

**JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION  
OF THE VIRGINIA GENERAL ASSEMBLY**

**Review of the  
Statewide Human  
Services Information  
and Referral Program  
in Virginia**

**House Document No. 21**

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## Preface

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House Joint Resolution 502 of the 1999 General Assembly Session directed the Joint Legislative Audit and Review Commission (JLARC) to evaluate “the effectiveness of the Information and Referral Centers in the Commonwealth” and to determine “whether any legislative changes are necessary to enable the program to work more efficiently.” The Statewide Human Services Information and Referral (I&R) program is established in statute as a three-tiered system. These three tiers include: six regional I&R centers, which operate as independent contractors; the Department of Social Services, the State-level agency that administers the program; and an advisory council that recommends standards for improving the I&R system. The purpose of the I&R system is to help link people in need with community services designated to meet those needs.

This study found that Virginia’s I&R system is not well developed, even though it has been established for a number of years and has been the focus of numerous studies and recommendations for improvement. In addition, this report also underscores that none of the players in the three-tiered system are currently meeting their statutory responsibilities. The primary reasons include the low priority that information and referral services have received at the State level, lack of awareness by citizens, and insufficient funding. This report addresses the mandate through a series of recommendations that would improve the delivery of information and referral services within the current system.

While the recommended changes to the current structure would improve performance, the larger policy question is whether the General Assembly wants to continue funding the current system. The State needs to consider whether there are alternative arrangements that might be used to more effectively achieve its information and referral objectives. One option is the development and implementation of 211 as a non-emergency information telephone number that could link citizens to designated human resource agencies in their own communities. Another option is the development and implementation of a State-level, World Wide Web internet site with links to all local, regional, and State I&R resources across the Commonwealth. Both options could improve citizen access to needed information about public and private services. The General Assembly may wish to require the Secretary of Health and Human Resources to consider these as well as other ideas in developing an approach for restructuring the State’s information and referral services.

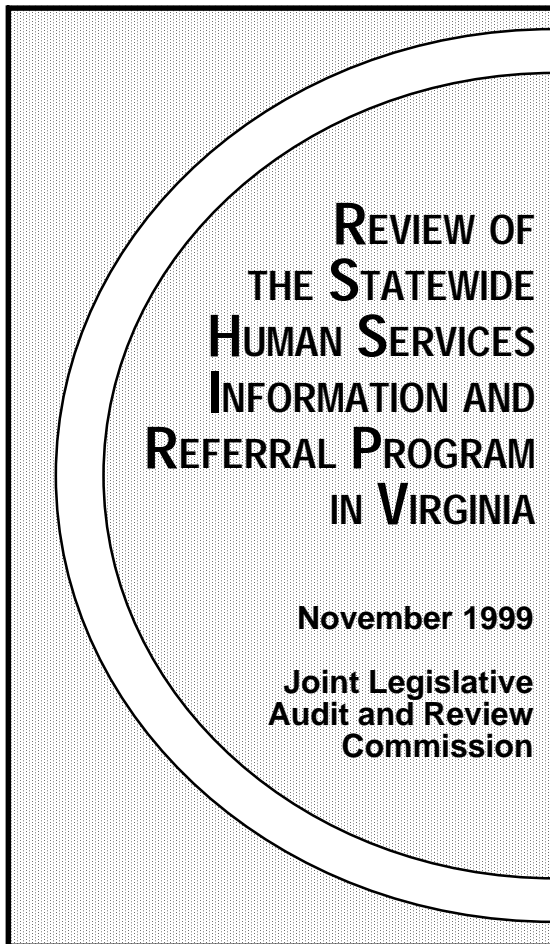


Philip A. Leone  
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November 30, 1999



# JLARC Report Summary



**I**nformation and referral (I&R) is a term that is used to describe services that link people in need with the community services designated to meet those needs. The I&R centers in Virginia were established to help callers identify agencies that provide help with needs such as emergency food, clothing and shelter, affordable day care, medical care, and other individual and family needs. Information and referral services have been offered in Virginia for more than 30 years. A statewide program for information and referral was established in statute in 1978. While I&R services are often pro-

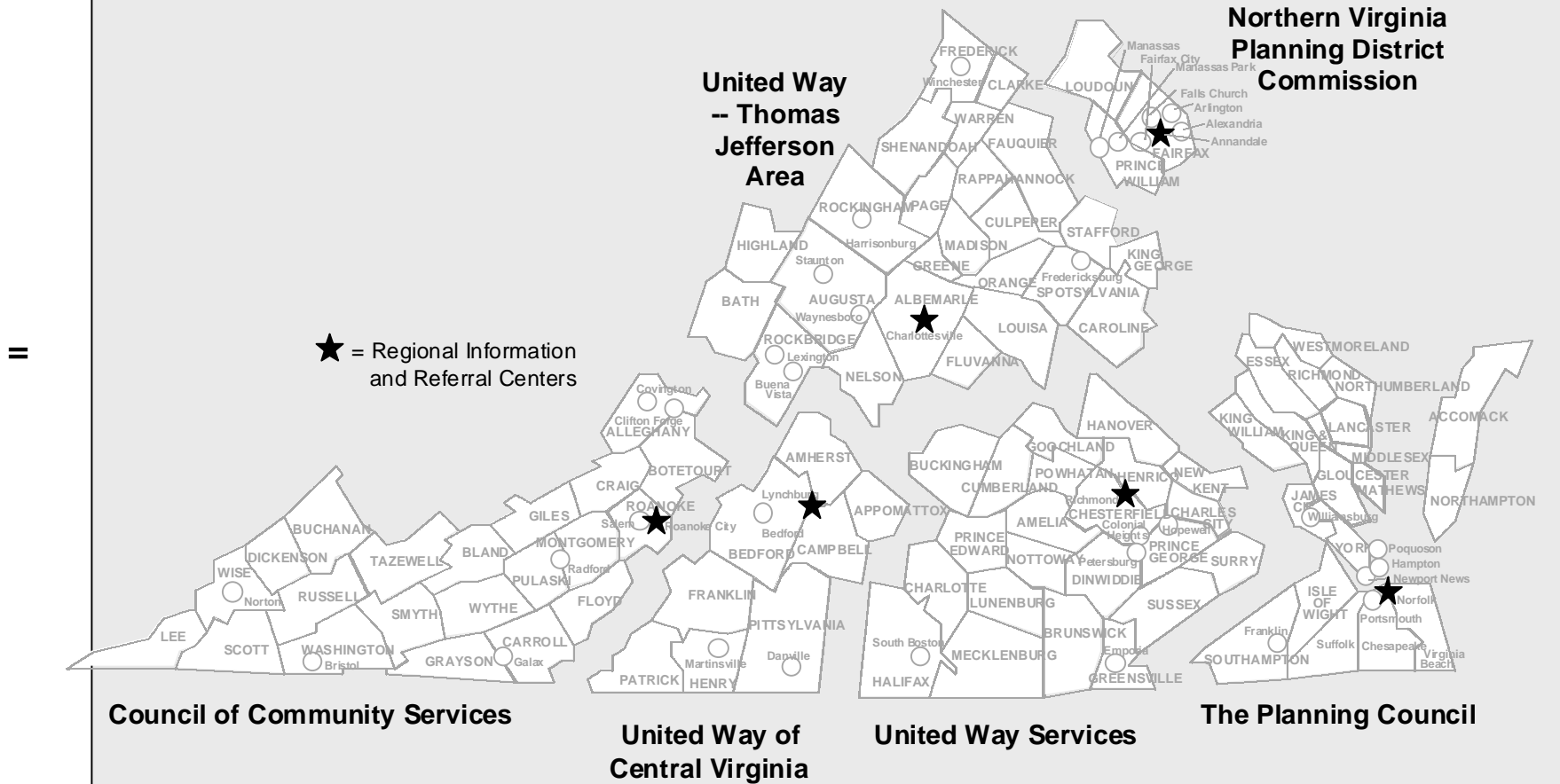
vided within a large metropolitan area or by a human service agency for its own clientele, Virginia is somewhat unique in its longstanding effort to establish a statewide I&R system.

The genesis of the currently established statewide human services information and referral system dates back to 1984. The system was designed to: (1) collect and maintain accurate and complete human services resource data on a statewide basis; (2) link citizens needing human services with appropriate community resources to satisfy those needs; (3) assist in planning for human services delivery at the local, regional, and State levels; and (4) provide information to assist decision-makers in allocating financial and other resources to respond to State and local human service priorities.

The 1984 legislation also established in statute a three-tiered system to carry out the I&R program in Virginia. Those three tiers included: six regional I&R centers (see map, next page), which would operate as independent contractors; the Department of Social Services (DSS) as the State-level agency that would administer the program; and an advisory council that would recommend standards for improving the I&R system.

House Joint Resolution 502 of the 1999 General Assembly session directed JLARC to evaluate "the effectiveness of the Information and Referral Centers in the Commonwealth" and to determine "whether any legislative changes are necessary to enable the program to work more efficiently." This report addresses the mandate through a series of recommendations that would improve the delivery of information and referral services through the current three-tiered system.

# Location and Service Areas of the Six Information and Referral Centers



Source: JLARC staff graphic based on Department of Social Services information.

