

- 522** *Linking the Formal and Informal Support Systems for Elderly Living at Home: Particularly in Regard to the Family Function*  
Andrew Holer  
Nov 81, 14p  
SHR-0009869 Available NELS  
PC\$07.00/MF\$4.50

This paper examines the role played by the informal support system, particularly the family, in the lives of older persons. It compares the characteristics of the formal and informal support systems, and suggests ways to link the two for the benefit of the elderly client. Studies show that the family is the major provider of assistance to the elderly member and the most important component of informal service network. Contrary to popular opinion, this research underscores the significance and durability of the emotional bond and intimate ties between parents and children. There is little interaction between informal supports and the formal system of human services, and the two appear in polar conditions: flexibility and creativity versus rigidity, intimacy and compassion versus impersonality, spontaneity versus strictures. However, the need for interaction between the two systems becomes increasingly critical in an era of meager resources and pressures for improved service delivery. Guidelines for developing programs designed toward this interaction are presented. Factors which contribute to the success of projects that work with the informal network include modification of case worker attitudes, changes in program practices, administrative flexibility, and commitment of policymakers and administrators. Thirty-one references are appended. *Based on a paper presented at the 33rd Annual Scientific Meeting of the Gerontological Society, San Diego, Calif., November 25, 1980.*

- 523** *Location of Community Based Treatment Centers*  
Jeffrey I. Davidson  
1981, 21p  
SHR-0009077 Pub in Social Service Review v55 n2 p221-241  
Jun 81

This paper examines community based treatment centers (CBTC's) in New Castle County, Del., to determine the degree to which they are in fact located in the kinds of neighborhoods where the literature suggests opposition to them would be low. Findings suggest that the fears of ghettoization may be real only for certain types of centers. A sizable proportion of the 25 CBTC's are located in neighborhoods which shared most of the demographic characteristics of the transitional neighborhood. Centers serving certain types of clients (substance abusers, juvenile offenders, mentally ill persons, and homeless adults) and centers serving adults, with only one gender of clients, or whose functions are explicitly identified in their names are more likely to be located in central city neighborhoods with higher proportions of renter-occupied housing, lower class residents, and black residents. Over half of the CBTC's were located outside the central city in neighborhoods with relatively high proportions of owner-occupied housing, low percentages of black residents, and high scores on measures of income, education, and occupational status. However, these centers were physically or visually isolated from the surrounding housing, making them less likely to attract attention and therefore less likely to arouse neighborhood opposition. Tables and 33 notes are supplied.

- 524** *Long Term Care of the Aging: A Socially Responsible Approach.*  
Lois Jenkins Wasser  
American Association of Homes for the Aging, Washington, DC.  
Health Resources Administration,  
Hyattsville, MD. Div. of Long Term Care.



1979, 116p  
**SHR-0010017** Available from  
 American Association of Homes for  
 the Aging, 1050 17th Street NW,  
 Washington, DC 20036.

These papers reinforce the idea that the social components of long-term care remain essential for all programs for the aging. A common theme is a concern for the entire person – the importance of considering total needs when making decisions in such areas as designing a home for the aging and in helping residents obtain spiritual guidance. Specific papers focus on identifying the aging, portray one resident's experience in a home for the aged, and describe the staff's role in the long-term care facility. Also examined are the administrator's role in the long-term care facility, the role and responsibilities of trustees, provision of social services in the long-term care setting, and religion in the lives of older people. Other papers review architectural and interior design for long-term care facilities, activity programs in homes for the aged, hospices, and HUD's Section 202 program to provide housing for the elderly. Several papers focus on the long-term care facility as a community resource, responsibilities of homes for the aging to their minority and low-income residents, and policy issues. Most papers have reference notes.

- 525** *Long-Term Care System Development Project.*  
 Michael A. Garrick, Daniel D. Rubin,  
 and Dorothy C. Wilke  
 Washington State Dept. of Social  
 and Health Services, Olympia. Bureau  
 of Aging and Adult Services.  
 Administration on Aging,  
 Washington, DC.  
 Washington State Dept. of Social  
 and Health Services, Olympia.  
 Program Research and Evaluation  
 Section.  
 Mar 83, 141p  
**SHR-0010457** Available from

Department of Social and Health  
 Services, Office of Research, OB-34A,  
 Olympic, WA 98504.

The Long-Term Care System Development Project in Washington State was one of 15 State system development projects funded by the Department of Health and Human Services under the National Channeling Demonstration Program. The project sought to evaluate the reliability, validity, and administrative feasibility of the Comprehensive Adult Resources Evaluation System (CARES), a model preadmission screening system. It also sought to analyze utilization, cost, and expenditure data on long-term care services covering the past 5 years and to analyze a client data base from the CARES sample of clients and from other research projects involving long-term care clients. Nurses, case-workers, supervisors, and research staff endorsed the CARES model as feasible for preadmission screening in Washington State. The Washington State Department of Social and Health Services should take immediate steps to begin the statewide implementation of a preadmission screening system based on the CARES model. The Department should increase the resources devoted to case management services for long-term care clients and should emphasize training preadmission screening staff. A mechanism should be developed to assure that every person at imminent risk of institutional placement, but capable of living in a community setting, has priority access to community support services. The report presents additional recommendations. Figures, tables, and 26 references are included. A checklist of services, comparative profiles of long-term care clients, and service charts and references for further detail are appended. *Author abstract modified. Report no. 07-58.*

- 526** *Management of Social Services Workload: Final Report of the Mississippi Workload Standards Project.*

Mississippi State Dept. of Public Welfare, Jackson. Dept. of Social Services.  
 Office of Human Development Services, Washington, DC.  
 Technical Assistance and Planning Associates, Ltd., Chicago, IL.  
 Jun 82, 332p  
**SHR-0010186** Available NTIS  
 PC\$26.50/MF\$4.50

The content and results of a project to develop standards for the workloads of social service workers in Mississippi are described. The project, which began in January 1980, aimed to develop quantified, experience-based workload standards and to install the system throughout the State. About 21 months were devoted to the analysis and development of the standards prior to the system's statewide installation in January 1982. Extensive worker involvement, frequent trips to the field, and two rounds of pilot testing in counties yielded a system that both meets management's needs and is considered fair, equitable, and useful by the social workers upon whom it is imposed. The system uses a computerized approach to apply existing data to measure workload and to develop workload and worker capacity standards for the 17 basic types of clients and cases served by the State. The project also developed and implemented a recordkeeping system that includes case workload records, worker workload records, and county workload summaries. Other results include the development and publication of agency policies on workloads, the training of workers and supervisors in the use of the records, and the development and installation of a computerized system for gathering and storing workload data from counties. Other accomplishments are the demonstration of the uses of workloading data in case assignment and work organization, demonstration of the uses of workloading data in regional supervision and statewide budgeting, and demonstration of the acceptability of workload standards when county line social work staff are deeply

involved in system development and pilot testing. Testing attachments present forms, tables, and background data.

**527** *Managing the Human Services in Hard Times.*  
 David A. Bresnick  
 1983, 222p  
**SHR-0010540** Available from  
 Human Services Press, 200 East  
 24th Street, New York, NY 10010.

This text surveys basic management concepts for practitioners in large and small human service agencies. First, it examines goal setting and planning for mission statements and annual objectives as well as long-range and middle-range goals. A method for systematic problem solving involves seven stages: scanning the environment; defining the problem; deferring, delegating, and routinizing; generating alternatives; establishing criteria; evaluating alternatives against criteria; and developing and selling recommendations. The book then turns to project planning and control, addressing documentation, scheduling, network analysis, Program Evaluation and Review Technique (PERT), and project management. The chapter on staff performance considers authority relationships, motivation of individuals, behavior modification, and self-administered feedback. The author details methods for developing effective written and spoken communications skills and elements critical to building a high performance organization. Also examined are bargaining techniques, ways to influence government decisionmakers, and the role of public relations. A discussion of resource acquisition reviews budget submission procedures for public agencies, grant proposals, and marketing strategies. Additional managerial responsibilities surveyed include resource control, information systems, and program monitoring and evaluation. The final chapter on responses to environmental uncertainty argues that organizations must be alert to developing changes and view them as opportunities for advance-

ment. An appendix summarizes the current administration of social security and public welfare, child welfare, education, employment and training, health, mental health, and corrections programs. Tables and chapter bibliographies are provided.

**528** *Managing Without Managers: Alternative Work Arrangements in Public Organizations.*

Shan Martin  
1983, 200p

**SHR-0010446** Available from Sage Publications Inc., PO Box 5024, Beverly Hills, CA 90210.

This book argues that public organizations can reduce costs and improve performance by redistributing the managing functions and increasing the frequency of "doing" activities. The literature on management depicts the ideal manager as the motor and glue of the organizational machine, an individual who performs indispensable and extraordinary functions. However, survey data suggest that managers spend more time maintaining than developing an organization. The author explores the traditional separation of managing from doing and presents evidence suggesting a disproportionate growth in the upper-middle levels of management. He also questions the necessity of supervision, noting that while many workers want to have a supervisor, they just do not need one. The views of Mary Parker Follett and Chester Barnard are reviewed to demonstrate that the successful accomplishment of organizational purpose requires cooperation rather than control. The erosion of managerial discretion, particularly in making nonroutine decisions, is discussed from several perspectives. Special attention is given to many managers' complaints that their hands are tied. Subsequent chapters provide information on work redesign that results in autonomous or semi-autonomous work groups and examples of experiments in work redesign and worker participation in both public and private organizations. A final review

of the myth of management contends that self-managing groups can absorb many functions reserved for managers and supervisors. Additional arguments supporting the viability of a self-managing approach are presented, followed by a discussion of how this might be implemented in real organizations. The appendices contain a 1979 survey of public managers and references. An index is provided. *Sage Library of Social Research, volume 147.*

**529** *Managing Your Human Resources: A Partnership Approach.*

Louis V. Imundo, and Martin P. Eisert  
1982, 232p.

**SHR-0010359** Available from American Management Associations, 135 West 50th Street, New York, NY 10020.

This book suggests ways that managers can increase their effectiveness by using the expertise of an organization's human resources professionals, noting that coping with the constantly changing world of the 1980's requires the skills of specialists. Cooperative efforts between managers and human resources staff to attract qualified people, screen and process new employees, and use employees efficiently are detailed. The discussion of laws on employment and employee relations includes a brief history of such legislation, organizational responses, and the human resources department's responsibility to process all information on legal matters. The text explores how human resources personnel contribute to an organization's compensation management program through developing job descriptions, performance evaluations, salary structures, and job content evaluations. The book presents guidelines to help organizations maximize their returns on investments in training and discusses reasons why training efforts often produce poor results. In the employee relations area, the authors first explain why managers fail to develop productive relations with their workers and then describe corrective strategies, such as in-

creasing the frequency and accuracy of upward communications and providing employee services, specialized assistance programs, tuition reimbursement, career counseling, relocation programs, and preretirement counseling. Also considered are techniques to involve employees in an organization, including surveys, sensing groups, and task forces. Materials on employee behavior issues explain the need for identifying causes and rehabilitation approaches and review the human resources' role in the corrective action process. Diagrams and an index are provided. *AMA Management Book.*

- 530** *Matched Housing Program Development Model. Program Innovations in Aging, Volume IV.* Lorraine Lidoff, and Lucy Theilheimer National Council on the Aging, Inc., Washington, DC. Charles Stewart Mott Foundation, Flint, MI. 1983, 42p  
**SHR-0010418** Available from The National Council on the Aging Inc., 600 Maryland Avenue, SW, West Wing 100, Washington, DC 20024.

This guide outlines how to establish a home-sharing service that matches people who have space in their homes with those who seek housing. The program provides affordable housing to people with low incomes and enhances the abilities of older homeowners to remain in their own homes, sharing expenses or receiving help in lieu of rent. This model was based on Operation Match sponsored by the Housing Opportunities Commission of Montgomery County, Md. It could also be implemented by a social service agency, an area agency on aging, a senior center, or a community group. A flow chart depicts the Matched Housing program development process which has three primary phases: planning, organization and development, and implementation. The guide then details the objectives and activities of individual steps within

each phase. Planning efforts include assembling a strategy team, determining the need and demand for the program, assessing the environment for readiness, and developing a work plan. The section on organization and development discusses administration, program components, and gathering support from within an organization and the community. Major steps in implementing the model are registering homeowners with space to spare, registering seekers of housing, matching, and finally documentation and evaluation. The guide suggests that the program initially concentrate on groups that are easily matched to establish a good reputation, conduct thorough screenings, be responsive to clients, establish good relationships with other community agencies, and make matches between people of different ages. About 45 references, a list of similar programs, and forms developed by Operation Match are appended. *See also volumes I-III, SHR-0010415-SHR-0010417; volumes V-VI, SHR-0010419-SHR-0010420.*

- 531** *Meaning of Social Policy: The Comparative Dimension in Social Welfare.* Bernice Q. Madison 1980, 333p  
**SHR-0010362** Available from Westview Press, 5500 Central Avenue, Boulder, CO 80301.