## Virginia's Information and Referral System Is Not Well-Developed

This review found that Virginia's I&R system is not well developed, even though it has been established for a number of years and has been the focus of numerous studies and recommendations for improvement. In addition, this report also underscores that none of the players in the three-tiered system are currently meeting their statutory responsibilities. The primary reasons include the low priority that information and referral services have received at the State level, lack of awareness by citizens, and insufficient funding.

The JLARC study found that within each level of the information and referral system, significant changes are required. Major conclusions of this study are:

- At the local level, the six regional centers are not effective in collecting and maintaining an accurate and complete regional inventory of human services and in linking citizens with those resources. Also, the regional centers do not provide well-utilized information to assist local and State policy makers concerning the needs of the citizens within their regions.
- At the State level, the Department of Social Services has not adequately administered the information and referral services program. DSS' performance has been inadequate in: encouraging effective relationships between the system and State and local agencies, both public and private; implementing a statewide publicity effort; providing meaningful technical assistance and consultation; and implementing a program for monitoring and assessing the performance and success of the program.

- The Statewide Human Resource Services Information and Referral Advisory Council is currently non-existent. No members of the council have been appointed since July 1998 and the council has not met since May 1996. Therefore, it cannot fulfill its statutorily-defined role as a link between the delivery of information and referral services at the local level and the State administration of the program.

The report contains ten recommendations to improve the regional I&R center's performance, including recommendations to:

- increase outreach activities to citizens and planners;
- improve the accuracy of the service resources data base and the usefulness of the reports;
- review new information telephone line requests to determine the centers' capability of providing services;
- study the feasibility of implementing 211, a non-emergency I&R number; and
- implement a State-level I&R web site.

In addition, the report contains several recommendations to improve the State-level administration of the I&R program, including recommendations to:

- determine the extent that TANF funds can be used to fund the program;
- ensure adequate State staff to provide technical assistance and program oversight;

- issue requests for proposals in a more timely manner;
- perform financial and program monitoring of the program;
- develop a statewide publicity effort; and
- change the composition and appointing authority for the Advisory Council.

**Legislative Funding Mandates Have Not Been Carried Out in a Timely Manner**

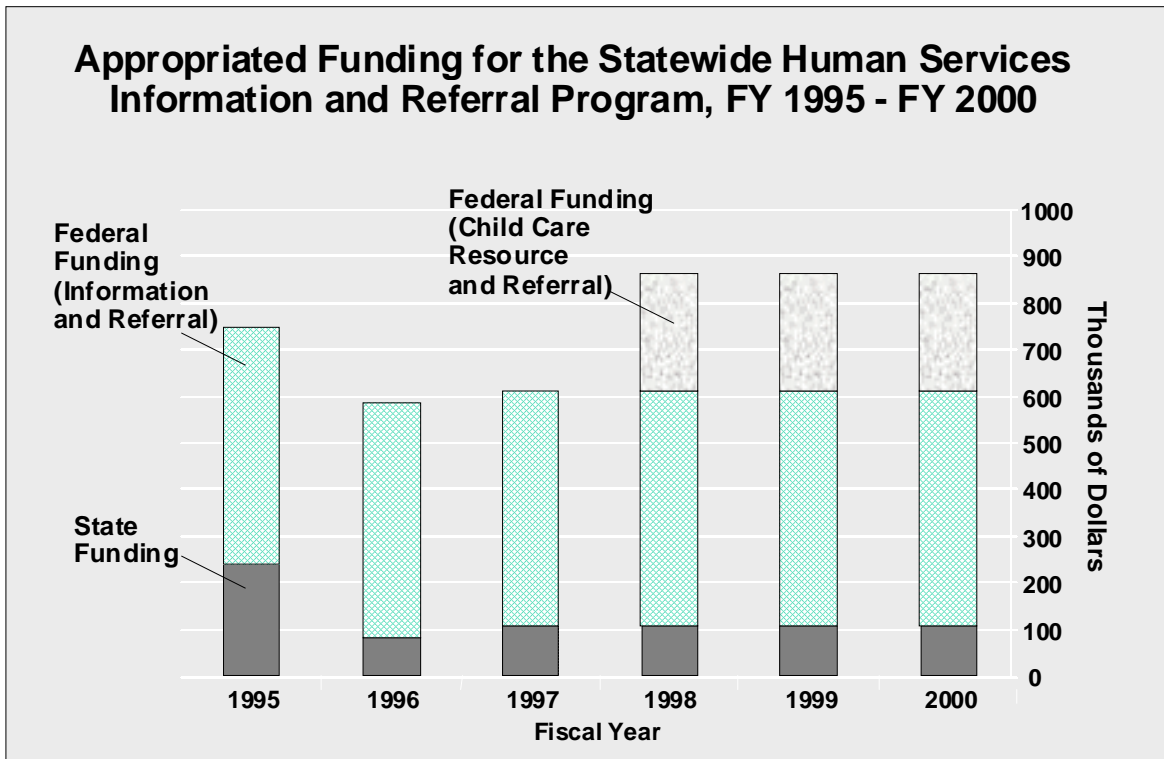
Funding for the statewide I&R system has generally been constant over recent years. In 1997, however, the General Assembly increased the federal funding by \$250,000 a year to expand the I&R system to include child care resource and referral information. Despite this appropriation, DSS did not allocate these funds until September 1999, more than two years later.

The figure below shows the funding that was appropriated for information and referral services from FY 1995 through FY 2000. For the 1998-2000 biennium, \$1.5 million or 88 percent of the appropriated funding were federal dollars. Approximately \$200,000 of the funding, or 12 percent of the total, were State funds.

**New Directions and Structure Are Needed**

While changes to the current structure would improve performance, the larger policy question is whether the General Assembly wants to continue funding the current system. As an alternative, human service agencies within local communities could determine the most effective way of providing this information to citizens.

Past studies have suggested that it is important to have an information and referral program that links citizens in need with





the services that are available from public and private human service organizations. However, unless improvements are made, Virginia's current system does not clearly demonstrate that the best way to do this is through a statewide system. In the absence of an effective statewide information and referral system, many local organizations have developed information and referral services for their specific communities.

Given the number of studies that have been conducted over the years on the establishment of a statewide information and referral system, another study of the current system is not needed. Instead, the State needs to consider whether there are alternative arrangements that might be used to more effectively achieve its information and referral objectives. The development and implementation of 211 as a non-emergency information number that could link citizens to a designated human resource agency in their own community is one option. Another is the development and implementation of a State level web-based site with links to all local, regional, and State I&R resources across the Commonwealth. Both options could improve citizen access to needed information on public and private services.

**Recommendation.** The General Assembly may wish to consider whether the current structure for providing statewide information and referral services is the most effective mechanism to ensure that all citizens across the Commonwealth have access to information concerning available public and private human services. The General Assembly should request that the Secretary of Health and Human Resources develop a proposal for restructuring the State's information and referral services, to be presented to the House Appropriations and Senate Finance Committees by October 2000.

The Secretary's office should receive input from the Department of Social Services, the regional centers, other health and human resource agencies that provide information and referral services, and the Department of Information Technology. The report should focus on reconfiguring the advisory council, alternatives to regional centers, the development and implementation of 211 as a non-emergency information number, and the development and implementation of a State level web-based site with links to all local, regional, and State I&R resources across the Commonwealth.



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## I. Introduction

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Information and referral (I&R) is a term that is used to describe services that link people in need with the community services designated to meet those needs. The I&R centers in Virginia were established to help callers identify agencies that provide help with needs such as emergency food, clothing and shelter, affordable day care, medical care, and other individual and family needs. Information and referral services have been offered in Virginia for more than 30 years. A statewide program for information and referral was established in statute in 1978. While I&R services are often provided within a large metropolitan area or by a human service agency for its own clientele, Virginia is somewhat unique in its longstanding effort to establish a statewide I&R system.

The genesis of the currently established statewide human services information and referral system dates back to 1984, when the General Assembly reinstated the system after 1978 statutory language that first created the system was allowed to expire in 1982. In reinstating the I&R system, the General Assembly stated in §63.1-314.1 of the *Code of Virginia* that the system should be designed to:

- (1) collect and maintain accurate and complete resource data on a statewide basis;
- (2) link citizens needing human services with appropriate community resources to satisfy those needs;
- (3) assist in planning for human services delivery at the local, regional, and state levels; and
- (4) provide information to assist decision-makers in allocating financial and other resources to respond to state and local human service priorities.

Thus, the I&R program is designed to serve two primary “client” groups: (1) the citizens who request information and referral to address their human service needs, and (2) private and public entities who receive referrals of citizens and/or are able to use the information that is gathered by I&R centers for human services planning and coordination.

The 1984 legislation also established in statute a three-tiered system to implement the I&R program in Virginia. Those three tiers included: six regional centers (I&R regions were based on Virginia’s six health planning districts) which would operate as independent contractors; the Department of Social Services (DSS) as the State-level agency that would administer the program; and an advisory council. The existing statewide I&R system continues to operate under the legislative mandate and three-tiered structure established in 1984.

This chapter provides background information on the history, the current structure and funding, and the mandated JLARC review of the statewide I&R program. House Joint Resolution 502 of the 1999 General Assembly session required the JLARC review. The study resolution directs JLARC staff “to evaluate the effectiveness of the Information and Referral Centers in the Commonwealth.”

## **HISTORY OF INFORMATION AND REFERRAL SERVICES IN VIRGINIA**

During the more than 30 years in which information and referral services have been offered in Virginia, I&R services have been organized and funded in a variety of ways. I&R services were first funded in 1965, when federal funding was available from the U. S. Public Health Service to fund demonstration models of health-related information and referral centers. The Virginia Department of Health administered that federal funding from 1968 through 1971. In 1971, Older Americans Act (OAA) funding was utilized in Virginia to fund a model information system that would address human services in general. Even after the OAA funding ended in 1975, federal legislation continued to require selected human service agencies to provide I&R services as part of their mission. This federal legislation related to social security benefits, vocational rehabilitation, area agencies on aging, and other federally-funded programs. Consequently, individual State agencies continued to provide information and referral related to their specific program areas. There is no federal requirement for a statewide information and referral system that addresses all human service programs. In Virginia, a statutory requirement for a statewide system was enacted in 1978.

### **Influence of Early Studies on I&R Development**

When federal funding through Title XX of the Social Security Act became available for information and referral in 1975, three studies were being considered to determine the type of I&R program that would best serve the needs of Virginia’s citizenry. The first study was completed between 1972 and 1974 by private management consultants at the request of the then secretary of human affairs. That study focused on the needs of a developing I&R system in Virginia. Those needs were identified as stable funding and management at the State level.

Virginia Polytechnic Institute and State University completed the second study in 1975, at the request of the Virginia Department of Health. The study, titled “Feasibility Study: A Statewide System of Health Information and Referral Services for Virginia,” determined that a regional I&R structure would be more cost-effective than a centralized State system.

The third study, which was completed by a task force of State agency staff appointed by the Secretary of Human Affairs, was also issued in 1975. This study recommended a structure that became the basis for the current statewide I&R system. Specific recommendations included that DSS oversee the statewide program and that an advisory

council, appointed by the Governor, should recommend “policy for the development and implementation of a statewide human services information and referral program.”

Based on the recommendations made in the three studies, the Governor established the statewide I&R system through an executive order issued in 1977. In 1978, the General Assembly statutorily established the Statewide Human Services Information and Referral Program (in *Code of Virginia* §§63.1-309 through 63.1-314). As recommended, the statewide program included a three-tiered system that included an advisory council, DSS as the administering agency, and six regional I&R centers. (I&R regions were based on Virginia’s six health planning districts.)

In 1981, DSS hired private consultants to study the I&R system. That study (titled “Evaluation of the Information and Referral System in the Commonwealth of Virginia”) noted the following systemic needs:

- reliable administration and funding for the system;
- a mechanism for using compiled information to plan and manage human services; and
- a uniform database of the resources available which would be determined and maintained by the regional centers.

The *Code* sections establishing the statewide I&R system included a provision for the statutory language to expire on July 1, 1982. The General Assembly allowed the statutory authorization to expire on that date. The six I&R centers continued to operate and cooperatively develop until 1984, despite the absence of State leadership.

### **Joint Subcommittee Recommendations Prompt Reestablishment of I&R System in 1984**

During the 1983 session, the General Assembly in Senate Joint Resolution 69 established a joint subcommittee which was charged with determining “the need to expand and integrate [I&R] services into a statewide system which would inventory all public and private human service programs.” The joint subcommittee released a report in 1984, which recommended establishing the same three-tiered system that had existed from 1975 through 1982. I&R services were considered to be especially important, as explained in the following study excerpt:

Federal funding cuts and economic austerity are currently affecting social services. It is now important to preserve the regional information and referral services which are in place and [if] possible to integrate them into a statewide system which can support an enlightened approach to capacity building and effective planning and management, essential in the effort to find rational solutions to present

problems....In effect, the information and referral operation is a daily needs assessment, documenting the current needs of individuals and monitoring the effect of responses to their requests. It affords to planners and administrators in both the public and private sectors an inventory of resources upon which decisions can be made.

In 1984, legislation was passed which reestablished the statewide I&R program. DSS was again granted statutory responsibility for administering a statewide information and referral system. This responsibility included overseeing the six regional I&R providers which had continued to operate. The 1984 legislation also reestablished the Human Services Information and Referral Advisory Council. This advisory council had 22 members, including a representative from each of nine agencies within the human resources secretariat, a representative from each of five other executive branch agencies, six citizen members who were appointed by the Governor, and, as ex officio members, the Secretary of Human Resources and the DSS commissioner.

### **Significant Statutory Changes Are Made Following 1989 Study of I&R**

In 1988, federal legislation was passed which prohibited using Social Services Block Grant (SSBG) funds for certain contracts. These contracts had been the mechanism for funding the regional I&R centers. As noted in the 1994 *Biennial Report of the Statewide Human Services Information and Referral Advisory Council*, "While general funds were appropriated for the statewide system to help reduce the impact of the loss of SSBG funds, there was a 25% reduction in total funds for the system, as a result."

In 1989, the Appropriation Act directed the Secretary of Health and Human Resources to study and develop an effectiveness plan for the I&R program. The study committee that was formed reported that the intent of the 1984 legislation in reestablishing the statewide I&R program had not been realized. Some of the primary problems noted included:

- Funding for the I&R program had not been stable, particularly given the federal funding reductions that had occurred.
- The advisory council, which included officials from other State agencies spanning three secretariats, had not established policies that would allow their agencies to benefit from I&R services.
- DSS had not committed enough staff to the I&R program – only one staff member had been assigned on a part-time basis.
- I&R services were not marketed due to limited funding, which resulted in little visibility and limited use of the program by State agencies.



- Regional center operations had suffered from the reductions in federal funding, resulting in resource information being updated less frequently, follow-up on citizen calls being reduced, and training and development of staff being neglected.
- Data items were not collected or reported in a uniform way by the regional I&R centers.

The report concluded:

The Statewide Information and Referral System has the capability to implement special statewide hotlines or information lines, Medicaid transportation, and information dissemination for other special services. In Virginia, the potential of the Statewide Information and Referral System has yet to be realized. There is potential for cost avoidance and efficiencies by using the Statewide I&R System as a component of the large and diverse human services delivery system.

A number of study recommendations were implemented during the 1990 session, when the General Assembly approved statutory changes in the statewide I&R program. One of the most significant changes involved the membership of the advisory council. The advisory council as reconstituted would include no more than 25 members who were appointed by the Governor and generally represented the I&R providers and other community interests. Specifically, the council membership was to include: a representative from each of the six regional I&R center boards; one representative from the I&R regional centers; three citizens, including one "consumer of human services" and one individual having a disability; two business or industry representatives; one labor representative; two local government representatives (one from a rural and one from an urban locality); and one representative each from the United Way of Virginia, the Virginia Cooperative Extension Services, the Virginia State Library, the Virginia Association of Community Action Agencies, and the armed services.

The agencies, which would no longer be represented on the advisory council, were to be represented on a technical assistance committee for I&R. This technical assistance committee was also statutorily established in 1990. The technical assistance committee was mandated to "provide technical and support services on the operations of the information and referral system as the [Advisory] Council may deem appropriate and [to] advise the Council in performing its powers and duties."

Statutory changes related to DSS support of the I&R system primarily related to a shift in emphasis. These changes included the requirement that DSS "establish an office" that would provide the support that was already mandated and that DSS "develop and implement" rather than simply support the development of a statewide publicity endeavor.

Only one statutory change related to regional I&R center duties was mandated, and that involved encouraging centers “[w]hen feasible and appropriate and within the limits of available funds, [to] establish satellite offices or develop cooperative agreements with local information and referral groups and resource and referral groups....”

### **Recommendations for I&R Are Included in Studies Completed During the 1990s**

During the 1990s, I&R-related recommendations were included within several studies of other human services issues. A 1990 JLARC report on child day care recommended that the General Assembly add child care resource and referral programs to the core services provided by the six regional I&R centers. This recommendation was seen as an effective way to ensure that information regarding child care resource and referral services was available statewide. The ten child care resource and referral programs that operated in 1990 covered only part of the State (four of the programs operated in Northern Virginia).

A second report was released in 1995 by the Advisory Committee on Aging, Disability, and Long-term Care Services. That study, which sought to improve information on long-term care services, recommended: (1) improved publicizing of the services provided by the regional I&R centers and of their shared toll-free number, and (2) increased funding of \$500,000 for the regional centers to allow for anticipated workload increases.

A third study, submitted to the Governor and the General Assembly by the Secretary of Health and Human Resources in 1996, evaluated information and referral services provided under eight different auspices. The regional I&R program was one of the eight systems studied. Study concerns which were specific to the regional I&R centers included that efforts to better publicize services might result in significant waiting periods for callers and that the quality of information given to callers was dependent on the knowledge and experience of the staff answering the call.

### **CURRENT STRUCTURE AND FUNDING OF THE STATEWIDE INFORMATION AND REFERRAL SYSTEM**

The current I&R system reflects the same structure that was statutorily mandated in 1990. (No substantive changes have been made in *Code of Virginia* provisions related to the statewide information and referral program since 1990.) Consequently, six regional centers continue to contract with DSS to provide direct I&R services. In recent years, DSS had allocated one person within its Division of Family Services on a half-time basis to oversee the program and the regional contracts. However, in Decem-

ber 1998, I&R oversight was moved to the Office of Communications and a full-time position was created to assume oversight responsibilities. A full-time support position was added in July 1999. Policy oversight has been lacking, however, as the advisory council has not met in almost three and one-half years and council members have not been appointed during the current administration.