Using single-country and cross-national studies, this book analyzes social security and personal social services. It examines these studies in a comparative perspective, explaining the criteria for selecting them. It reviews problems posed by comparative research in social welfare: the value question, the choice of countries to be compared, and the definition of basic concepts to be compared ("social welfare," "comparative," and "social policy"). Discussion focuses on the principles and problems in social security as they emerge from single country studies and the impact of social security on the society and the individual, as well as the role of

personal social services, their organizational structure, and what they provide for special groups in the population. A concluding section charts future directions for social policy research and considers the increasing usefulness of this knowledge for nations as they formulate social welfare policy in an increasingly interdependent and complex world. Chapter references and notes, subject and name indexes, and about 135 references are provided. *Author abstract modified.*

**532** *Mental Health Services for the Elderly: Planning and Program Development.*

Janet Hoffman  
Alcohol, Drug Abuse, and Mental Health Administration, Kansas City, MO. Region VII.

National Inst. of Mental Health, Rockville, MD. Center for the Study of Mental Health of the Aging.

21 Dec 82, 30p

**SHR-0010599** Available NTIS  
PC\$08.50/MF\$4.50

This report presents the experience and findings that grew out of a technical assistance project sponsored by the Region VII Division of ADAMHA and NIMH. Four mental health centers, located in Kansas, Iowa, and Nebraska, participated in the project. The paper reviews literature on mental health and aging; presents an overview of the consultation project; and describes the consultation experience, including coverage of a sample of mental health programs for the elderly in Region VII, common problems found in these programs, and how these problems affect the development and implementation process. It discusses the impact of the consultation project on the services provided to elderly clients by the sample mental health centers and offers recommendations related to the development and implementation of mental health programs for the elderly within mental health centers and State agencies. Chapter references are given. *Author abstract modified.*

**533** *Minority Aging Research: Old Issues-New Approaches. Proceedings of the Sixth National Institute on Minority Aging.*

E. Percil Stanford  
San Diego State Univ., CA. Univ. Center on Aging.  
Administration on Aging,  
Washington, DC.

1979, 282p

**SHR-0009280** Available from  
California State University, Center for Aging, School of Social Work, 5402 College Avenue, San Diego, CA 92115.

The volume presents papers on minority aging research, emphasizing methodological issues, the state-of-the art in data bases on ethnic minority elderly, the policy impact of minority aging research, and funding networks for research programs. Specific subjects discussed include the relevancy of minority aging research, the impact of current research on future research, equal opportunity for minority elderly, and quantitative methods of conducting research on the minority family. Also examined are needs assessment in minority aging research, research dissemination and utilization, Mexicano elders, Little Tokyo in Los Angeles, and subsidized home rehabilitation programs. Other papers investigate mortality and morbidity issues in minority aging populations, the ecology of aging, the housing needs of minority aged, and relocation attitudes of older minorities. Additional chapters address proposed changes in social security, grants to Indian tribes, the health status of minority elderly, mental health aspects of Pacific Asians, the health status of the Filipino elderly, and funding sources (the National Institute on Aging and the National Institute of Mental Health). Tables, figures, and chapter references are included.

**534** *Model Project for the Development of Community Care Systems. Part I: Introduction and Summary of Factors Affecting Connecticut's Demonstration Home Care Program.*

Connecticut Office of Policy and Management, Hartford. Div. of Comprehensive Planning. Administration on Aging, Washington, DC. Model Projects in Aging Program. Connecticut Dept. on Aging, Hartford. Dec 80, 18p  
**SHR-0009509** Available NTIS  
 PC\$07.00/MF\$4.50

This pamphlet constitutes the introduction to an 8-part final report on a model project that developed a framework for an effective community care system, based on Connecticut's SAIL (Strengthened Assistance for Independent Living), a community care program serving the aged and the frail since 1976. In addition to a brief introduction to the background and methodology of the model project, a summary of factors affecting Connecticut's home care demonstration programs is given. Among the factors considered are environmental factors, client characteristics, structural analysis, and performance measures. *See also parts II-VII, SHR-0009510-SHR-0009515.*

- 535** *Model Project for the Development of Community Care Systems. Part II: Informal Supporter Study.*  
 Louis Goldblatt, Mary Kattau, and Charlotte Steptoe  
 Connecticut Dept. on Aging, Hartford. Administration on Aging, Washington, DC. Model Projects in Aging Program.  
 Dec 80, 68p  
**SHR-0009510** Available NTIS  
 PC\$10.00/MF\$4.50

This study examines the impact of a formal, community-based long-term care model on informal supporter participation in caring for noninstitutionalized elderly. The sample population was drawn from the caseload of the Connecticut Department of Aging's Strengthened Assistance for Independent Living (SAIL) pro-

gram, which provides coordination, assessment, and monitoring services in 81 towns to those over 60 who are determined to be within 90 days of inappropriate institutionalization. SAIL purchases or arranges services to eligible clients at an average of \$250 per month. Case records of a SAIL client sample were reviewed to determine the nature and extent of physical, social, and financial support given to SAIL clients by family and friends, to determine what effects SAIL intervention had on that support, and to measure the incidence of supporter stress on family and friends. Results revealed that where capable supporters are present, they provide assistance to over 80 percent of all cases. Furthermore, the level of support provided by the informal network was constant regardless of client needs and characteristics and SAIL did not appear to have a substantial impact on the amount of support provided informally. Supporter stress was found to be present in 56 percent of the cases involving the highest level of disability. The major reasons for the absence of informal support were that families did not exist, were not available, or were not capable of providing care. It is concluded that the ongoing nature of informal supporter participation can be counted on in the planning of expanded formal care. Although formal support does not appear to be able to eliminate the stress accompanying informal support provision, it does contribute to reduce such stress over time. Tabular data are given; study instruments and a qualitative family study are appended. *See also part I, SHR-0009509; parts III-VII, SHR-0009511-SHR-0009515.*

- 536** *Model Project for the Development of Community Care Systems. Part III: Estimating Connecticut's Elderly Home Care Needs.*  
 Connecticut Dept. on Aging, Hartford. Administration on Aging, Washington, DC. Model Projects in Aging Program.  
 Dec 80, 125p  
**SHR-0009511** Available NTIS  
 PC\$13.00/MF\$4.50

This analysis estimated the need for formal home care services in Connecticut of the type provided by Strengthened Assistance for Independent Living (SAIL) programs. Data were obtained from SAIL case records for a profile of the home care services consumers; i.e., persons in need of home care to avoid institutionalization. Client characteristics such as age, sex, and race were examined for relationships to health problems, functioning ability, and use of prosthetic devices. Additionally, the relationship of all client characteristics to services utilized was analyzed. The representativeness of the SAIL data was cross-checked with information from another home care project—Triage. The proportional distribution of clients by service level from the SAIL sample was used to calculate the distribution in the general elderly population in need of home services. The analysis revealed that approximately 4 million units of service would be required to provide 1 month of home care services to the estimated 85,268 persons with some level of impairment, with the moderately impaired accounting for 2.6 million and the severely impaired accounting for 1.4 million. Over 90 percent of the total service units would be provided to those persons requiring some combination of treatment, rehabilitative, and time intensive services. The remaining 10 percent of service units would be provided to about one-quarter of all impaired persons who require only support services for daily living and/or protective services. Subdivided by service type, it was found that approximately 1.4 million hours of homemaker and 1 million hours of home health aide services were required, along with 120,000 nursing visits and 760,000 hours of companion service per month. The estimated cost of service provision was projected at \$22 million per month. Tabular data and eight references are provided. *See also parts I and II, SHR-0009509 and SHR-0009510; parts IV-VII, SHR-0009512-SHR-0009515.*

**537** *Model Project for the Development of Community Care Systems. Part IV: Elderly Home Care Needs in Connecticut; The Roles of Family and*

*Formal Support.*

Connecticut Office of Policy and Management, Hartford. Div. of Comprehensive Planning. Administration on Aging, Washington, DC. Model Projects in Aging Program. Connecticut Dept. on Aging, Hartford. Dec 80, 29p  
SHR-0009512 Available NTIS  
PC\$08.50/MF\$4.50

This report identifies the relative amount of formal home care services required by the total elderly population in need of services and the amount of informal support which can reasonably be expected to be contributed by family and friends. It describes the methodology for obtaining estimates of the total number of elderly requiring services at various levels of delivery intensity and the approximate costs of service delivery. Also examined is the degree to which families and others provide informal long-term care to disabled elderly and how current trends may affect the ability and willingness of family members to provide services in the future. The report also looks at the current capacity of the formal network of home care providers in Connecticut and estimates how much expansion would be needed to serve all those requiring home care services. Public policy initiatives designed to enhance family support and to provide necessary funding for expanded formal home care services are discussed. The report concludes that approximately 17 percent of all noninstitutionalized elderly in Connecticut are in need of home care services and that currently elderly persons rely heavily on family members and friends for informal assistance. However, a decline in the level of family support availability in the future is predicted. At present, the formal service network was found to be reaching only 28,367 elderly clients, leaving an estimated 56,900 needy elderly persons without receipt of home care. For adequacy of service provision, the present formal system would need to be tripled. Tabular data and 28 footnotes are

given. See also parts I-III, SHR-0009509-SHR-0009511; parts V-VII, SHR-0009513-SHR-0009515.

- 538** *Model Project for the Development of Community Care Systems. Part VI: Modules.*  
 Louis Goldblatt, Charlotte Steptoe, and Cheryl Whitman  
 Connecticut Dept. on Aging, Hartford.  
 Administration on Aging,  
 Washington, DC. Model Projects in Aging Program.  
 Dec 80, 138p  
**SHR-0009514** Available NTIS  
 PC\$14.50/MF\$4.50

This report discusses the modules contained in a coordination, assessment, and monitoring (CAM) program providing community care for the elderly. It is based on the operations of the Strengthened Assistance for Independent Living (SAIL) program, a CAM project in Connecticut. The modules include assessment, care planning, service procurement, monitoring, client records, grievances, quality assurance, fiscal management, and legal framework. The report notes that comprehensive client assessment was the key to the functioning of the SAIL program. A copy of the SAIL assessment instruments, with instructions for use, is supplied along with client reassessment forms for long-term monitoring. The report also includes sample record forms to be maintained, quality assurance instructions and forms, and other program materials. See also parts I-V, SHR-0009509-SHR-0009513, Part VII, SHR-0009515.

- 539** *Model Project for the Development of Community Care Systems. Part VII: Comprehensive Community Care Information System.*  
 David Rieck, Brian O'Rourke, Don Piecuch, and Joan Quinn

Connecticut Community Care, Inc., Hartford.  
 Administration on Aging,  
 Washington, DC. Model Projects in Aging Program.  
 Connecticut Dept. on Aging, Hartford.  
 Triage, Inc., Plainville, CT.  
 Dec 80, 52p  
**SHR-0009515** Available NTIS  
 PC\$10.00/MF\$4.50

This report describes Connecticut's Comprehensive Community Care Information System (CCCIS), a management information system designed to process both clinical and administrative information for coordination, assessment, and monitoring activities of the State's formal assistance network to the elderly. The system is to be used by State agencies that assess the individual needs of elderly clients, coordinate services of contracted providers to meet those clients' needs, and monitor client status and the appropriateness of continued use of services. It will store information on over 2,900 individual clients as well as aggregate this data for analysis. Described here is the background and development of the CCCIS. The report also gives an overview of the entire system and then discusses its various components such as data elements, instruments for data capture, claims processing, and modes of participation in the CCCIS. Statistical and list retrieval capabilities of CCCIS are explained, as are the uses of output reports. Concluding discussion concerns CCCIS staff, confidentiality, hardware configurations, and system software. Tabular data are provided. The appendix contains an assessment instrument. See also parts I-VI, SHR-0009509-SHR-0009514.

- 540** *Models of Working With Troubled Adolescents.*  
 Roosevelt Johnson  
 1981, 12p  
**SHR-0010477** Pub. in Urban  
 Education v16 n3 p349-360 Oct 81.



This article reviews the nature of adolescence, analyzes the various governmental responses to troubled adolescents, and suggests a generic model for working with troubled youths. To be effective in today's budget conscious world, it is important for youth programs to be integrated and not fragmented as they have been. This requires some sort of systematic framework that can be tailored to each community's specific programs and activities. Morill et al (1974) provide the philosophical background for understanding a model that can achieve the needed solid concept of intervention for troubled adolescents. Their formula allows program planners to organize an approach, with the school serving as the intervening agent to achieve unity among intervention strategies. The Washington, D.C., school district provides insights into how one district works with troubled adolescents. Twenty references are cited.

- 541** *New Management Initiatives for Working Parents. Reports from an April 1981 Conference.*  
Clifford Baden, and Dana E. Friedman  
Wheelock Coll., Boston, MA. Office of Continuing Education.  
Ford Foundation, New York.  
1981, 201p  
**SHR-0010381** Available from  
Wheelock College, 200 The  
Riverway, Boston, MA 02215.