### **Structure of the Regional I&R Centers**

Figure 1 shows the names, locations, and service areas for the six regional I&R centers currently under contract with DSS. The regional I&R contracts are awarded on the basis of responses submitted to a request for proposals (RFP) issued by DSS. The RFP, issued in 1995, provided for up to four annual contract renewals, with the consent of both DSS and regional center staff. The same six organizations have always received the I&R contracts issued by DSS. In fact, DSS staff report that only one organization unsuccessfully competed for the contracts awarded in 1995. The six contracting organizations include three United Way agencies, two private non-profit corporations, and the Northern Virginia Planning District Commission. All of the contracting organizations except the Northern Virginia Planning District Commission maintain an inventory of service providers and respond to calls from citizens requiring information about or referral to those providers. In Northern Virginia, the planning district commission maintains the service resource inventory that is shared with the five local human service agencies in the Northern Virginia localities. Staff of those five agencies in turn provide the direct information and referral services to citizens.

Most citizens access I&R services by calling either a locally-established telephone number or the statewide toll-free telephone number (1-800-230-6977) that was established in December 1997. When individuals call the statewide toll-free number, they are automatically connected with the regional I&R center (or in Northern Virginia, with the local human service agency) that serves their locality. Individuals may also make written or walk-in requests for information.

Operational guidelines for the regional I&R centers are specified in their contracts with DSS and in policies and procedures adopted by DSS as approved by the advisory council. DSS staff indicated that there are no specific federal guidelines for the operation of I&R services. Consequently, in addition to the guidance provided in the *Code of Virginia*, DSS has adopted some policies and procedures that are recommended by the Alliance of Information and Referral Systems, a national association for I&R organizations.

On the financial side, the regional centers are reimbursed monthly on the basis of budgeted needs and actual expenditures. Each regional center is also required to have an independent contract audit completed each year, with three copies submitted to DSS.



## **Funding for the Statewide Information and Referral System**

As noted previously, beginning in 1975, federal funding through Title XX of the Social Security Act became available for information and referral services. Later, Social Services Block Grant funding replaced Title XX funding for I&R services. For the 1998-2000 biennium, \$1,511,330, or 88 percent of the appropriated funding, involved federal funds and \$211,742, or 12 percent involved State funds. Figure 1 shows the funding that was appropriated for information and referral services, by funding source, from FY 1995 through FY 2000.

### **JLARC REVIEW**

House Joint Resolution 502 of the 1999 General Assembly session requires JLARC to “evaluate the effectiveness of the six regional Information and Referral Centers” as part of JLARC’s “broad review of health and human resources agencies and issues.” House Joint Resolution 502 specifies that during the course of the review, the following issues should be included:

- the cost of supporting the information and referral centers,
- the cost-efficiency of the centers’ operation,
- whether the centers serve the entire population living within their health planning district boundaries in “an efficacious manner,”
- the types of individuals who are receiving services,
- the “effectiveness of public dissemination of information,”
- the outreach efforts that are being undertaken, and
- whether legislative modifications are needed to allow the information and referral program to operate more efficiently.

A copy of the study resolution is included in Appendix A.

### **Study Issues**

Four issues were developed in order to examine the effectiveness of the six regional I&R centers as required by the study resolution. The first two issues directly address the regional center operations. Because the ability of the regional centers to provide effective I&R services is significantly affected by the support and direction provided by DSS and the advisory council, two additional issues were addressed. These

issues examine the support and guidance provided by the Department of Social Services and by the Human Services Information and Referral Advisory Council.

The four study issues are:

1. Have the regional I&R centers provided the kinds of services envisioned when the Statewide Human Services Information and Referral Program was reestablished and the regional center duties were set out in §63.1-314.6 of the *Code of Virginia*?
2. Are the regional I&R center services provided in a cost-effective manner while ensuring the quality of service provision?
3. Has DSS met all of its statutory responsibilities for the administration of the I&R program?
4. Has the Human Services Information and Referral Advisory Council met all of its statutory responsibilities?

## Research Activities

A number of research activities were completed in reviewing the statewide information and referral program. These activities included site visits, structured interviews, document reviews, and the collection and analysis of quantitative indicators regarding regional I&R center operations.

**Site Visits.** A site visit was made to each of the six regional I&R centers and to two local human services agencies in Northern Virginia. Extensive structured interviews were completed with regional center staff to better understand their operations and to determine their perspectives on program operations.

**Structured Interviews.** In addition to the interviews that were completed during site visits, structured interviews were completed with a number of staff within DSS' central office, with staff of the Department of Planning and Budget and the Department of Information Technology, and with officials within human services organizations at the local level.

**Document Reviews.** A number of documents were examined during the course of the study. These documents included: the *Code of Virginia* and *Acts of Assembly*, requests for proposals issued for I&R services, reports and records submitted by DSS, materials provided by each of the regional I&R centers, previous studies of the statewide information and referral program, literature on information and referral issues, and information and guidelines disseminated by the Alliance of Information and Referral Systems.

***Quantitative Indicators of Regional Center Operations.*** A database was constructed to include quantitative indicators of workload and related costs. These data were used in an assessment of the utilization and cost-effectiveness of each of the regional I&R centers. Examples of indicators include the number of citizen contacts reported for FY 1999 by each regional center, compared with the size of the population living in each of the six regions.

## **REPORT ORGANIZATION**

This report is organized into two chapters including this introductory chapter. Chapter II provides an assessment of the three-tiered information and referral system, including findings and recommendations to improve the functioning of that system.





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## **II. Performance and Oversight of the Statewide Information and Referral Program**

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For a number of human service organizations, the provision of program-specific information and referral (I&R) for their clients is a basic service. Across the Commonwealth, there are a number of locally-sponsored I&R programs offered by both public and private organizations. Typically, these local I&R programs do not receive State or federal funding to provide those services, and there is no consistency across programs as to the services that are provided or whether the needs expressed by clients are collected in a meaningful way for planning purposes. United Way organizations often provide broad-based I&R services for their specific service areas, while other organizations, such as Area Agencies on Aging, provide limited I&R services that are specific to their area of expertise or interest.

This chapter presents an assessment of the three components of the I&R system in Virginia – the six regional I&R centers, the Department of Social Services (DSS), and the Human Services Information and Referral Advisory Council. Virginia is unique in its longstanding effort to establish a statewide I&R program. Virginia was one of the first states to statutorily-establish statewide I&R services and to include State funding for services.

However, this review found that although Virginia's I&R system has been established for a number of years and has been the focus of numerous studies and recommendations for improvement, it is not a well-developed system. In addition, it has not realized the statutory goals for its establishment. Information and referral has not been a priority for the Department of Social Services, the administering agency, which has inconsistently promoted understanding of, or interest in, the system. The Statewide Human Services Information and Referral Advisory Council that was designed to assist DSS in the development of the information and referral system has not met since May 1996. Moreover, no appointments have been made to the advisory council since July 1998.

In the absence of effective oversight or support by DSS and by the advisory council, the regional I&R centers have progressed very little as a system. In general, the regional centers have had limited success in terms of becoming a familiar and regularly-used source of information for citizens or human services planners.

Recommendations are made in this report that have the potential to bring modest improvements to the current I&R system. Many of these recommendations have been made in previous studies. The failure of the system to perform better over many years, however, indicates a need for the State to rethink the approach to the delivery of I&R services and consider viable alternatives.

## **REGIONAL CENTERS HAVE HAD LIMITED SUCCESS IN MEETING THE STATUTORY INTENT FOR INFORMATION AND REFERRAL**

The regional centers are the component of the statewide information and referral system that actually provide the services envisioned when Virginia's information and referral system was established. Thus, the elements that would make for an effective statewide information and referral program were examined from two perspectives.

The first perspective evaluates the effectiveness of the regional center structure in meeting the statutory intent for establishing a statewide I&R system. The *Code of Virginia* in §63.1-314.1 delineates four statutory reasons for establishing the statewide I&R system including: (1) collecting and maintaining an accurate and complete inventory of human services resources; (2) linking citizens with those resources; (3) assisting in planning "human services delivery at the local, regional, and state levels;" and (4) providing "information to assist decision-makers in allocating financial and other resources to respond to State and local human service priorities." The second perspective evaluates the regional centers individually, based on indicators of the efficiency and effectiveness of their service provision.

### **Accuracy and Completeness of Resource Databases**

The six regional centers have the responsibility to inventory human service resources in all areas of the State. In past reviews of the I&R system, regional centers acknowledged that these resources had not been identified in all areas of the State. The regional center directors now state that all of the areas of the State have been inventoried, although the accuracy and completeness of the resource data is less than desired. It is generally acknowledged that the resources are best known within the localities where the centers are actually located. This is in part because many of the available human service resources are informal services provided by churches, civic organizations, and other non-governmental groups.

***The Failure to Develop Local Partnerships Has Affected the Identification of Service Resources.*** Regional center directors generally agreed that the best way to address the problem of exhaustively identifying service resources is to develop cooperative agreements or "partnerships" with other local human service organizations throughout the State. These local human service organizations often provide I&R services within their limited geographic area and are therefore very familiar with the services that are available.

The concept of developing partnerships is addressed in the duties listed for regional centers. As noted in the *Code of Virginia* §63.1-314.6.8, the regional centers are expected to:

...when feasible and appropriate and within the limits of available funds, establish satellite offices or develop cooperative agreements with local information and referral groups or resource and referral groups which can assist the regional providers in performing their duties and responsibilities.

Regional center directors indicated that they had not been able to develop partnerships to the extent that they would like primarily due to funding constraints. It also appears that in some areas of the State, potential partners may be unwilling to work with regional centers based on the perception that some of the regional centers have shown little interest in effectively serving their localities.

*The director of a human service organization in far Southwest Virginia stated that about five years ago, a coalition of organizations talked with The Council of Community Services (the regional center in Roanoke) about subcontracting to handle the services in their area. While the director noted that the services provided by the Council of Community Services work well in the Roanoke area, the coalition members were not satisfied with the services that were being provided by the Roanoke regional center to clients located 200 to 300 miles away. Examples of problems noted by the coalition members included: (1) they received few referrals from the Council; (2) of the referrals that were received from the Council, some were inappropriate because the services and service areas were not understood by the Council; and (3) citizens in their rural localities would not consider calling a center in Roanoke for assistance.*

*The director of the human service organization indicated that earlier conversations with Council of Community Services officials never progressed past the "discussion phase" and that the idea of now becoming a funded satellite would not be the "preferred option." The director added that there is little trust on the part of the coalition members that funding would be forthcoming from the Council of Community Services. Having a separate regional center that could be more efficient and responsive would be considered by the coalition members to be a better alternative.*

\* \* \*

*The director of a human service organization in the Waynesboro area indicated that a number of agencies in the area were not aware that the regional center in Charlottesville was to provide I&R services for their area also. The director stated that over the past ten years, the regional I&R center has periodically provided his agency with a service resource directory and handouts for his area, but his agency has never been contacted for input.*

*Recently, the director was at a joint meeting with staff from the I&R regional center. He requested that the center provide him with what they had for the Waynesboro area. The regional center director produced a listing of service resources that was similar to the listing of resources provided on the "Community Services" page of the Waynesboro telephone book.*

*The director added that he was certain that the Charlottesville regional center provides excellent services for the Charlottesville/Albemarle area, but for his area and others around the northwestern region, the I&R program has not worked well in a number of years. The director also indicated that he understood that there was not enough funding to provide I&R services for the entire region as required. He blames the State for that because they should have been more aware that the statewide program did not cover his area.*

**Recommendation (1). The regional information and referral centers should emphasize community outreach: (1) to ensure that service resources available in each locality within their regions is included in their I&R materials and computer database, and (2) to develop relationships that will foster local partnerships.**

***Better Quality Control Measures Are Needed to Ensure the Accuracy of Resource Data.*** The accuracy of the resource data maintained by the regional centers is also hampered by the centers' reliance on service providers to accurately detail their services. Regional centers are required in their contracts with DSS to survey human service providers annually to update the information they have on each provider. This involves sending each provider in the center's database a copy of the description the regional center has of the provider's programs. While it would be impossible for the regional center staff to check with every resource provider to ensure the accuracy of the service descriptions that are submitted, the regional I&R centers should have a mechanism for quality control checks. A review of some of the resource descriptions included in one center's 1999 service directory revealed the types of errors that currently occur:

*The description of the juvenile correctional centers operated in the Richmond area by the Virginia Department of Juvenile Justice gives the impression that only three rather than six centers are operated and that only males are incarcerated in any of the three centers. This is despite the fact that the Bon Air center, which houses females committed by the courts, is one of the three juvenile correctional centers described. The description of eligibility for services at Bon Air reads, "Male juveniles ages 12-18 years committed by courts to Virginia Department of Juvenile Justice." The fact that Virginia incarcerates females should have been an indicator that the description supplied by the Department of Juvenile Justice was inaccurate.*

\* \* \*

*Local social service agencies are all required to offer the 15 major service programs contained in Virginia's State Plan. These programs include Food Stamps, Temporary Assistance to Families in Need, Energy Assistance, and State and Local Hospitalization. Of the major services provided, only the General Relief program is offered at the option of the local agency. A review of the service descriptions supplied by three local social services agencies showed that the smallest of the three agencies listed 16 different programs being provided while the two largest agencies listed only 12 and 13 different programs. Significant programs that were not listed by either of the two larger agencies included Energy Assistance, State and Local Hospitalization, and General Relief. (Telephone calls revealed that both of the larger agencies offered some General Relief coverage).*

The value of the information provided by the regional centers is directly related to the accuracy and completeness of the resource descriptions that are included on their databases. Consequently, when service descriptions are received from service providers, regional center staff should carefully review those descriptions for accuracy and completeness. Service descriptions that are received from providers with comparable or similar programs, such as local social service agencies, should be compared to reveal when important programs may have been excluded. Recently, the regional centers have added the statement that "the information that has been provided is both accurate and complete" above the line that the provider representative signs when sending in service updates.

***Recommendation (2). Regional center staff should more carefully review the service descriptions that are received to ensure accuracy and completeness. Descriptions received from agencies offering similar programs should be carefully compared to determine whether important programs have been omitted. Follow-up calls should be made to service providers to verify the accuracy of any changes the regional center staff intend to make in resource descriptions.***

***Statewide Database Will Need to Be Accurate and Complete to Be Useful.***

The accuracy of the service resources will become even more important now that a statewide database has been developed. A statewide database listing all of the service resources in Virginia was one of the products to be developed as a technology improvement funded by the General Assembly in 1995. The computer technology that was planned included two databases that would be maintained by each of the regional I&R centers.

The first database would allow the centers to collect and retain information about citizen contacts in terms of the services requested and the referrals they received. The second database would include specific descriptions of service resources located within each of the six regions.



These regional resource databases were ultimately to be linked to a statewide database that could be accessed by DSS, the six regional centers, their partner agencies, and eventually all agencies and organizations needing service resource information. When it was determined that the initial funding for technology was not adequate to develop all of the planned databases, the development of the statewide database was delayed. Consequently, each regional center developed individual databases using the standardized Information and Referral System (IRIS) software with the intent of developing a statewide service resource database at a later date.

During the last year, one of the regional center directors took the lead in developing the statewide service resource database. This was a time-consuming and tedious task, in part because standard keywords, or ways of categorizing services, had not been developed and agreed upon among the six regional centers. Thus, services that were classified as food assistance in one region and as food aid in another region would show up as two different types of services. Once the keywords were standardized, each regional center's information was consolidated into one database, duplicate resource descriptions were eliminated, and information was verified.

The development of a single database is an important step toward providing information that will be useful to service providers, planners, and other decision-makers. It also lays the groundwork for new technology and ways of accessing information, such as web sites on the Internet. Several organizations have indicated interest in having access to the information, in part because of the statewide coverage of the resources. One such organization is the Virginia Health Care Foundation, which may contract with the I&R centers to develop a specialized database listing statewide services of interest to senior citizens that can be accessed through the Internet. Organizations will not be interested in using the database or having special databases developed, however, unless the information that is contained is reasonably accurate and complete.

### **Citizen Access to Resource Information**

When the information and referral system was developed, the plan envisioned regional center staff linking citizens who primarily called by telephone to learn about available service resources. Citizens have been able to access I&R in other ways including by mail, by in-person visits to centers, and through information presented in small directories, called "quick guides," on specific topics or for specific localities.

Regardless of the medium for accessing information, citizens must know that the statewide I&R system exists for the system to be useful. There appear to be two primary reasons for the limited marketing of the program in recent years. First, while the IRIS database has been very important in the development of the system, several regional center staff indicated that developing and implementing the database has diverted attention from other important efforts including marketing of their services. A second reason cited by a regional director is that the funding from the State has not

increased over the years. Consequently, the center had to choose between marketing the program and providing services.

***The Statewide Toll-Free Telephone Number Has Been Used Less than Expected.*** One innovation that was expected to increase citizen access was the adoption in December 1997 of a statewide toll-free telephone number. It appears, however, that this number is under-utilized. The Department of Information Technology, which manages the account for DSS, reported that from January 1, 1999 through June 30, 1999, 14,326 calls were made to the statewide number. This represented approximately 27 percent of the calls reported by the regional centers for the six-month period.

There are several factors that influence this relatively low number of calls on the statewide number. First, there has been relatively little publicizing of the number since its creation. Second, the telephone number that was selected (1-800-230-6977) is not an easy number to remember. Third, most of the regional centers have other toll-free numbers, many of which predate the establishment of the I&R number and are often easier numbers to remember. (For example, the United Way in Richmond also has the telephone number ASK-2000.) Fourth, the regional centers also have local numbers that are listed in telephone books. At least one regional center has a number of different local numbers because people living in the rural areas of that region are more likely to call a number if it has a local exchange.