Based on conference presentations made by 60 experts representing employers, child and family professionals, researchers, and government officials, this report addresses many concerns of working parents, including child care, financial assistance, and alternative work schedules. The conference's opening speeches provide overviews of the impact of working parents on families and corporate responses to the problems encountered by working parents. Another group of papers describes on-site day care centers operated by corporations such as Wang Laboratories and Corning Glass Works and organizational approaches to day care, including

a consortium, a joint company-community center, family day care systems, and afterschool programs. Presentations on financial assistance cover child care subsidies from employers, employers purchasing slots in existing day care programs for their workers, and leveraging corporate dollars to support community programs. Other topics discussed are information and referral services, employee programs offering counseling with personal problems, and noontime seminars in the workplace on topics of interest to parents. Papers on alternative work schedules review the benefits of flextime, part-time work, and job sharing, as well as leave policies. Another paper analyzes the advantages of a cafeteria benefit plan and inequities in many current benefit packages. Also discussed are tax incentives for working parents, the union perspective on day care, and future trends in child care. The conference agenda and a list of participants are appended. *Conference held in Boston, Mass., on April 2-3, 1981.*

- 542** *New Mixed Economy of Welfare: Public and Private.*  
Sheila B. Kameron  
Carnegie Corp. of New York.  
1982, 6p  
**SHR-0010336** Pub. in Social Work  
v28 n1 p5-10 Jan-Feb 83.

It is becoming increasingly difficult to support the conventional distinction between public and private sectors in the provision of social benefits and services and in their roles in the overall domain of social policy. The literature shows that the private sector is no more innovative or efficient than the public sector in providing services. Sorting out alternative strategies for service delivery requires a reconceptualization of the public-private domain. If this domain is seen as an amalgam of the public and private sectors, a single, uniform model for delivery strategies can no longer be supported. The immediate issue is to make social policy decisions in the public-private sector more visible with respect to size, costs, and benefits. Alternative

approaches to financing and delivery strategies and the ways in which decisionmakers choose among these and carry them out should be explored. Twenty-two notes and references are appended. Individual reprints of this document are not available from the National Association of Social Workers. *This article is an outgrowth of work done as part of a research study, "Families, Children and Society," which was codirected by the author and Alfred J. Kahn. Earlier version of this article was presented at the Seventh NASW Professional Symposium, Philadelphia, Pa., November 19, 1981.*

- 543** *New Visions: Long-Term Care Plan for Florida's Elders.*  
Florida State Dept. of Health and Rehabilitative Services, Tallahassee.  
Office of Aging and Adult Services Program.  
Department of Health and Human Services, Washington, DC.  
Mar 82, 186p  
**SHR-0010597** Available NTIS  
PC\$17.50/MF\$4.50

This report describes Florida's existing efforts to meet its elderly citizens' long-term care needs. In Florida, one out of every four residents is over age 60, and projections show that the demand for long-term care services will increase as the number of senior citizens grows in the next 20 to 30 years. The report offers 10 recommendations for strengthening Florida's long-term care system. These include developing a system of supports and incentives designed to strengthen and enhance the long-term care informal support system, specifically the informal caregivers, requiring all nursing homes to accept and maintain a reasonable percentage of Medicaid residents to receive a certificate of need or as a condition of licensure; and empowering the Long-Term Care Planning Group to coordinate all long-term care efforts in the State. Other recommendations are to expand the Comprehensive Assessment and Review for Long-Term Care Services (CARES)

Program statewide, increase adult congregate living facility rates to more closely approximate the actual cost of these facilities, and develop improved estimates and projections of need for both nursing home beds and noninstitutional service areas. Additional recommendations pertain to training requirements, expansion of Title XIX eligibility, improvement of the Client Information System, and development of noninstitutional provider agreements with registered nurses. Tables, 17 references, and appended reports and data are provided. *Author abstract modified.*

- 544** *Nursing-Home Care in the United States: Prevailing Conditions and Policy Implications.*  
Nicholas Rango  
1982, 7p  
**SHR-0010386** Pub in The New England Jnl. of Medicine v307 n14  
p883-889 30 Sep 82.

This analysis focuses on the impact of market forces and Government regulations on nursing home services as well as the effects of reduced Federal contributions to Medicaid. The Government responded to scandals in the rapidly growing nursing home industry with stringent regulations. However, the rapid deceleration of industry growth in the 1970's was largely due to State efforts to control expenditures. This has produced an excessive demand for nursing home care which is acceptable both to State governments committed to cost containment rather than expanding access and quality of care and to nursing home operators. The combination of restrictive policies governing entry into the market and guaranteed cost-based reimbursement through Medicaid weakens incentives for efficiency and innovation in nursing homes. Moreover, expensive nursing home care often drives middle-class persons to conceal their assets to become eligible for Medicaid. The factors that create and maintain excessive demand also enable nursing homes to refuse to admit patients whom they prefer

not to serve, notably low-income individuals. A review of the literature reveals four general conclusions about the quality of care: (1) facilities vary considerably; (2) variations among States and localities are caused by substantial differences in regulations and reimbursement policies; (3) the worst instances of poor care have been documented in proprietary nursing homes; and (4) undesirable patient outcomes occur commonly because of unnecessary clinical interventions and failure to intervene with appropriate diagnostic and therapeutic measures. Overuse of medication and high staff turnover are particularly serious problems. Recent Federal reductions in Medicaid expenditures are likely to increase the reemergence of deplorable conditions in nursing homes in many areas. One solution would be the federalization of Medicaid. References are included.

- 545** *Occupational Safety and Health: The Prevention and Control of Work-Related Hazards.*  
Frank Goldsmith, Lorin E. Kerr, and Marilyn Albert  
1982, 320p  
**SHR-0009981** Available from  
Human Sciences Press, Inc., 72 Fifth Avenue, New York, NY 10011.

The book focuses on occupational safety and health for workers by investigating the efforts of public health agencies, labor coalitions, and government to comply with the Occupational Safety and Health Act and the Mine Safety Act, as amended, since their enactment in 1969 to 1970. It presents congressional and conference testimony and information compiled over a 10-year period as they relate to key safety and health problems. Topics covered include coal miners' black lung problems in connection with workers' compensation and occupational diseases, the steelworkers' struggle to obtain coke oven safety, and a cover up of cancer hazards associated with vinyl chloride. Also discussed are ways of combating asbestos-related diseases, programs for silicosis and dust control,

and programs for noise control. Specific concerns addressed include the need for a national public health service, minority workers' safety and health, and international aspects of job safety and health. Chapter references, an index, and a 61-item bibliography are provided. Appendices include major provisions of the Black Lung Benefits Reform Act of 1977; estimates of the fraction of cancer incidence in the United States attributable to occupational factors; the Occupational Health and Safety Administration's (OSHA's) cancer policy; OSHA's final rule on access to employee exposure and medical records; summary of report findings on occupational diseases; and lists of organizations providing information on occupational health and safety, films, and slide-cassette productions.  
*Author abstract modified.*

- 546** *On the Sidelines: An Adult Leader Guide for Youth Alcohol Programs.*  
Patricia Kassebaum, Bruce Hathaway, and Mary Lou Mong  
National Clearinghouse for Alcohol Information, Rockville, MD.  
National Inst. on Alcohol Abuse and Alcoholism, Rockville, MD.  
1981, 32p  
**SHR-0009321** Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-024-01114-2.

This guide for adult leaders working with teenagers offers suggestions for the development of alcohol education projects and programs. Alcohol abuse prevention is seen as the goal of the activities, since abstention appears unrealistic in a society where 25 percent of high school students report drinking at least once a week. The projects aim to encourage teenagers to make responsible personal choices regarding drinking, based on knowledge about the effects of alcohol use. The guide highlights important factors about working with youths on alcohol issues and offers practical suggestions

for selecting and carrying out an alcohol project that will suit the needs and resources of the group. Types of possible projects are outlined according to complexity: short-term group projects needing no outside resources; projects that can be potentially aimed at the entire community but require assistance from outside the youth group; and long-term sophisticated peer alcohol programs involving outside resources and some level of peer and staff training. Descriptions of sample projects are provided. Resources are listed for general prevention, alcohol information, work with youth groups, and long-term peer program guides. Resources for training adult and teenage leaders are listed separately.

- 547** *Organizational Change Sourcebook I: Cases in Organization Development.* Bernard Lubin, Leonard D. Goodstein, and Alice W. Lubin  
1979, 228p  
**SHR-0009322** Available from University Associates, 8517 Production Avenue, PO Box 26240, San Diego, CA 92126.

This volume presents nine case studies of planned change on the organizational or community level. Each is an in-depth analysis prepared by the consultants who were actively engaged in the change activity, originally reported between 2 and 8 years ago. In addition, each case is augmented by a recently written update reporting what has transpired in the client system in the interim, what might have been done differently in implementing the organizational change, and insights that have been gained from the followup review. The cases reported include business and industrial organizations, schools, and communities. Among the change strategies used were T-groups, action research, and technostuctural change—the entire range of behavioral-science-based interventions. Individual case reports contain charts, tabular data, and references. A list of contributors is appended.

- 548** *Organizations and Values in Human Services.* Thomas P. Holland, and Martha A. Cook.  
1982, 19p  
**SHR-0010505** Pub. in *Social Service Review* v57 n1 p59-77 Mar 83.

A congruence framework, emphasizing person-environment fit, is used to examine selected dimensions of staff members' values and agency characteristics of structure and technology. Congruence, or optimal fit, occurs when the demands made by the environment are consistent with the individual's resources or capacities and when the individual's needs can be met by the resources in the person's environment. Discrepancies between demands and resources in either the individual or the environment have been found to contribute to maladaptive behavior and ineffective performance. Drawing from the fields of ethics and organizational theory, the article explores the interactions of individual staff, work group, and organizational levels of service delivery, with particular attention to their respective emphases on means versus ends of action and internal versus external sources of authority. The analysis suggests that congruence of values with organizational characteristics enhances workers' satisfaction and effectiveness. Implications are drawn for theory development, research, and practice. Figures and 37 notes are included. *Author abstract modified.*

- 549** *Our Kingdom Stands on Brittle Glass.* Guadalupe Gibson  
Worden School of Social Services,  
San Antonio, TX.  
National Inst. on Mental Health,  
Rockville, MD.  
1983, 166p  
**SHR-0010355** Available from National Association of Social Workers, 7981 Eastern Avenue, Silver Spring, MD 20910.

Thirteen papers present information on the culture of Chicanos and social work practice with Chicanos. A historical perspective on social work education and Chicanos during the 1960's and 70's examines progress made by Chicanos within the context of a "cultural variable," concluding that the most significant advances have been made in the area of curriculum development. An analysis of the four stages of the evolution of social work focuses on capitalism's economic foundations in the United States and the ideological base supporting it. One paper explores criteria for evaluating approaches to social work practice, noting that criteria relating to the knowledge base and the value base of social work practice are essential in building practice approaches. Two training and assessment models and four service delivery and practice models constitute the themes of several papers. The training and assessment models include one focusing on community-based training and services and one designed for cross-cultural and cross-ethnic assessment. Service delivery and practice models include one based on a definition of social work practice in which the social worker and the client jointly work to resolve internal and external problems. Other models in this category view the therapist as a social change agent, present a culture-oriented approach, and describe a community-based mental health approach. All six models were conceptualized in mental health centers. Additional papers examine the ethnic content in social work education, the concept of "la mortificacion," a program designed to recruit minorities into social work schools in Texas. Chapter notes and references, tables, and a glossary are provided. *Papers from Mental Health Education and Practice for Chicanos and the Mexican American Community: A "State of the Art" Workshop, April 1-3, 1981, San Antonio, Tex.*

- 550** *Parents of Children in Foster Care: An Annotated Bibliography.*  
Anthony N. Maluccio, and Paula A. Sinanoglu

Connecticut Univ., West Hartford  
School of Social Work  
Children's Bureau, Washington, DC  
Connecticut Dept. of Children and  
Youth Services, Hartford.  
Rhode Island Dept. of Social and  
Rehabilitative Services, Providence.  
1981, 179p  
SHR-0010110 Available from  
Practitioners Press, Inc., 80 Slocum  
Road, Hebron, CT 06248.

This bibliography contains over 400 annotated references, mostly published between 1970 to 1980, on child welfare practices with parents of children in foster care. It reflects the growing focus on legal issues and on the family as the unit of help in child welfare, along with gaps in such areas as minority groups and aftercare services. The material also covers theoretical and philosophical perspectives on child welfare in general and biological parents in particular, historical perspectives, cross-cultural variations, preventive services, and the foster parent role with biological parents. The most extensive section covers approaches, methods, programs, skills, and issues involved in working directly with parents. Training and program evaluation material are included. *Author abstract modified.*

- 551** *Parents Train Parents: A Plan and a Program.*  
PACER Center, Inc., Minneapolis, MN.  
Department of Education,  
Washington, DC; Div. of Personnel  
Preparation.  
Dissemin/Action Project, Falls  
Church, VA.  
1981, 20p  
**SHR-0009576** Available from  
PACER Center, Inc., 4701 Chicago  
Avenue South, Minneapolis, MN  
55407.

This prospectus describes a model advocacy program for reaching and informing parents of

handicapped children about their rights and responsibilities under State and Federal law. It opens with a checklist to determine if a site meets minimum standards for program replication and then summarizes the Parents Train Parents program, covering responsibilities of the developer and adopter and principal activities. The model contains five levels of service: public information and education, workshops for parents of all handicapped children, workshops for specific groups, advocacy training, and individual advocacy assistance. Charts on the overall model and each component identify user concerns, program characteristics, minimum standards for replication, and developer-furnished materials. The program is designed to reach minority, bicultural, and bilingual communities through workshops and uses a competency-based approach in the advocacy training component. The booklet notes that a successful replication would include at least the publicity activities, a workshop for parents of handicapped children in the community, and advocacy training involving the training of parents as workshop presenters. Also examined briefly are recruitment methods, incentives, management and staffing concerns, and evaluation. The last section presents data demonstrating the effectiveness of Parents Train Parents and sample workshop costs.

- 552** *Participatory Planning Process for the Evaluation of Community Mental Health Centers.*  
 Larry R. Faulkner, David L. Cutler, and Morris H. Middleton  
 National Inst. of Mental Health,  
 Rockville, MD.  
 1982, 11p  
**SHR-0009961** Pub. in *Community Mental Health Jnl.* v18 n3 p169-179  
 Fall 1982.

The paper reviews the evolution of external community mental health center (CMHC) evaluation approaches from Federal and State perspectives, identifies some of the problems

that have developed, and presents an evaluation model which satisfies State accountability requirements yet preserves local flexibility. The proposed evaluation model at the State level evolves CMHC standards and site review mechanisms out of an ongoing participatory planning process. The model's characteristics include control of standards development and site review by those involved in the process, involvement of a broad base of providers and funding and monitoring agencies in standards development and site review, and adoption of a philosophy that tries to integrate system components. The model includes educational and supportive backup by staff, production of standards that are flexible guidelines and objectives and not specific procedures, and development of strategies to influence the political system to accept the accountability of evaluation process. The model is applied to standards development and site review as an example. Implications of this type of evaluation process are discussed. A total of 25 references are provided. *Based partly on a presentation to the 11th Annual Meeting of the National Council of Community Mental Health Centers, Dallas, Tex., April 24, 1981.*

- 553** *PERFORM: A Model for Program Management.*  
 Stephen L. White, and Anthony Broskowski  
 1981, 16p  
**SHR-0010519** Pub. in  
*Administration in Mental Health* v8  
 n3 p145-160 Spring 1981.

The PERFORM model highlights key concepts of program management to help clinical managers. PERFORM stands for planning, evaluation, rules and regulations, funding and financing, organizing, relationships, and maintenance. PERFORM's seven dimensions are dynamically interdependent. In planning a new program, managers must consider the agency's priorities and mission, determine the need and demand for a service, decide program

goals, and consider such factors as personnel, space, timing, and funding. The type and level of evaluation to be conducted should be determined very early in the process of program development. Managers should measure level of effort before attempting to measure level of performance or outcome. Rules and regulations refer to the constraints on the program's total flexibility, including Government law, rules, regulations, and guidelines as well as social and professional rules of conduct or ethics. Funding and financing encompasses startup costs, ongoing costs, and "matching" support grants. The organization of a human service program depends on several factors, especially the degree of specialization and differentiation in the agency's "task environment." The clinical manager also must develop and maintain external relationships, ranging from networks of personal relationships to formal interorganizational contracts and legal agreements. Finally, maintenance involves integration, balancing the program's dual requirements of change and stability, problem solving, and conflict resolution. Thirty references are supplied.

- 554** *Personal Social Services and Child Welfare: An Implementation Case Study.*  
Dennis Brent Gilbert  
1982, 322p  
**SHR-0010453** Available from  
University Microfilms International,  
300 N. Zeeb Road, Ann Arbor, MI  
48106.

This study focuses on the personal social services system, which includes a public continuum of care from therapeutic to concrete services. The study evolved from the need of a large county child welfare agency to systematically reform its service delivery system. The personal social service model of services integration was the "organizing principle" for the reform tasks the agency presented. The subset of social policy literature dealing with im-

plementation guided the development of strategies for change in reorganizing the services delivery functions of the county child services board. Process and quantitative information were gathered by means of participant observation. The agency served as the case situation. In 1 year, the study progressed through four stages: implementation analysis, preparation for change, initiation of change, and implementation. A generalist team was operational at the study's conclusion. The generalist team concept offered the agency a way to despecialize its service delivery functions. The study results represented a major modification in ideology for the public child welfare agency, followed by genuine administrative and organizational change. Footnotes, study instruments, and about 90 references are included. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare in the School of Social Work, Columbia University, 1982.*

- 555** *Placement of the Injured Blue Collar Worker. Proceedings of a National Seminar.*  
Don A. Olson, Eleanor Henig, and  
James F. Boyd  
Rehabilitation Inst. of Chicago, IL.  
Education and Training Center.  
Northwestern Univ. Medical School,  
Chicago, IL. Dept. of Rehabilitative  
Medicine.  
1982, 84p  
**SHR-0010251** Available from  
Rehabilitation Institute of Chicago,  
345 East Superior Street, Chicago, IL  
60611.

This monograph presents the proceedings of a national training seminar on vocational placement of injured blue-collar workers. Topics discussed focus on industrial and rehabilitation medicine as they impact injured workers, labor unions and vocational rehabilitation, rehabilitation engineering and the work site, and identification and evaluation of skills in the vocational

rehabilitation process. A psychological and sociological perspective of the blue-collar worker identifies classifications of blue-collar workers (service, processing, benchwork, machine trade, and structural worker occupations) and portrays the blue-collar worker's mind set and ramifications of being unemployed. Other papers highlight the Industrial Engineering-Vocational Rehabilitation Project of the Rehabilitation Institute of Chicago, the Texas Institute for Rehabilitation and Research, and the Rehabilitation Engineering Center of the Cerebral Palsy Research Foundation of Kansas. A final paper discusses the potential impact of industrial robots on workers. Photographs and the conference agenda are included. *Seminar conducted at Chicago, Ill., June 18-19, 1981.*

- 556** *Planning an Income-Generating Food Service Enterprise. Program Innovations in Aging, Volume VI.* Lorraine Lidoff, and Linda Zane Beaver  
National Council on the Aging, Inc., Washington, DC.  
Charles Stewart Mott Foundation, Flint, MI.  
1983, 26p  
**SHR-0010420** Available from The National Council On the Aging Inc., 600 Maryland Avenue, SW, West Wing 100, Washington, DC 20024.

This guide describes a process for planning and developing a food service enterprise to provide revenue for a nonprofit organization. Such programs address the need for service provider agencies to find alternative funding sources in the wake of Federal budget cutbacks, offer part-time employment opportunities for older adults, and contribute to a community's economic development. A food service enterprise would be particularly applicable for senior centers, nutrition projects, and other organizations that have developed expertise through their congregate and home-delivered meals. The model is based on the Jamaica Service Program for Old-

er Adults in Jamaica, N.Y., which provides meals to senior centers and operates a successful catering business. The guide discusses issues that should be considered in developing a food service enterprise, such as the agency's mission and its self-image, effects on the agency's structure and operations, resources required, and anticipated benefits. Key actors are identified—the board of directors, the executive director, the project manager, and expert consultants. Following a flow chart of the entire planning and development process, the book outlines activities for steps in each phase. The planning stage involves assembling a task force, assessing needs and demand, selecting the type of enterprise to undertake, and developing a work plan. The section on organization focuses on administrative structure and components' functions, with attention to legal, tax, and accounting considerations. About 45 references, a list of resource organizations, and a paper on the tax implications of profitmaking ventures are included. *See also volumes I-V, SHR-0010415–SHR-0010419.*

- 557** *Practical Issues for CBOs as Long-Term Care Providers.* Kathryn Duke, William Pomeranz, and Steven Rosenberg  
National Economic Development and Law Center, Berkeley, CA.  
Administration on Aging, Washington, DC.  
1982, 15p  
**SHR-0010414** Pub. in Economic Development and Law Center Report v12 n2 p41-55 Spring 1982.

Community-based organizations (CBO's) may pursue many community economic development opportunities existing in the provision of services to the elderly. Homemakers/homechore services and home health and adult day health care are both growing fields where CBO's have met with substantial success. They can also provide a base for expanding into nursing homes and other more complex service



fields. A CBO should organize its services to avoid fragmentation. Entry into the field should be carefully planned. Two case studies compare and contrast the experience of two different community groups in contributing jobs, training, and income to their community while providing quality health care to their low-income and minority seniors. One is the Consumer Action Program of Bedford-Stuyvesant (Brooklyn, N.Y.), and the other is the Sea-Mar Community Health Center (Seattle, Wash.). See also related documents, SHR-0010292; SHR-0010294; SHR-0010412; and SHR-0010413.

- 558** *Profile of State Performance in the Aid to Families with Dependent Children Program, 1979-1980.*  
Gary Cook, William Gray, Wilma Hoover, Robert Laue, and Robert Polson  
Social Security Administration,  
Washington, DC. Performance  
Measurement Branch.  
Oct 82, 256p  
**SHR-0009992** Available from Office  
of Family Assistance, Transpoint  
Building, Room B-442, 2100 2nd  
Street SW, Washington, DC 20201.

This report profiles each State's performance in administering the Aid to Families with Dependent Children Program during 1979 to 1980 in terms of quality of service, efficiency, and accuracy (of payments, agency and client case rates). The profile of each State (and the District of Columbia) rates the State against 11 performance measures, including timeliness and cost efficiency, and includes a summary showing performance improvements or declines. The study methodology is explained, and data sources and definitions are appended.

- 559** *Programming for Handicapped Individuals in Public Park and Recreation Settings.*  
Ralph Smith

Department of Education,  
Washington, DC. Office of Special  
Education and Rehabilitative  
Services.  
1980, 47p  
**SHR-0010463** Available from  
National Rehabilitation Information  
Center, The Catholic University of  
America, 4407 Eighth Street, NE,  
Washington DC 20017.

This publication provides a comprehensive review of programming for handicapped individuals in park and recreation settings as a basic component of an inservice training program. The process of planning and implementing a park program that includes disabled persons is basically the same as that used for able bodied persons. Steps include assessing the needs and desires of prospective program participants, selecting and specifying objectives for the program, analyzing selected activities to determine if they meet specified objectives, implementing the program or activity, and evaluating the effectiveness of the program or activity. Disabled persons have been prevented from enjoying parks and recreation programs by architectural barriers, ecological barriers, and mainly, from attitudinal barriers. The report discusses inclusive programming, program evaluation, and legal liability. About 30 resources are listed. Appendices include information on recreation and park barriers to the handicapped and liability issues for recreation programmers along with diagrams and an activity analysis worksheet.

- 560** *Project Outward Bound.*  
Federation of the Handicapped, New  
York.  
National Inst. of Handicapped  
Research, Washington, DC.  
1980, 146p  
**SHR-0010466** Available from  
National Rehabilitation Information  
Center, The Catholic University of  
America, 4407 Eighth Street, NE,  
Washington, DC 20017.

Project Outward Bound, the first community-based urban homebound prevention program for the newly disabled in the country, successfully provided immediate services to clients aged 18 years and older who were living in Lower Manhattan, N.Y., and who were either at the point of discharge from the hospital or who were living in the community for a short time after their hospital stay. Over the Project's first 3 years, it developed a new model of working with the newly disabled, based on a flexible approach to the range, duration, and type of services needed by each patient. The Project's experience indicates that the sooner community services are available for the newly disabled, the less chance there is for dependency or depression to develop. These clients' basic needs for food, clothing, and shelter must be met before independent living and possibly retraining can be attempted. Moreover, clients' economic and medical conditions must be stabilized. The report includes detailed client data, case histories, a calendar of project activities, recommendations for replication, and numerous project materials.

- 561** *Promoting Self-Help Ventures in Food Production and Distribution. Program Innovations in Aging, Volume V.*  
Lorraine Lidoff, and Susan Abbott  
National Council on the Aging, Inc.,  
Washington, DC.  
Charles Stewart Mott Foundation,  
Flint, MI.  
1983, 48p  
**SHR-0010419** Available from The  
National Council On the Aging Inc.,  
600 Maryland Avenue, SW, West  
Wing, 100, Washington, DC 20024.