One way to increase the visibility of the toll-free I&R number would be to make it easier to find the number in telephone books. A review of 25 local telephone books showed that the statewide toll-free number was shown under a number of different listings and was not particularly easy to find. One option, suggested to the regional center directors, was to include the toll-free I&R number on the first page of local telephone books. In most local telephone books, the first page displays the 911 number as well as other important numbers, such as: the Bureau of Alcohol, Tobacco, and Firearms; the Poison Center; and the State Police. The toll-free I&R number would be shown as a resource to call for non-emergency service needs. All of the regional center directors indicated they liked the idea and anticipated being able to handle any increase in telephone calls they might have as a consequence.

***Recommendation (3).*** The regional center directors should consider drafting a letter to send to each of the local telephone companies operating within their regions. The letter would ask the local telephone companies to include the statewide toll-free number for information and referral as a non-emergency contact on the page that displays the 911 number and other emergency numbers. Each letter should be signed by the Commissioner of the Department of Social Services and an official of the regional information and referral center.

***Statewide Adoption of 211 as a Non-Emergency Telephone Number Would Improve I&R Visibility and Should Be Studied.*** Another advancement that would vastly improve the visibility of the statewide I&R program would be Virginia's

adoption of 211 as a statewide non-emergency telephone number. The number 211 would function similarly to 911 except it would allow citizens with needs that were not life-threatening to have a three-digit number to dial to receive assistance. Primary supporters of the adoption of 211 have included organizations that provide I&R services, that are affiliated with the United Way, or that are human service providers.

Earlier this year, United Way of America issued a press release announcing that a group of non-profit organizations (including United Way of America; the Alliance of Information and Referral Systems; United Way 211 of Atlanta, Georgia; United Way of Connecticut; the Florida Alliance of Information and Referral Services; and the Texas I&R Network) had formed a coalition to petition the Federal Communications Commission (FCC). The petition asked the FCC to designate the telephone number 211 as “a universal access point for community information and referral.” A number of states and localities are considering whether to request use of 211 for information and referral purposes.

The regional center directors submitted a written request to DSS in March asking that a task force be appointed “to research the feasibility and budget implications of implementing 211” since Virginia has the infrastructure in place to implement 211 on a statewide basis. One of the regional center directors has also been invited by the Alliance of Information and Referral Systems to sit on a national committee reviewing 211 feasibility. However, there are a number of issues to be considered if Virginia is going to invest in a 211 operation. Two of these issues include the requirement of 24-hour coverage for the phone line and the cost of those services. In Atlanta, where the United Way’s “First Call for Help” operation was converted into a 211 endeavor, the cost of the conversion exceeded \$2 million. However, according to information found on the national United Way web site, the number of people receiving access to needed services through the use of 211 has increased dramatically over the 7-digit number previously used.

To date, no task force has been appointed in Virginia, and the Secretary of Health and Human Resources and the DSS Commissioner have taken no position.

***Recommendation (4). The Department of Social Services should appoint a task force to study the feasibility and cost-implications of implementing 211 in Virginia. The statewide adoption of 211 has the potential to significantly improve the visibility and utilization of information and referral services in Virginia.***

***Providing Resource Information Through the Internet Would Vastly Increase Access.*** The use of the Internet to provide information to citizens about services across the Commonwealth will be a major breakthrough, similar to the 211 number, for increasing citizen access to information about services that they need. The Internet represents a major departure in the way resource information can be accessed by citizens and shared with other resource agencies.



In recognition of the possibilities that Internet access provides, the request for proposals (RFP) issued by DSS in August 1999 to select new regional center providers, requires the centers to create a "regional homepage on the World Wide Web." Each center's homepage should allow citizens to search the database for I&R resources within the region. This requirement lays the groundwork for having a State-level web site for I&R services with direct links to the regional centers' web pages. It would allow, for the first time, citizens or staff from human service agencies to be able to access information on services available in all areas of the State.

Some of the centers already have an I&R web site. One regional center, without financial or technical assistance from DSS, has taken major steps to make a State level web site for I&R services a reality. Effective August 1999, the I&R center staff implemented a web site that includes information from each of the six regional centers. The web site has search capabilities for locations as specific as zip codes and for over 21, 000 services. The site also provides service agencies the opportunity to provide updated information and allows the tracking of service inquiries and the location of users. In addition, the site allows users to specify whether they would like to access the site in English or other languages. Once a user finds a needed service, basic information is provided, such as a description of the service provided, the hours of operation, basic program eligibility, and directions to the agency. The web site was implemented on August 4, 1999, and little more than a month later, it had already received more than 3,000 inquiries.

Internet access presents both challenges and potential problems for the regional centers. A number of the regional centers had begun to market both hard copy directories of their service resources and computer disks containing service resource information. Regional center directors generally indicated that they were not worried about the Internet information supplanting the need for their directories as some citizens and agencies will continue to prefer hard copy information or may not have Internet access. Other challenges for the regional centers may be the lack of expertise of their staff to develop and maintain the regional center web sites. In addition, some regional centers will need to update the memory capacity of their computers in order to access the Internet.

Placing the statewide database of service resources on the Internet will be a cost-effective way to implement the sharing of information with resource providers, planners, and decision-makers across the Commonwealth. A State-level I&R Internet web site should also have links to the other locally-sponsored and specialized I&R web sites in order to ensure that all areas of the State are covered.

***Recommendation (5).* The Department of Social Services should ensure that a State-level web site for Information and Referral Services, with links to the regional I&R centers, is developed and implemented without delay. This site should have a mechanism for providers and the public to provide comment about the site or to provide feedback about incorrect service information or additional services that are not listed. In addition, this web**

**site should include links to other locally-sponsored and specialized I&R web sites to increase the awareness of service resources across the Commonwealth. The department should ensure that all local, regional, and State public and private human resource agencies are notified about this new resource.**

### **Planning for and Assisting in Human Services Delivery**

The regional I&R centers collect valuable information about human service needs and resources that can be quite useful both for planning service delivery and in actually delivering services. In both areas, however, regional center services have been underutilized.

***Information Collected by the Regional Centers Has Not Been Well-Utilized for Planning Service Delivery.*** The regional centers described a number of examples of how the information they collect has been used, particularly at the local level, to plan for human services. Three of the regional centers reported how their I&R information had been used at the local level to determine and demonstrate the need for specialized services to address homelessness. Although examples can be given in which available data was used, there are many additional opportunities for using the data. State agencies in particular, have failed to make use of the available information. One DSS staff member, who was responsible for oversight of the program for a number of years, indicated that DSS has not used the information submitted by the centers for planning purposes. The regional center directors confirmed that DSS staff responsible for I&R oversight had not asked for special reports from the centers and did not seem to use the information that was submitted.

A review of the I&R reports that are submitted to DSS revealed that much of the information is not reported in a meaningful way. One of the submitted reports, the unmet needs report, is designed to identify service needs that could not be met by the regional center. This type of information could be useful for planners, if it included specific details about the unmet service needs. For example, simply showing transportation as an unmet need is much less useful than knowing that transportation could not be provided because it was needed after 6:00 p.m. or because a specially-equipped van could not be provided.

Other problems with the unmet needs report pertain to the format and content of the report. First, with regard to the report format, unmet needs are shown in alphabetical order over a number of pages. Reorganizing the report to show unmet needs in order of the number of such needs encountered or in categories based on the city or county that lacked the resources would make the report much more useful. Second, with regard to content, the unmet needs report includes calls that were inappropriate for the regional center. For example, a child abuse report that should have been made to authorities in West Virginia was shown as an unmet need related to child abuse.

Another report that the regional centers submit includes the localities in which citizen calls originated. This too could be important information, particularly in assessing how well all areas of the State are being served. Several of the regional centers have chosen to report the names of the communities the callers are from rather than locality names. This significantly increases the number of localities that are listed.

Regional center directors indicated that it would be a simple matter to generate reports in a different format on IRis. In fact, one regional center director already provides reports in a different format so the information will be more meaningful for her. This director's newly designed report shows the 15 highest number of service requests, and the number of calls received by planning district. The director is also looking to add information that would more precisely explain why service needs could not be met.

***Recommendation (6).*** **The Department of Social Services, in consultation with regional center directors, should redesign the unmet needs report and the locality origination report that are submitted to the department to ensure that the information is meaningful and useful for planning human service delivery at the local, regional, and State levels.**

***Regional Centers Have Assisted in Human Services Delivery But Could Do More.*** The regional I&R centers have in some instances gone beyond assisting with planning to actually directly “delivering” services for State and local entities. State contracts with the regional I&R centers have included answering calls related to the Virginia Department of Health’s “Not Me, Not Now” program, which encourages teen sexual abstinence, and the Department of Mental Health, Mental Retardation and Substance Abuse Services’ program “Babies Can’t Wait,” which encourages parents to seek early intervention for children with developmental disabilities.

Currently, the six regional centers are assisting DSS with facilitating pre-screening and making referrals for the Children’s Medical Security Insurance Plan (CMSIP). In addition, regional center staff will make follow-up calls to see whether children have actually been approved for CMSIP coverage. If children have been denied coverage, the center staff will document the non-approval reasons.