This document outlines how a central resource can provide the impetus and expertise to help local groups develop self-help food delivery systems, such as community gardens, food cooperatives, gleaning, and solar greenhouses. The resulting local projects help older people

reduce expenditures for food and related transportation costs, improve nutritional adequacy, engage in meaningful activity, and enjoy the social benefits of group participation. The model is based on the Alternative Food Delivery Systems program operated by the Michigan Office of Services to the Aging. It could also be implemented by State departments of human resources, parks, recreation or agriculture, a community action agency, or a land grant college's cooperative extension service. It need not be limited to older people but would be enhanced by intergenerational collaboration. A flow chart depicts the process for promoting self-help ventures in food production and distribution. The guide then describes the objectives of each phase and the activities involved in the individual steps. The first phase, planning, focuses on assembling a strategy team, assessing needs and demand, evaluating the environment's readiness to adapt the model, and developing a work plan. The second phase, organization and development, addresses program structure, functions of various components, and gathering support for the program. Major steps in the final implementation phase are carrying out community organization functions, conducting training and technical assistance activities, spinning off local projects, and documenting and evaluating progress. The guide notes that the central resource should anticipate a long timeline before the results of the initiative appear in local communities. About 45 references, a list of similar projects, and forms developed by the Michigan program are appended. *See also volumes I-IV, SHR-0010415-SHR-0010418; volume VI, SHR-0010420.*

- 562** *Proprietary Firms and Child Welfare Services: Patterns and Implications.*  
Catherine E. Born  
Administration for Children, Youth  
and Families, Washington, DC.  
1983, 10p  
**SHR-0010252** Pub. in *Child Welfare*  
v62 n2 p109-118 Mar/Apr 83.

Results from a comprehensive survey of public child welfare services reveal that for-profit firms are widely used as purchase-of-service contractors, despite the social service field's traditional philosophical opposition to proprietary involvement in human service delivery. Taking note of this and larger economic trends, the author suggests several attitudinal and administrative adjustments that could make contracting a more effective tool for serving children and the choice of vendor an empirical, rather than an ideological, issue. These adjustments include a need for reconsidering traditional ideas of both the form and function of social service provision; realizing that competition among agencies, including for-profit firms, might help agencies to improve the quality of programs and lower program costs; and the need for developing management-oriented skills. Moreover, service standards and outcome criteria must be developed. A total of 19 references are supplied. *Author abstract modified.*

- 563** *Psychiatric Services in Rural Areas: A Sociological Overview.*  
Leona L. Bacharach  
1982, 12p  
**SHR-0010601** Pub. in *Hospital and Community Psychiatry* v34 n3  
p215-226 Mar 83.

This sociological review of the literature analyzes the delivery of psychiatric services in rural America. It considers nonsocial, demographic, socioeconomic, interpersonal, and ideological influences. Factors encouraging change in the psychiatric service system (i.e., shifting demographic realities, new environmental stimuli, and progressive attitudes toward social reform) contrast with, and vie against, factors favoring the status quo (such as conservative attitudes and limited resources). It is against this backdrop of instability that psychiatric service needs develop and are acknowledged – or effectively ignored – by the psychiatric service system in rural communities. A total of 99 references are supplied. *Author abstract modified.*

- 564** *Quality Circles: Productivity Improvement Processes.*  
James L. Mercer  
International City Management Association, Washington, DC.  
Management Information Service.  
1981, 13p  
**SHR-0010055** Available from International City Management Association, 1120 G Street NW, Washington, DC 20005.

This report examines quality circles, a productivity improvement process currently receiving increasing interest from local governments. Quality circles involve employees voluntarily contributing to the decisionmaking and problem solving processes at work. They function to identify and analyze causes of problems affecting the work place, to determine appropriate solutions, and to implement these solutions. Management commitment and proper planning are crucial to the development and implementation of an effective quality circle program. This description of quality circles can be adapted to smaller local governments. A quality circle program schedule, footnotes, a list of suggested readings, and several additional sources are included. *Author abstract modified.* "Management Information Service Report" v14 n3 Mar 82 (complete issue).

- 565** *Refugee Assistance Termination Study.*  
Wendell L. Wilson, and Michael A. Garrick  
Washington State Dept. of Social and Health Services, Olympia.  
Program Research and Evaluation Section.  
Feb 83, 44p  
**SHR-0010432** Available NTIS  
PC\$08.50/MF\$4.50

This study reports on the status of individuals terminated from Washington State's refugee assistance program in March 1982 because the

Federal Government reduced the eligibility period from 36 to 18 months. Data were collected from interviews conducted with a random sample of 361 refugee cases before termination and 6-7 months after termination. The program tried to promote economic self-sufficiency among the Southeast Asian refugees through cash and medical assistance, employment services, vocational training, English language training, and mental health counseling. The study found that 26 percent of the refugees dropped from assistance were Vietnamese and 26 percent were ethnic Chinese, generally from Vietnam. The remaining cases were Laotians, ethnic Hmong or Mien from Laos, and Cambodians. Almost 40 percent of these refugees moved out of State, with over half going to California. Average household size increased from 5.0 to 5.8 individuals between February and August 1982. The Vietnamese scored highest on measures of self-assessed ability to use and understand English, followed by the Chinese and Laotians. The Cambodians and the Hmong and Mien had the greatest difficulties. Of those refugees in the labor force, 50 percent were unemployed. The 29 percent employed full-time and the 21 percent employed part-time were commonly engaged in low-paying service jobs. About 20 percent of the terminated cases were receiving some other kind of cash assistance 3 months after termination. About 47 percent of the refugee households had earned income. English language proficiency and interaction with American friends were the most important factors related to employment. The study results indicated that while English as a Second Language training helped the Vietnamese and Laotians, it did not work as well for the Cambodians and Hmong and Mien. Tables are included. *Author abstract modified. Report no. 12-01.*

Refugee Policy Group, Washington, DC.

Nov 82, 42p

**SHR-0010428** Available from  
Refugee Policy Group, 1424 16th  
Street NW, Suite 401, Washington,  
DC 20036.

This document discusses existing refugee health care policy and services, as well as criticisms of such programs. The Refugee Act of 1980 bars refugees who pose a health threat to the public, authorizes a medical care and screening system, and permits the granting of waivers under certain circumstances. The refugee public health system has established screening procedures in camps and processing centers abroad, at U.S. ports-of-entry, and at local public health facilities. Although a series of Public Health Service studies concluded that refugees posed no health threat, these reports only stimulated efforts to expedite the waiver process, improve documentation from overseas centers, improve information systems, and provide more support to State and local agencies for refugee health services. However, a recent General Accounting Office review labeled medical screening procedures abroad as cursory and processing procedures at ports-of-entry as insufficient. It also claimed that current overseas procedures caused undue burdens on domestic health facilities. The Refugee Act contains provisions to promote Federal flexibility in responding to different ethnic groups, encourage economic self-sufficiency and avoid significant burdens for State and local governments. However, most refugee programs have focused on facilitating entry of refugees into the health care system and neglected alternatives for funding followup treatment, which now comes primarily from the Title XIX Medical Assistance Program. Critics claim that refugees still are not receiving timely and appropriate services and that reliance on Medicaid has contributed to longer term dependency on public assistance. There is little empirical data to support these assertions, however, and modifications in the

- 566** *Refugee Health Care System: A Background Paper on Policies, Programs and Concerns.*  
Susan Forbes, and Carol Lidsker

existing system should be considered before converting to a different approach. Thirty-one references are included.

- 567** *Regional Psychiatric Centers: New Settings for an Old Problem.*  
John L. Sheets, Stacey S. Calhoun,  
and Daniel L. Brown  
New York State Office of Mental  
Health, Albany.  
National Inst. of Mental Health,  
Rockville, MD. Community Support  
Program.  
Feb 79, 41p  
**SHR-0009955** Available from New  
York State Office of Mental Health,  
Division of Program Planning and  
Development, Albany, NY 12237.

This paper chronicles the development of a new regional psychiatric center – the Richard H. Hutchings Psychiatric Center – in Syracuse, N.Y. It describes the Center's participation in a demonstration deinstitutionalization and community support project, discusses some of the problems generated from these experiences, and offers recommendations to those considering similar programs. The Center is a combination State psychiatric institution and a community-based mental health center. An evaluation is being conducted to assess the Center's effectiveness in aiding 83 long-hospitalized persons. Recommendations for the Center and for other similar centers include giving the chronically mentally disabled a choice about remaining where they are or moving on to another level of independence. Staff must understand that maintenance over a period of time can be viewed as growth for the chronically ill, and that patients will experience stress reactions to changes in their lives. Patients and staff need to be educated to the concept of the management of a disability versus the cure of an illness. Other recommendations pertain to the myths of normalization, patient choice, and that community-controlled services are per se effective while State services are inept. A total of 31 references are included.

- 568** *Rehabilitation in the Public Mind: Strategies of Marketing.*  
Leonard G. Perlman  
National Rehabilitation Association,  
Alexandria, VA.  
May 83, 88p  
**SHR-0010538** Available from  
Switzer Memorial Fund, National  
Rehabilitation Association, 633 S.  
Washington Street, Alexandria, VA  
22314.

The papers presented to this conference explore the concept of marketing as it applies to the rehabilitation of disabled persons, emphasizing the importance of marketing activities in an era of increasing demand for services and decreasing funding. Following an overview of basic marketing concepts, a U.S. Congressman discusses marketing approaches on behalf of disabled persons to national decisionmakers, noting the need for cooperation among lobbying groups and realistic goals. The next author demonstrates the applicability of marketing theory to vocational rehabilitation management service systems, with attention to differential marketing, behavior analysis, marketing tools, monitoring, and product repackaging. An analysis of public perception toward rehabilitation examines interactions between rehabilitation and national leaders, employers, and disabled consumers. Other presentations review current strategies of marketing within the rehabilitation community, highlighting areas needing improvement and methods of selling vocational rehabilitation management service systems, with attention to differential marketing, analyzing behaviors, marketing tools, monitoring, and repackaging the product. An analysis of public perception toward rehabilitation examines interactions between rehabilitation and national leaders, employers, and disabled consumers. Other presentations review current strategies of marketing within the rehabilitation community, highlighting areas needing improvement and methods of selling vocational rehabilitation to the employment community. Another speak-

er argues that to effect changes in marketing strategies, rehabilitationists must revise their own attitudes to a more positive outlook and see new ways of using community resources. In this view, the paternalistic counselor-client relationship becomes a partnership based on mutual trust and options. A series of brief essays from experts in public relations and marketing concludes the report. Comments made by conference participants accompany the major papers. Tables and diagrams are included. *Report on the Seventh Mary E. Switzer Memorial Seminar, November 10-12, 1982, Washington, DC.*

- 569** *Report of the Committee on the Future.*  
Thomas M. Jenkins, and GERALYN GRAF MAGAN  
American Association of Homes for the Aging, Washington, DC.  
Oct 81, 78p  
**SHR-0010159** Available from  
American Association of Homes for the Aging, 1050 17th Street NW, Suite 770, Washington, DC 20036.

Based on demographic, social, political, and economic trends, this report presents two scenarios regarding policies and services for the elderly in the year 2000 and beyond. The population over age 65 is expected to rise to 45 million, or 16 percent of the population, by the year 2020. In contrast, the population under age 24 will decline from the current 30 percent to 15 percent. The greatest increase among the elderly will be in those age 75 and older and those over age 85. The elderly will continue to age mainly in the Northeast and North Central States and in the suburbs. Their educational levels will rise and they will be more active in politics and their communities. However, inflation and decreases in social benefits could reduce the economic well-being of the elderly. While one view is that the Government will play a helpful role in the administration of homes for the aging, another view suggests that promises to

cut the size and regulatory power of the Federal Government are empty. In the area of economics, some believe that the elderly will continue to have difficulties finding jobs, while others believe that the decrease in the numbers of young people entering the market will reduce employment pressures. Some believe that attitudes toward the elderly will change as the values of society change to place less emphasis on youth. However, others believe that the elderly will increasingly become the victims of violence and abuse. Other alternative scenarios focus on technological, religious, ethical, and psychological issues. Issues that should receive particular attention from the American Association of Homes for the Aging are the impact of ethnic minorities, values regarding life patterns, the role of the family, management stress, bioethical and religious issues, and public funding. Figures, a glossary, 11 references, and other resource lists are included. *This is considered a final report by the author.*

- 570** *Research on Competition in the Financing and Delivery of Health Services: A Summary of Policy Issues.*  
Kathryn M. Langwell  
Applied Management Sciences, Inc.,  
Silver Spring, MD.  
National Center for Health Services  
Research, Hyattsville, MD.  
Oct 82, 30p  
**SHR-0009872** Available NTIS  
PC\$08.50/MF\$4.50

This summary of policy issues related to competition in the financing and delivery of health services concentrates on major procompetition approaches to improving the performance of the health services market. It discusses the following alternatives proposed to improve health care market performance by increasing the strength of competitive forces: increasing consumer choices and consumer cost sharing, changing the tax treatment of insurance and medical care, controlling the terms of employ-

ment-based insurance, and applying antitrust law. Policy issues associated with competition programs are noted, including financing issues, professional practice restraints, tax subsidy issues, and others. The discussion can be used to guide formulation of specific approaches to increasing competitive forces in the health service market. An outline of the proposals is appended. *NCHSR Research Summary Series.*

**571** *Retiree Employment Program Model. Program Innovations in Aging, Volume III.*

Linda Zane Beaver, and Lorraine Lidoff

National Council on the Aging, Inc., Washington, DC.