These are the types of information referral lines that were envisioned in the 1989 report of DSS and the Secretary of Health and Human Resources. That report indicated that the I&R system “has the capability to implement special statewide hotlines/information lines, Medicaid transportation and information dissemination for other special services....There is a potential for cost avoidance and efficiencies by using the Statewide I&R System as a component of the large and diverse human services delivery system.” The 1989 study recognized that the regional centers already have staffing and a structure in place that makes creating new structures duplicative, inefficient, and unnecessarily costly. To ensure that duplicative human services information telephone lines and directories would not be approved at the State level, the 1989 study recommended review by the advisory council of all requests for such services

that were received by the Secretary of Health and Human Resources. The idea was for the advisory council to review the requests to determine if the services could be provided by the regional I&R centers at less cost than creating a new service delivery mechanism.

Although the regional centers have been involved in providing some information lines for specific programs, their potential contribution in this area has not been realized.

***Recommendation (7).*** The General Assembly may wish to direct the Secretary of Health and Human Resources to refer all new requests for information telephone lines or directories to the Department of Social Services to be reviewed to see if the statewide information and referral system could provide the services in a more cost-effective manner.

***The Information Collected by Regional Centers Could Be Better Utilized in Providing Information for Decision-Making.*** It appears that the regional centers have been more involved in providing information to decision-makers at the local level than at the State level. Three of the regional centers are in fact planning agencies themselves. The Council of Community Services in Roanoke and The Planning Council in Norfolk were formed to carry out planning for human services needs. The contractor in Northern Virginia is the Planning District Commission. Moreover, United Way Services in Richmond has an internal group of community building planners who regularly use information collected by I&R. The Richmond center has also worked with the City of Richmond on planning for shelter beds, and with the Henrico Police Department on community issues. The United Way of Central Virginia in Lynchburg was recently involved in assisting with planning for business development in the region.

DSS staff indicate that they plan to inform staff within other State agencies of the information that is collected by the regional I&R centers and its potential uses. Staff from the Department of Medical Assistance Services recently met with DSS staff and the regional centers to ask for information that will assist in planning for a pilot pharmacy program for the indigent. The regional center directors agreed to provide information concerning both the resources that are currently available to assist with pharmaceutical costs and the number of citizens who request assistance with pharmaceutical costs. This is just one example of how the information collected by the regional centers could be used by decision-makers to better understand service needs.

***Recommendation (8).*** The Department of Social Services, in consultation with the regional center directors, should develop a mechanism for increasing the awareness of local, regional, and State planners and decision makers of the availability and potential uses of the service resource information and reports generated by the regional centers.

***Descriptive Information Is Not Collected from Citizens who Request I&R Services.*** The study mandate asks for a description of “who is receiving [I&R]

services.” I&R services are provided without regard to income or any other eligibility criteria. Moreover, the concept of confidentiality is also a fundamental principle within the philosophy of information and referral, and the regional centers generally do not request or collect demographic information about callers. Therefore, it was not possible to collect or report descriptive information in any reliable way on the citizens who call in for I&R services.

The citizens who access I&R services have been described by regional center staff as ranging from homeless families requesting information regarding the availability of beds in shelters to a physician’s wife expressing concern about whether her husband has a substance abuse problem. While regional center staff are required to conduct follow-up calls on ten percent of all referrals made, calls are only made to individuals who agree to supply their telephone numbers to allow for the follow-up.

The following case studies were provided by several of the regional centers and provide examples of the types of citizens who receive services, the services that are needed, and the assistance that is provided.

*One center reported that an unemployed, illiterate, single mother of two children called to request assistance in obtaining emergency food and financial assistance for an electric bill. She did not qualify for any assistance from Social Services because she had quit her job. The caller said that she quit her job because she was injured on the job and her employer did not file worker’s compensation. She currently has applications submitted for several jobs. I&R staff contacted several churches that raised the amount needed for her electric bill. The client also received food. The client is now working two jobs to catch up on her bill payments. The I&R staff also gave the client referrals for literacy programs.*

\* \* \*

*A 43 year old male, living in Mathews County, called the I&R center requesting financial assistance to return to Portland, Maine. He has been staying with friends. He indicated that if he could return to Maine, he could stay with his mother. He was referred to Hands Across Mathews and the Middle Peninsula Salvation Army for Traveler’s Aid.*

\* \* \*

*A 46 year old female called the I&R center requesting financial assistance. She was two months behind in her \$260 a month mortgage payment because she was waiting for a second hearing for Social Security Disability. She has osteoporosis and adult rickets. In addition, she is separated from her husband because he is involved with other women. The I&R staff referred her to the Virginia Lawyer Refer-*



*ral and the Department of Social Services to see whether she might be able to get spousal support until her disability is settled.*

\* \* \*

*A caregiver of elderly parents called an I&R center requesting assistance with obtaining a walker and wheelchair for his parents. The client was given the phone number to an Area Agency on Aging. The Area Agency on Aging assisted the client in obtaining the walker and wheelchair. He was also given additional information on dealing with parents in poor health.*

\* \* \*

*A couple expecting a baby contacted an I&R center to request assistance with baby items, rent, and emergency food. The husband is employed by a temporary employment agency. The couple was referred to the police department where they applied for and received a car seat. They also were referred to Interfaith Outreach where they received a pledge for their rent, baby items, and emergency food. I&R also referred the couple to the local department of social services where they applied for food stamps and TANF. The local department of social services enrolled the husband in a job search program.*

DSS does not require the regional centers to collect demographic information on callers. Having basic demographic information, such as sex, age, and family size, would assist in planning, particularly for referrals that address emergency assistance needs.

***Recommendation (9). The Department of Social Services should require regional information and referral centers to request certain basic demographic information about all callers.***

### **Performance of the Regional Centers as Individual Providers of Services**

A number of characteristics and indicators of cost-effectiveness for the six I&R centers are shown in Exhibit 1. A number of the center characteristics and indicators of cost-effectiveness do not apply to the operation of the Northern Virginia region. The Northern Virginia contractor, the planning commission, uses all of the I&R funding to: collect service resource information; enter the information in the statewide database; produce service directories and other requested information; and collect caller information that is furnished by the five local agency staff for submission to DSS. Staff within the five local social service agencies, who are not funded through I&R, respond to citizen requests for information and referral. This is in contrast to the structure in the other five regions in which staff employed by the private, non-profit regional centers answer the calls from citizens.

**Exhibit 1**

**Selected Characteristics of the Regional Information and Referral Centers**

	<u>Council of Community Services</u>	<u>United Way –Thomas Jefferson Area</u>	<u>Northern Virginia Planning District Commission</u>	<u>United Way of Central Virginia</u>	<u>United Way Services</u>	<u>The Planning Council</u>
<b>Regional Characteristics:</b>						
Center Location	<b>Roanoke</b>	<b>Charlottesville</b>	<b>Annandale</b>	<b>Lynchburg</b>	<b>Richmond</b>	<b>Norfolk</b>
Regional Designation	Southwestern	Northwestern	Northern Virginia	Central Virginia	Richmond/Southside	Eastern
Planning Districts	1-5	6-10 & 16	8	11 & 12	13-15 & 19	17, 18, 22, 23
Square Miles	9,095	10,596	1,312	4,705	9,728	5,162
Population	799,800	835,793	1,466,350	458,837	1,062,305	1,666,000
<b>Center Characteristics:</b>						
Resources on Database	1,300	1,887	1,200	1,201	1,142	1,934
Hours of Operation	8:15-4:30	8:30-5:00	Varies <sup>1</sup>	8:00-5:00	8:30-7:00	8:30-5:00
After-Hours Coverage	Message	Hotline	Varies <sup>1</sup>	Crisis Line	Message	Message
Staff Hours Per Week	60	127	57 <sup>2</sup>	119	378	107
I & R Funds FY 1999	\$101,646	\$99,078	\$76,024	\$84,947	\$116,432	\$192,590
Match Funds FY 1999	\$32,331 (32%)	\$12,384 (11%)	\$18,272 (19%)	\$37,752 (31%)	\$188,201 (62%)	\$122,858 (39%)
I & R Contacts FY 1999	8,385	7,719	54,155	5,737	20,465	25,204
<b>Indicators of Cost-Effectiveness:</b>						
I & R Grant Funding Per 100 in population	\$12.71	\$11.85	\$5.18 <sup>1</sup>	\$18.52	\$10.96	\$11.56
Contacts Per 100 in Population	1.05	0.92	3.69	1.25	1.93	1.51
One-half Grant Funds/Contacts	\$6.06	\$6.42	This service is not funded by I & R. <sup>1</sup>	\$7.40	\$2.84	\$3.82
<p><sup>1</sup>In Northern Virginia, staff within local social service agencies handle the citizen contacts for I &amp; R but no I &amp; R funding is received by these social service agencies for providing these services. The \$76,024 shown for I &amp; R Funds is used by the Northern Virginia Planning District Commission for collecting information on the service resources in the region, entering that service resource information onto IRis, producing service directories, and collating the caller information submitted by the five local agencies.</p> <p><sup>2</sup>Staff hours only include the I &amp; R-related hours worked by staff employed by the Northern Virginia Planning District Commission.</p> <p>Source: JLARC staff analysis of information provided by the Department of Social Services and the six regional information and referral centers.</p>						

**Regional and Center Characteristics Show Diversity in Population, Size, and Operations.** Three categories of information about the six I&R centers and the regions they serve are shown in Exhibit 1. As the regional characteristics indicate, the regions vary substantially in terms of the number of planning districts, the square mileage, and the population each contains. The six I&R regions continue to be based on the health planning districts rather than a conscious effort to equalize workload.