Charles Stewart Mott Foundation, Flint, MI.

1983, 53p

**SHR-0010417.** Available from The National Council on the Aging Inc., 600 Maryland Avenue, SW, West Wing 100, Washington, DC 20024.

This guide explains how to set up, coordinate, and administer a reemployment program in private companies that places retirees in temporary or part-time positions arising from worker illness, vacations, or workload peaks. The model may be implemented by a labor-intensive, nonunionized, service-oriented business, such as an insurance company, bank, information industry, department store, or hotel. The model was based on a program implemented in 1981 by the Travelers Insurance Company in Hartford, Conn., which now has about 200 retirees registered with the job bank, of whom 50 are actually working in the home office on any given day. The Retiree Employment Program development process has three phases: planning, organization and development, and implementation. Following a flow chart of the overall process, the guide outlines the objectives of each phase and activities involved in each step. Stages in the planning component include assembling a strategy team, determining a need

for the program, and assessing the environment for readiness. Areas addressed in phase two, organization and development, are administrative structure, support gathering within the company, and publicity. The guide suggests that the program coordinator position be filled by a company retiree or shared by two retirees. Implementation involves recruitment, placement, and evaluation activities. About 35 references, employee surveys conducted by Travelers, and sample forms are appended. See also volumes I-II, SHR-0010415-SHR-0010416; volumes IV-VI, SHR-0010418-0010420.

**572** *Retirement Policy: Planning for Change.*

Kathryn H. Anderson, Jennifer L. Warlick, Richard V. Burkhauser, Tabitha A. Doescher, and John A. Turner

ERIC Clearinghouse on Adult, Career, and Vocational Education, Columbus, OH.

National Inst. of Education, Washington, DC.

1982, 58p

**SHR-0010489** Available from The National Center for Research in Vocational Education. The Ohio State University, 1960 Kenny Road, Columbus, OH 43210.

This compilation of four papers examines past and current retirement policies for the elderly and the implications of these policies for labor supply, job choice, and educational planning for the elderly. The first paper presents a review of past Federal policies towards retirement and a discussion of proposed policy changes. It notes that past Federal policies have responded to particular problems and that no comprehensive, unified retirement policy has ever been formulated. One paper focuses on the effect of labor force participation and labor supply behavior, noting that the participation rate of men aged 63 to 65 has declined from 80 per-

cent in 1950 to 52 percent in 1980. An analysis of job choice and the effect of pension policies on occupational mobility shows that in an environment of slow labor force growth, removal of barriers to job mobility encourages older workers to remain in the labor force and results in a gradual transition toward total retirement. The final paper discusses the need for vocational educators to design effective programs to support and retrain the elderly during this period of transition so that they can prolong their work lives. Tables, footnotes, and about 110 references are appended. *Author abstract modified. Information series no. 242.*

**573** *Review of Reported Differences Between the Rural and Urban Elderly: Status, Needs, Services, and Service Costs.*

Mark C. Wozny, Mark J. Ramsdell, Jon E. Burkhardt, Elaine M. Frank, and Sue F. Knapp

Ecosometrics, Inc., Bethesda, MD.  
Administration on Aging,  
Washington, DC.

30 Sep 81, 323p

**SHR-0010603** Available from  
Ecosometrics Incorporated, 4715  
Cordell Avenue, Bethesda, MD  
20014.

This document reviews literature on the status and needs of the rural elderly, the programs that serve them, and the costs of those programs; emphasis is focused on the differences between the rural and urban elderly in these areas. While distinct demographic differences exist, the research to date does not allow clear or consistent distinctions to be drawn between problems of the rural and urban elderly. The literature points to significant differences in how best to offer services in rural versus urban areas, but these differences have not yet been articulated or assessed. The literature on program costs is especially sparse, sketchy, inaccurate, and inconclusive. Thus, the available references do not suggest clear-cut policy op-

tions for the Administration on Aging. Original research is necessary to enhance an understanding of rural-urban differences. Tables, graphs, footnotes, and over 200 references are provided. Appendices present methodological constraints, a historic description of the Area Planning and Social Services Program, and a discussion of basic cost estimation technique. *Author abstract modified. See also related documents, SHR-0010602 and SHR-0010604.*

**574** *School Social Work.*

Betsy Ledbetter Hamnock

1982, 262p

**SHR-0009590** Available from  
Prentice-Hall, Inc., PO Box 500,  
Englewood Cliffs, NJ 07632.

This book discusses the problems faced by elementary and secondary school children and explains methods school social workers can use to counsel these children and their families. It describes the school setting in which social services are given in terms of the need to establish formal and informal lines of communication and for understanding the roles of other workers in the school. The text considers two problems associated with elementary school children - acting out and school phobia - and presents detailed procedures social workers can follow to help these children. Families with special needs, such as abusing families and those with disabled children, are also treated, as are common problems of adolescents, including pregnancy and drug use. The book also discusses the special needs of minority children and rural youth. The value of school social work and its future potential are noted. Numerous case studies illustrate children's problems and treatment methods. Footnotes, additional readings, and an index are provided. *Author abstract modified. Prentice-Hall Series in Social Work Practice.*

**575** *Self-Help for Relatives of the Mentally Ill.*

Lisa M. Kagan, and Ann E. Catherman



New York State Office of Mental Health, Albany. Community Support Project.  
National Inst. of Mental Health, Rockville, MD.  
1982, 52p  
**SHR-0009682** Available from New York State Office of Mental Health, 44 Holland Avenue, Albany, NY 12229.

This manual outlines how to establish a mutual support group for family members of the mentally ill, based on the experiences of a relatives' group in Schenectady, N.Y. It suggests that a core group of two or more people is necessary to get the program underway and lists sources of help in locating interested relatives. Also discussed are initial publicity strategies and choosing facilitators for meetings who offer technical information but avoid becoming therapists. Other suggestions address the first meeting - locating a place, scheduling a time, choosing discussion topics, and developing techniques to stimulate group discussion. Areas that should be emphasized after the group is organized include education, outreach, and advocacy. Guest speakers have been the principal educational tool for the Schenectady group. Outreach activities include speaking to other organizations, public service announcements, and newspaper articles. After the establishment phase, members typically seek to formalize the group by electing officers or training members in group facilitation. Interest in advocacy for the mentally ill and individual patients increases over time as well. The manual reviews the Schenectady group's advocacy efforts and lists nationally recognized support organizations. A concluding chapter describes the benefits that a mutual support group offers its participants and reviews the stages of development in a self-help group. The appendices contain references, publicity materials from the Schenectady program, articles on self-help for relatives of the mentally ill, and a list of self-help groups in New York State.

- 576** *Silver Threads Handbook: A Guide to Inter-Generational Contact.*  
Judy Sheppard  
Clackamas County Area Agency on Aging, Oregon City, OR.  
Clackamas Community Coll., Oregon City, OR.  
1981, 52p  
**SHR-0010473** Available from Clackamas Community College, 19600 South Molalla Ave., Oregon City OR 97045. Attn: David Dickson.

Silver Threads involves elementary school children in nursing homes as visitors and friends of nursing home residents. They adopt special friends in the home, often resulting in strong emotional ties between the residents and children. Children share craft projects and other activities with residents, entertain them with songs and music, and talk with their elderly friends. They learn to feed residents, to take them to the bathroom, and to be responsible for them on many levels. Eventually, they even go on field trips with them and become involved with dying residents. The booklet discusses the program's rewards and benefits to children schools, nursing home residents, nursing home management and personnel, and the community. It details program components including reality orientation, music therapy, and help with special needs. One aspect, called CARE (Classrooms Adopting Residential Elders), is given special attention. Preparation of students, teachers, residents, and nursing home employees is described. The booklet also includes questions and answers about the program, a suggested Silver Threads timetable, ideas to share, and suggested activities. Photographs are provided.

- 577** *Social Networks and Social Support.*  
Benjamin H. Gottlieb  
Social Sciences and Humanities  
Research Council of Canada, Ottawa  
(Ontario).  
Guelph Univ. (Ontario).

1981, 304p

**SHR-0009940** Available from Sage Publications, Inc., 275 South Beverly Drive, Beverly Hills, CA 90212.

Seventeen essays examine how natural helping networks serve to support people. These networks may be in the form of mutual help groups, neighborhood voluntary associations, or family ties, but they all help individuals cope with stressful life events. The text reviews the history of the concept of social support and the works of pioneers who first explored the health-protective effects of human attachment. Essays focusing on social support and life stress examine the significance of social support contexts, social support in the adjustment of pregnant adolescents, social support in adjusting to marital disruption, and social support and serious illness. Chapters discussing social network analysis and social support address creating personal communities, applying network analysis to the study of support, and preventive interventions involving social networks and social support. Three final papers consider blending lay and professional resources in providing human services. Figures, tables, notes, and chapter references are included. *Sage Studies in Community Mental Health, volume 4.*

**578** *Special Issue on Family Violence.*

Robert M. Moroney

1982, 32p

**SHR-0010534** Available from The Urban and Social Change Review, McGuinn Hall, Room 202, Boston College, Chestnut Hill, MA 02167.

The five papers in this special issue address strategies to treat and prevent family violence, with attention to the abused elderly and American Indian families. The initial article describes a 3-year training program in family violence created by the Children's Hospital Medical Center in Boston to encourage clinicians and researchers to work together and exchange information. The next two presentations dis-

cuss abuse of the elderly, first critically summarizing current empirical research in the field. One discussion emphasizes that economic and personal resources are inadequate to meet community needs for intervention and suggests both increasing professional therapy resources and creating natural helping networks. In contrast, the other paper contends that increased programming may not help the elderly because it could result in increased foster home placements. An outline of clinical strategies for family violence, child neglect, and substance abuse in American Indian families focuses on melding Indian traditions with effective mental health practices. From this perspective, the paper suggests that clinical support be introduced through the tribal leadership, that workers immerse themselves in Indian families to take advantage of their strong group identity and try to connect fractured family systems into a support network. The final overview of family violence explores its incidence, psychological needs of the violent individual, social situations conducive to violence, and effective intervention strategies. The author recommends that communities initiate educational and social action programs to provide supports to families with mental problems. References accompany all articles. An information clearinghouse section reviews current publications as well as research and action programs related to family violence. *'Urban and Social Change Review,' v15 n2 Summer 1982 (complete issue).*

**579** *Special Paratransit Service for Elderly and Handicapped Persons: Operational Experience.*

Ned Einstein

National Inst. for Advanced Studies, Washington, DC.

Urban Mass Transit Administration, Washington, DC. Office of Planning Assistance.

Nov 81, 165p

**SHR-0009528** Available from the Superintendent of Documents,

Government Printing Office,  
Washington, DC 20402, order  
number 050 000 00216 1

This volume details the results of case studies on special user transportation services in 18 cities across the Nation. It reviews characteristics of the transportation systems in the 18 communities and describes how paratransit systems evolved through the 1970's in these cities. Focus is on common forms and patterns of system development, starting dates, and milestones (i.e., Federal regulations), major forces of change (e.g., lawsuits, legislation, user group activism), key actors in the development process and their roles, and future trends. The report details the planning process, describes the demand for special paratransit services and the problems of meeting demand, and examines system performance and productivity. An overview of 27 most influential problems confronting communities that provide special transportation is broken down into institutional, operational, and supply-demand problems. Community features affecting paratransit service and major issues common to these cities are reviewed. Data tables and a glossary of terms are included. *See also related document, SHR-0009661, Report DOT-I-81-35.*

- 580** *State Implementation Plan.*  
Greta Magill, and Larry Hartzke  
Institute for Health Planning,  
Madison, WI.  
Health Resources Administration,  
Hyattsville, MD.  
May 83, 28p  
**SHR-0010511** Available from  
Institute for Health Planning, 702  
North Blackhawk Avenue, Madison,  
WI 53705.

New pressures, opportunities, and responsibilities may lead State health planning agencies to develop an implementation plan specifying the means for carrying out the most important recommendations resulting from their State

health plan development process. State agencies should carry out this additional, unrequired planning effort in order to meet Federal expectations that agencies place greater emphasis on implementation activities, to assume some responsibilities that Health Systems Agencies may have attended to in States where those agencies have closed, and to guide the development and implementation of State health policy as well as State budgeting for health programs. State agency staff should consider the resources available to perform additional planning activities and the support from State government for the health planning program before deciding to prepare an implementation plan. The planning effort should be focused and should consider the relation of local planning activities to State activities and the relation between the State health plan and the implementation plan. Eight steps in the development of an implementation plan are discussed. Twelve reference notes are provided. *Author abstract modified.*

- 581** *State Units on Aging: Understanding Their Roles and Responsibilities.*  
Sara Aravanis, and Susan  
Coombs-Ficke  
National Association of State Units  
on Aging, Washington, DC.  
Administration on Aging,  
Washington, DC.  
Dec 82, 233p  
**SHR-0010553** Available from  
National Association of State Units  
on Aging, 600 Maryland Avenue,  
SW, Washington, DC 20024.

This document presents a national overview of the general roles and responsibilities of State Units on Aging (SUA's) and depicts what is actually involved in providing statewide leadership on behalf of the Nation's elderly. The SUA is an agency of State government designated by the governor and State legislature to be the focal point for all matters in the State concerning older citizens' needs. The discussion covers the

day to day constructs, unique functions, and important roles, of SUA's, as well as the historic part States have played in the planning, design, and administration of aging services. It shows the rationale behind public involvement in social welfare, gives illustrations of early State initiatives in aging, provides details about the scope of responsibility delineated in the Older Americans Act, and offers a national profile of the 57 SUA's based on data collected in 1981. Chapters consider how States are connected to the national policymaking network, highlight what opportunities there are for influencing the development of aging programs, and address some of the conditions and needs of America's aging population. The second half of the report provides an indepth discussion of the major roles and functions of State units: advocacy, systems and service development roles, management and administrative activity, and capacity-building. The final chapter suggests activities to help staff become more familiar with their State network on aging. Tables, figures, a glossary, a list of acronyms, and about 80 references are supplied. Appendices provide technical documentation, case examples, organizational charts, a directory of SUA's, information resources, and a list of annual training conferences.

- 582** *Strengthening the Self Capacity of the Family Caretaker of Elderly Living at Home.*  
Andrew Hofer  
Nov 82, 16p  
**SHR-0010600** Available NTIS  
PC\$07.00/MF\$4.50

This paper examines how the informal support system can play a more significant role in service delivery to older persons, focusing on the role of spouses, children, siblings, and other relatives. According to several studies, a modified extended family seems to be emerging, which consists of nuclear units living close together which help each other. However, increases in mobility and the divorce rate, major

shifts in the work force, and other changes, are likely to limit families' caretaking ability. One study found that home care by the formal system raises the family threshold of tolerance, delays institutionalization, and prevents burn-out. Besides research, demonstration projects focusing on the older person's family support system have increased in the past few years. They have found that caregivers are hard to identify, since most caring persons do not view themselves as caregivers. The projects did find that most of the caregivers were women and that caregiving activities varied from short to long duration. The demonstration projects offered help which strengthened caregiving ability and found that barriers exist to creating a partnership between the informal and formal service delivery systems. Policymakers and professionals must recognize the existence of the informal support system, act as facilitators of service to permit families to carry out their caregiving role, and treat the family as an equal partner in developing a "helping network" which functions as a single system. A total of 18 references are provided. *Revision of a paper presented at the 35th Annual Scientific Meeting of the Gerontological Society of America, Boston, Mass., November 1982.*

- 583** *Supervision in Home Care: A Manual for Supervisors.*  
Patricia A. Gilroy, and Margaret S. Seeley  
National Home Caring Council, New York.  
Administration on Aging,  
Washington, DC. National Continuing Education Program.  
1982, 251p  
**SHR-0010228** Available from  
National Homecaring Council, 67  
Irving Place, New York, NY 10003.

The handbook is directed to "first line" supervisors of services in organized home care programs. The text provides information on the art of supervision in the home care setting and the

history of the industry, beginning with early voluntary community efforts and evolving to a carefully formulated set of practices. It discusses characteristics of home care service, definitions, delivery systems, and the effects of legislative activity. One section provides an overview of generic supervisory practices within the context of home care and describes the three primary roles of the supervisor: administrative, educative, and supportive. Exercises and methods to promote communication, leadership skills, motivation, problem solving, time management, and stress management are included. The final section provides a rationale for a functional approach to supervision of home care services by discussing the functions and tasks of the two components of service administration: service management and case management. Ten footnotes, about 30 references, and appended forms are included. See also *Training Guide*, SHR-0010229.

- 584** *Supervision of Home Care Services*. National Home Caring Council, Inc., New York. Administration on Aging, Washington, DC. Nov 80, 271p  
**SHR-0010598** Available NTIS  
 PC\$22.00/MF\$4.50

This manual on supervision of home care services is directed to "first line" supervisors, those who are responsible for translating an agency's goals into a coherent day-to-day pattern of care. The text covers a history of home care services, including early home-delivered services, Federal legislation, and effects of Federal legislation on home health services. It discusses characteristics of persons needing home health care and the supervisor in home care services (accountability, quality assurance, data collection, etc.). Effective supervision in the home is considered in terms of selected skills and techniques for effective supervision, supervision functions, and a functional approach to organization and to service adminis-

tration. Topics mentioned in a section on the supervisor and service management include administrative supervision (recruitment, staffing, training, performance evaluation), records and recordkeeping, inter and intra agency coordination, quality assurance mechanisms, and community relations. Each section contains a bibliography, while the appendix provides sample forms.

- 585** *Surpassing the Regulations: Building Superior Facilities for the Aged*. Julianna Patterson Greer. North Texas State Univ., Denton. Center for Studies in Aging. Jul 82, 126p  
**SHR-0010299** Available from Center for Studies in Aging Resources, P.O. Box 13438, NT Station, Denton, TX 76203.

Suggestions for architects and managers of retirement and nursing facilities serving the elderly cover the grounds, buildings, and building interiors. Information was gathered from research, tours of 22 facilities of various sizes and philosophies, and opinions of 50 residents at a large nursing home in Dallas, Tex. The book first discusses planning a building's exterior to avoid the appearance of incarceration, with attention to the grounds, parking, circulatory routes, patios, and balconies. Factors that designers should consider when laying out a campus are reviewed, such as orientation to sun and wind, logical location of points of entry, and an easily understandable layout. Also examined are variables affecting the success of building floorplans. The book also comments on staff and building operation areas, noting that administrative offices generally should be clustered in a central location. Other subjects covered include nursing stations, kitchens, nourishment stations for self-service food, laundry, storage, pharmacy, meeting rooms, delivery areas, staff lounges, and time clocks. Design criteria for resident use areas in retirement facilities are outlined, considering security, environmental

compensation for declining abilities, and socialization opportunities. Design criteria for individual rooms in nursing homes are presented, along with suggestions for stairways, hallways, elevators, common rooms, treatment rooms, baths, and beauty shops. Design details treated by the final chapter include wall finishes, window treatments, communications systems, furniture, lighting, hardware, and heating and cooling. Tables and references are provided. *Center Studies Series, no 29.*

- 586** *Survey of the Needs of the Rural Elderly in Selected Counties in Southern Illinois.*  
Patricia Lee Gunter  
May 80, 188p  
**SHR-0010015** Available from  
University Microfilms International,  
300 North Zeeb Road, Ann Arbor, MI  
48106.

This dissertation discusses the following major issues of senior (over age 60) citizens in rural southern Illinois: availability of social services, knowledge of these services, ability to purchase and have access to these services, and the rural elderly's attitudes toward these government programs. Elderly persons and social service providers in 13 southern counties completed survey forms. Findings indicate that providers felt that the elderly were much more in need of services than the elderly themselves perceived. Social service providers perceived the elderly as being in poor health, isolated, in need of social activities, and having poor nutritional habits and inadequate incomes. Program planners and service delivery agencies lack knowledge about rural elderly needs and have inaugurated programs that do not meet these needs. Many rural elderly are poorly informed about services available. Study data, about 100 references, and some footnotes are supplied. Appendices include study questionnaires, a map of the study area, a sample list of service providers, and the cover letter sent to agencies. *Author abstract modified. Submitted in partial fulfill-*

*ment of the requirements for the degree of Doctor of Philosophy to Southern Illinois University, 1980.*

- 587** *Teaching-Family Model: Research and Dissemination in a Service Program.*  
Dennis M. Maloney, Dean L. Fixsen,  
and Elery L. Phillips  
1981, 13p  
**SHR-0009575** Pub. in Children and  
Youth Services Review v3 n4  
p343-355 1981.

This article discusses how feedback from the Teaching-Family Model (TFM) – a residential model primarily for the care and treatment of emotionally disturbed, predelinquent, and delinquent adolescents – has changed its treatment, training, and evaluation components. From 1967 to 1980, the TFM has expanded from 1 group home in Kansas to more than 150 homes across the United States. Typically, 5-10 youths live in a home with a husband-wife team where various skills are taught using behavioral techniques. Although originally conceived as a service program, the model also has taken on major commitments to the development, research, and dissemination of treatment strategies, staff training paradigms, and evaluation of group home strategies. The paper highlights research efforts that have been used to refine the treatment, training, and evaluation phases of the model's development. Research activities have also enhanced program dissemination, service quality, and service support. A National Teaching-Family Association founded in 1975 monitors dissemination of the model to avoid dilution and promote research. The experiences of the TFM show that research is necessary to a program, not only for refining treatment but also for improving evaluation and dissemination. Ten reference notes and over 40 references are included.

- 588** *Telecommunications for Local Government.*  
Fred S. Knight, Harold E. Horn, and Nancy J. Jesuale  
1982, 217p  
**SHR-0010475** Available from International City Management Association, 1120 G Street NW, Washington, DC 20005.

The telecommunications technology of the "Information Age" is rapidly overtaking local government. Cable communications, enhanced and interactive services, and new telephone systems pose questions that demand knowledge and action by local decisionmakers and citizens. This book describes cable and other systems, gives examples of how local governments are using them, and offers guidelines for telecommunications planning. Following an overview of the telecommunications field, the text focuses on enhanced services, including cable, videotext, and teletext. It discusses interactive services, security and alarm services, institutional networks, and planning for the use of cable in municipal services. Other sections examine community programming, telephone systems, satellite and other advanced technologies (such as an over-the-air wireless cable network), and emerging issues. The need for a comprehensive national communications policy and international standards is discussed, as well as the inadequacies of existing privacy rules, potential problems in two-way interactive television, and the possible uses of interconnection of cable systems. The book notes the complexities of the U.S. Supreme Court's decision in the City of Boulder case, which concerned antitrust issues and local governments in the award of cable system franchises. Figures and notes are included. *Practical Management Series.*

- 589** *Training Child Welfare Workers for Cultural Awareness: The Culture Simulator Technique.*  
Frank F. Montalvo, Tonia T. Lasater, and Nancy Garza Valdez

Children's Bureau, Washington, DC.  
1982, 12p  
**SHR-0009554** Pub. in *Child Welfare* v61 n6 p341-352 Jun 82.

This paper discusses the use of the culture simulator technique, one of the few training tools available to help child welfare workers gain insight into Hispanic clients' value systems. The simulator consists of a series of written vignettes simulating a cross-cultural incident between a Mexican-American client and a child welfare worker. The incident is followed by a question focusing on the vignette, with four realistic answers for the reader to choose. After choosing one answer, readers are told whether or not they have chosen the best answer. Readers continue choosing answers until their selection is confirmed by the rationale. The simulator technique has limitations but is generally an effective interim method of improving services to the Hispanic community. It should not be used as the sole source for training of child welfare workers. Ten references are included. *Adapted from material presented at the 1981 Annual National Conference on Social Welfare in San Francisco, and the 1981 Annual Intercultural Conference in England.*

- 590** *Training for Citizen Governance in Community Mental Health: A Proposed Model.*  
Stuart P. Howell  
1979, 11p  
**SHR-0009968** Pub. in *Administration in Mental Health* v6 n3 p240-250 Spring 1979.

This article assesses the shortcomings of citizen boards of directors as governing bodies of community mental health agencies; they are expected to exert a significant influence over mental health services, but are ill equipped to do so. To prepare citizens serving on these boards for the broad responsibilities they are expected to assume, a training program is out-

lined, which will enhance board of directors' competence in this role. The program should counteract board members' tendency to be generally passive and noncontributing and to attend meetings only sporadically. The training should also encourage broad member independence from the agency director's leadership and clarify their distinct, respective responsibilities. Planning for the training course should consider scheduling that promotes continuity of the learning experience and group cohesiveness, and training workshops that concentrate on problem solving, role understanding, and board effectiveness evaluation. The pilot training was implemented in three sessions, and workshop participants indicated that they did benefit from the program, although posttraining improvements in board behavior were not dramatic in the short range. Thirty references are given.

- 591** *Training Indochinese Mental Health Counselors: A Case Study of Training for Culturally Appropriate (Transcultural) Counseling.*  
Bernard S. Weiss, and Bonnie Parish  
Jun 81, 8p  
**SHR-0009727** Available from  
National Conference on Social  
Welfare, Room 911, 1730 M Street  
NW, Washington, DC 20036.

This paper describes a model developed by the Indochinese Mental Health Project to train health professionals, paraprofessionals, and educators in crisis counseling for Indochinese refugees. Symptoms of mental distress, increased alcoholism, and rising suicide rates among the Indochinese refugee population signaled the need for special mental health services that would enable them to grieve, integrate their tragic losses, and handle the stresses of adapting to American life. First, the professional project staff were taught to prepare Indochinese and American trainees in crisis counseling. The training model had to recognize cultural similarities between trainees

and refugees, bridge cultural gaps, and emphasize cultural sensitivity rather than psychosocial theory. Initially, brainstorming sessions were conducted on how to teach crisis counseling to bilingual trainees. Trainers were coached in methods to actively involve trainees in the workshop process, using an authoritarian stance that was familiar to Indochinese students. The training model prepared trainees to identify and clarify client problems, refer clients to community resources and provide followup services. In the communication skills area, trainees were taught to encourage clients to talk about their problems, ask appropriate questions to promote conversation, and paraphrase a client's feelings. Trainees were also instructed about behaviors that create communication blocks. This intensive training can be accomplished during a 3-day period in a secluded setting. A diagram of crisis intervention and four references are provided.

- 592** *Understanding Data Concepts: A Guide for Health Planning Volunteers.*  
Kirk T. Phillips  
Inst. for Health Planning, Madison,  
WI.  
Health Resources Administration,  
Hyattsville, MD.  
Jul 82, 41p  
**SHR-0009601** Available from  
Institute for Health Planning, 702  
North Blackhawk Avenue, Madison,  
WI 53705.

Prepared for volunteers involved in community health planning, this document provides non-technical explanations of statistical terms commonly used in health data and research. Basic terms are introduced in a chapter which discusses sampling, observations, and other case attributes as well as defining variables and values. The section on distributions explains measures of central tendency, of location, of proportion, and of distribution shape. Specific topics covered include choice of mean, median,



or mode statistic to describe a central point, distinctions between percentile and percentage, skewed distribution, and standard deviation. The following methods of analyzing two or more variables are described: contingency tables, scatter plots, and regression analysis. Finally, case studies demonstrate the application of these statistical principles to health planning. Among the projects reviewed are a survey of demographic characteristics and vital statistics in the St. Paul-Minneapolis area conducted by a regional planning agency, a study of inpatient hospital use in Iowa, and a project analyzing the frequency of six surgical procedures performed in a Rhode Island hospital area. Tables and charts are used throughout the text. A glossary and references are appended. *Volunteers in Health Planning Series.*

- 593** *Victim Assistance for the Elderly.*  
Lawrence J. Center  
Jun 80, 17p  
**SHR-0009959** Pub. in *Victimology*  
v5 n2/4 p374-390 Jun 80.

Victim assistance to the elderly is very important because of crime's economic, physical, and emotional repercussions on the elderly. The experiences of a national research and demonstration program are used to suggest effective responses to older persons' crime-related needs. Those services which should be provided by community programs are detailed, including one often overlooked advantage of victim assistance: outreach. The ways in which a victim services program can gain access to elderly crime victims are explained, including the best ways to gain the cooperation and support of the police. Alternative referral mechanisms are described, as are various sources for the identification of elderly crime victims. After a program sets up a referral mechanism, it must establish procedures by which services are delivered to victims. The processes of determining which services are available from local agencies, deciding which services should be provided directly by project staff, and establishing

procedures for staff to follow in helping older victims are explained. Staffing victim assistance programs for the elderly is discussed, including the character traits of potential victim counselors. Finally, current trends in the operation of victim assistance programs for the elderly are reviewed. These include the increasingly active role being assumed by local governments, the decentralization of victim service programs, and the greater interest in victim assistance being shown by traditional senior citizen agencies. A total of 22 references are provided. *Author abstract modified.*

- 594** *Vocational Preparation of Persons With Handicaps.*  
Donn E. Brolin, and James C. Brolin  
1982, 359p  
**SHR-0009591** Available from  
Charles E. Merrill Publishing  
Company, 1300 Alum Creek Drive,  
Columbus, OH 43216.

This textbook describes various handicapping conditions and methods of vocational evaluation and development. It looks at some of the major movements in the 1970's promoting career development of the handicapped and describes the social-psychological aspects of having a disability. The text cites theories on vocational development, maturity, and outcome for various handicapping conditions. It emphasizes an approach to vocational preparation of handicapped persons using basic tenets from the Minnesota Theory of Work Adjustment and applies these concepts to two critical areas in preparation efforts: work personality and the job's work environment. A vocational preparation model is presented and described; clinical assessment, work evaluation and adjustment, and job site evaluation procedures are explained. Vocational counseling and training, as well as job placement and followup, are considered. The text also describes instructional techniques of infusing career education into existing programs and presents three program models and some exemplary career education

programs using a competency-based approach developed by the author. Data tables, flow charts, numerous illustrations and sample program materials, and suggested reading lists are included. Reports of vocational/independent living programs in other countries, name and subject indexes, and over 300 references are appended. *Second edition.*

- 595** *Volunteer Programs in Mental Health.*  
Benjamin Gidron  
1978, 12p  
**SHR-0009969** Pub. in  
*Administration in Mental Health* v7  
n2 p133-147 Winter 1979.

The paper examines volunteer programs in two mental health institutions in the Baltimore, Md., area in terms of the relationships between the approach used, the rewards provided, and the volunteers attracted and retained. Differences in the two hospitals' programs centered around the structure of the volunteer units, their rôles in the hospitals, and the kinds of rewards made available to volunteers. Springfield uses a "separated" approach. The coordinator did not encourage volunteers to identify with their work unit as their major reference group at the hospital. The volunteer unit's ancillary role was reflected in the rôles of individual volunteers: they were limited to tasks extending the work of paid staff. They were not officially considered part of the staff. Sheppard-Pratt used an "integrated" approach, in which the administration showed that it valued the volunteers' work. The work unit was the volunteers' reference group. Volunteers received special training, and satisfactions offered to them were on a professional level. Sheppard-Pratt attracted a population of well-educated young people, adults, and senior citizens, whereas Springfield attracted mainly older people, many with less than a college education. The integrated approach requires much preparation and investment in the training of volunteers, but this can be amply repaid in terms of the level of the volunteer's contribution to patient care. Eight references are included.

*Research upon which this paper is based was carried out as part of the author's doctoral dissertation.*

- 596** *Wallingford Wellness Project: An Innovative Health Promotion Program With Older Adults.*  
Washington Univ., Seattle. Center for Social Welfare Research.  
Administration on Aging,  
Washington, DC. Model Projects in Aging Program.  
May 82, 169p  
**SHR-0009596** Available from  
University of Washington, School of Social

This report describes the design, program content, and evaluation of the Wallingford (Washington State) Wellness Project – a 3-year model program to develop, demonstrate, and evaluate the effectiveness of health promotion education and training with older adults. The program, based in the community senior center, offered an intergenerational, highly participatory format consisting of 21 or 24-week classes meeting 3 hours per week on exercise, nutrition, stress management, and environmental assertiveness. Pretests and posttests were given to 2 cohorts: (1) 47 program participants over 54 years old and a matched comparison group of 48 persons and (2) 90 program participants of all ages and a matched group of 44 persons. The first cohort was significantly healthier at the time of entry into the program than the second. Reflecting this initial difference, only the second cohort indicated significant behavioral or lifestyle changes and improved risk factor analysis scores. However, both cohorts showed increases in health knowledge and information, motivation and confidence to initiate or sustain health, and self-attribution of responsibility for health. Program staff also trained graduates as class facilitators, administrators, and support service volunteers, and they continue to provide health promotion education at the center. The evalua-

tion results demonstrated the project's effectiveness, although further investigation regarding its long-term impact is warranted. References and materials produced by the project are appended, such as class outlines, the evaluation questionnaire, and job descriptions. *Monograph no. 2.*

- 597** *What You Can Do: A Citizen's Guide to Community Organizing for the Prevention of Alcohol, Other Drug, Mental Health and Youth Problems.* Richard Yoast, and Michel Avery  
Wisconsin Clearinghouse, Madison.  
1981, 45p  
**SHR-0009851** Available from Wisconsin Clearinghouse, University of Wisconsin Hospital and Clinics, 1954 East Washington Avenue, Madison, WI 53704.

This manual introduces community organizing techniques for beginners wishing to work for the prevention of alcohol, other drug, youth, mental health, or other social problems. It describes how to get started on a prevention program: defining the target community, organizing, group planning techniques (brainstorming, discussing priorities), defining and analyzing the problem, and proposing goals. The text describes how to write an action plan and how to evaluate the program. It gives tips on improving the effectiveness of meetings and program leadership, and on gaining additional resources. An appendix includes moderator guidelines and information on how to use and read body language.

- 598** *Willowbrook: From Institution to the Community. A Fiscal and Programmatic Review of Selected Community Residences in New York City.*  
New York State Commission on Quality of Care for the Mentally Disabled, Albany.

Aug 82, 114p  
**SHR-0010179** Available from Commission on Quality of Care for the Mentally Disabled, 99 Washington Avenue, Suite 730, Albany, NY 12210.

Twenty-four community residential facilities in New York metropolitan area were studied to assess the services and costs of a variety of facilities serving severely and profoundly developmentally disabled persons. The community facilities grew as a result of the need to meet the requirements of the 1975 Willowbrook Consent Decree for removing persons from institutions and for providing community-based residential alternatives to institutionalization. The stratified sample include both group residences serving 6 to 15 clients and apartment residences serving 2 to 3 clients. The facilities served clients ranging from 13 to 65 years of age, 74 percent of whom were diagnosed as severely or profoundly retarded. Site visits, interviews, and record reviews formed the basis of the study's conclusions. The majority of the residences provided safe, attractive, comfortable, and homelike environments that were capable of addressing their clients' needs. The programs gave more personalized, individual care for their residents at comparable or lower costs than the cost of care provided in State developmental centers in the New York City metropolitan area. However, a majority of the apartments had higher per-client costs than for developmental centers in the New York City area. In addition, the programs varied based largely on the auspices of operation and the size of the residence. State residences had higher staff-to-client ratios, more disabled populations, and better-paid staff than residences operated by the voluntary sector. However, the voluntary-operated residences were superior to the State-run programs on almost every performance indicator. Recommendations include discontinuing apartment residences and continuing the development of community residential programs. Footnotes, data tables, and appendices providing background information and additional data are included.

- 599** *Work Disincentives and Rehabilitation.*  
 Monroe Berkowitz  
 Institute for Information Studies, Falls Church, VA.  
 National Inst. of Handicapped Research, Washington, DC.  
 1980, 78p  
**SHR-0010465** Available from National Rehabilitation Information Center, The Catholic University of America, 4407 Eighth Street NE, Washington, DC 20017.

This report addresses the public policy dilemma involved in rehabilitating disabled persons who receive benefits from Federal income maintenance and health and welfare programs. The dilemma stems from conflicting rationales underlying programs to help the disabled: Programs like Social Security Disability Insurance (DI) and Supplemental Security Income (SSI) were established to provide adequate benefits (cash, medical services, etc.) to those unable to work because of some physical or mental disability. Yet public policies have encouraged rehabilitation through additional legal provisions which require them to participate in vocational rehabilitation programs. The Beneficiary Rehabilitation Program (BRP) is a prime example. Despite increased Federal expenditures for rehabilitation, the numbers of disabled persons completing vocational training and obtaining employment (and thus being removed from the benefit rolls) has decreased. Two recent studies by the Alabama and West Virginia Research and Training Centers have looked into the problem of work disincentives and how to surmount them. Other research studies cited have explored the effectiveness of the BRP and adjustments in the level of gainful activity restrictions of beneficiary earnings. This report draws some conclusions regarding reforms in disability beneficiary programs and the vocational rehabilitation process, and relates these to legislative and administrative solutions currently proposed, such as H.R. 3236, the Pickle Bill.

Some short-term reforms are suggested. Notes and about 75 references are supplied. *Author abstract modified.*

- 600** *Youth Employment Programs in the Southwest: Three Case Studies.*  
 Vernon M. Briggs  
 Texas Univ. at Austin, Bureau of Business Research.  
 1980, 47p  
**SHR-0010334** Available from University of Texas, Bureau of Business Research, P.O. Box 7459, University Station, Austin, TX 78712.

This report describes the establishment and initial operation of three youth employment programs developed following the signing of the Youth Employment and Demonstration Projects Act (YEDPA) of 1977. The legislation amended the Comprehensive Employment and Training Act of 1973 (CETA) and was implemented through the CETA system of local prime sponsors. Three of the prime sponsors were the city of Albuquerque and the surrounding county of Bernalillo, N.M.; the Coastal Bend Manpower Consortium Area in Texas, which was administered by the city of Corpus Christi and 12 additional counties; and the city and county of El Paso, Tex. All of the areas were low-wage labor markets with serious employment and income problems and a high proportion of minority group members. All three prime sponsors reported that the net effect of YEDPA was additional employment for youth in their localities. The supervision and job quality was higher for youths in the Youth Employment and Training Program than for youths in the Youth Community Conservation Improvement Program. Youths did not contribute to local program design or implementation of the legislation. Neither labor unions nor business firms were noticeably involved in either the planning or implementation of the programs. However, the program increased prime sponsors' awareness of the specific needs of youths and gave the local schools funds to keep youths in school and provide non-

traditional education. Nevertheless, the crisis atmosphere surrounding the implementation of the program has, along with other factors, hampered a systematic assessment of the program or the realization of its full potential. Tables are included.

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