Center characteristics are also shown in Exhibit 1. The number of organizations that the six regional I&R centers have on their databases range from 1,142 to 1,934. Many of these organizations offer more than one service program. For example, the Richmond Area Association for Retarded Citizens offers seven programs, including: an adult services center, advocacy and community education, the Civitan workshop, infant intervention services, and three programs through Camp Baker – day health, respite care, and summer camp.

Currently, regional centers are required to answer telephone calls from 8:30 a.m. to 4:00 p.m. Monday through Friday. Centers are not required to have after-hours telephone coverage. All of the regional centers provide at least the required 37.5 hours of telephone coverage per week. Only two of the centers (in Charlottesville and Lynchburg) provide after-hours coverage.

The United Way of Central Virginia has a partnership with a crisis hotline which has access to the I&R resource database. After-hours calls to the United Way of Central Virginia automatically “roll-over” to the hotline. After-hours callers to the United Way – Thomas Jefferson Area, are referred to one of two hotlines – one in the Charlottesville area and one that serves Planning District 7 (the Winchester area) – both of which have access to the regional center’s I&R resource database. After-hours callers to the regional centers in Roanoke, Richmond, and Norfolk hear a message that gives the hours of the I&R center and the telephone numbers of other resources that are 24-hour operations. Under the requirements for the new contracts that will become effective in February 2000, regional centers will have to answer telephone calls from 8:30 a.m. to 7:00 p.m. Monday through Friday, but there will be no requirement for after-hours telephone coverage.

The number of staff hours reported by the regional centers as being devoted to I&R duties showed substantial deviation. When the number of staff hours for Northern Virginia are excluded (because the staff hours for the five local social service agencies are not included), reported staff hours ranged from 62 hours per week in Roanoke to 378 in Richmond.

As noted previously, the I&R funding for each of the centers is determined by DSS based on budget estimates included in proposals submitted by the regional centers. No funding “match” has been required of the regional centers in order to receive funding. There are no specific requirements for reporting match contributions either. It is therefore likely that the way the regional centers report their match amounts varies significantly. Match amounts typically include both funding from other sources and in-kind contributions. In-kind contributions often include the space that houses



I&R staff, as well as expenses related to utilities, photocopying, and basic supplies. Reported match funding ranged from 11 percent (by the United Way in Charlottesville) to 62 percent (by United Way Services in Richmond). The total number of citizen contacts reported by the six regional centers was 121,665.

***The Cost-Effectiveness of the Regional Centers Varies Substantially.***

The adoption by all of the regional centers of IRis software and of relatively consistent reporting of caller and resource data allows for some general comparisons between regional center operations. These comparisons are shown in the third set of information on Exhibit 1, which is labeled "Indicators of Cost-Effectiveness." These indicators include the following measures for each of the regional centers: I&R funding received on a per capita basis from DSS, citizen contacts per capita, and a per-contact cost estimate.

A review of the I&R funding allocated by DSS shows there is a great deal of variability in the amount of funding received by each regional center. The lower amount of funding (\$5.18 per hundred citizens) received by the Northern Virginia Planning District Commission can be explained by the fact that the funding does not support the answering of citizen calls. For the other five regions, the funding received for every 100 citizens in the region ranges from \$10.96 in the Richmond/Southside region to \$18.52 in the central Virginia region.

Dividing the number of citizen contacts reported by each I&R center for FY 1999 by the population living in the region also revealed a great deal of variability. The Northern Virginia region, which reported almost four contacts for every 100 citizens in the region, had the highest level. This relatively high number of contacts is due in large measure to the fact that staff within local social service agencies in Northern Virginia responds to citizen requests for assistance. Among the other five regions, four of the centers – serving the Southwest, Central, Eastern, and Richmond/Southside regions – reported contacts with the equivalent of less than two contacts per 100 in population, while the center serving the Northwestern region reported contacts with less than one contact per 100 in regional population.

Earlier reports on the I&R program generally indicated significantly higher figures for the number of citizen contacts received by the six regional centers. The 1994 biennial report of the advisory council reported 329,477 contacts for FY 1993. The Northern Virginia region alone accounted for 236,315 of those contacts. The regional center director in Northern Virginia explained that for all of the regions, the figures reported in FY 1993 were probably based on self-reported "tic" marks. (With the adoption of the IRis database, the regional center staff now enter a "case" on each citizen who calls in for assistance, which is a more valid way to account for the number of contacts.) In Northern Virginia, the figures were even more misleading than for the rest of the State because of the different way that information and referral was provided in Arlington. In FY 1993, I&R was provided primarily through the library system in Arlington. An information desk located in the lobby of Arlington's main admin-

istrative building was used for information and referral, and any requests made at that desk (including requests for directions) were counted.

All of the reported contact figures were lower than desired for a statewide I&R program. A general absence of effective publicity efforts has meant that both citizens and often human service staff are unaware of I&R services.

*In the Waynesboro/Augusta area, nine organizations (including State-supported agencies and private non-profit organizations) involved in providing human service assistance formed a consortium to look into providing information and referral services for their clients. One participant reported to JLARC staff that consortium members were surprised to learn that there was already a center in Charlottesville that was intended to provide I&R services to their area.*

\* \* \*

*The DSS program manager for I&R indicated that marketing is needed as "I&R is one of the best programs that no one knows about."*

For information and referral services to be cost-effective, the number of citizens who actually access I&R information will need to increase substantially in the future. To illustrate the effect of citizen contacts on cost-effectiveness, one-half of the I&R funding received by five of the centers was divided by the number of contacts each of the five centers reported. (For illustrative purposes, JLARC staff applied only one-half of the funding in calculating a "per contact" cost, since funding is also used for the other activities that the centers complete such as identifying service resources to be listed on regional databases and developing service directories.) These illustrative figures are shown in Exhibit 1 as the third indicator of cost-effectiveness.

Even under this generous assumption, the analysis indicates that I&R services are a high-cost effort. Costs per contact range from a low of \$2.84 to a high of \$7.40. In addition, this analysis shows the effect of increased contacts on the per-contact costs. For example, the United Way of Central Virginia received DSS funds that were 1.7 times the per capita funding received by the Richmond regional center. At the same time, the United Way of Central Virginia only had 62 percent of Richmond's citizen contact rate, leading to a per-contact cost that is 2.6 times that of Richmond's costs. The fact that the region served by the United Way of Central Virginia is relatively small both from a population and square mileage perspective may contribute to the higher costs. The low per-contact cost for the I&R center in the Richmond/Southside region appears to reflect the fact that the regional center in Richmond has a number of other fund sources for specialized information lines which significantly lowers that center's "cost of business." The regional center in Richmond reported the highest amount and percentage of match funding with \$188,201, which is 62 percent of its I&R funding.

To become more cost effective, the individual regional centers will need to better publicize their services, and undertake more community outreach activities. Having a presence on the Internet should also assist in ensuring that the number of citizens accessing I&R services increases substantially. At the present time, measuring the number of citizen contacts is the only outcome measure that is consistent across all six regional centers. However, other outcome measures need to be developed. One center has four outcome measures, which include the number of client contacts, staff effectiveness in assisting clients with their needs, the integrity of the resource data base, and relationships with service providers.

DSS staff, in conjunction with the regional centers, should develop outcome measures for the regional I&R centers that assess the effectiveness of State and local efforts to increase citizen contacts. This can be accomplished by developing measures that are tied to the four goals of the system: collecting and maintaining service resource data; linking citizens with appropriate services; determining the ability of the centers to assist in delivery of services at the local, regional, and State level; and the ability of the centers to provide information that is useful for planning.

***Recommendation (10).* The Department of Social Services should work with regional center staff to design outcome measures that are tied to the four goals of the information and referral system. Funding received by the regional centers should be adjusted when those outcomes are not met.**

### **THE DEPARTMENT OF SOCIAL SERVICES HAS NOT ADEQUATELY ADMINISTERED THE INFORMATION AND REFERRAL PROGRAM**

The *Code of Virginia* in §63.1-314.5 requires the Department of Social Services to “assume administrative responsibilities” for the statewide I&R system and assigns 13 duties to the “office” DSS is directed to establish. The 13 duties are shown in Exhibit 2.

DSS staff have completed the majority of the required administrative duties with varying degrees of adequacy. DSS staff allocate funding, provide administrative support for the system, competitively select regional providers, and provide some coordination of information management among the centers. However, having one part-time staff member to provide support, as was the case until late 1998, does not seem to constitute an “office,” as DSS was directed to establish. DSS’ performance has been inadequate in the general areas of encouraging effective relationships, implementing an effective statewide publicity effort, providing meaningful technical assistance and consultation, and implementing a “program for monitoring and assessing the performance and success of the information and referral program.”

The following sections will examine DSS’ allocation of funding for and its administration of the I&R program.

**Exhibit 2****Statutory Duties of the Department of Social Services  
Related to the Statewide Information and Referral System****§63.1-314.5. Duties of the Department.**

1. Provide staff support to the [Advisory] Council;
2. Develop a plan for the design and implementation of a statewide human services information and referral program conforming to the standards and policies recommended by the Council and submit the plan to the Council for review;
3. Coordinate and supervise the implementation and operation of the information and referral program;
4. Coordinate funding for the system;
5. Select regional providers of information and referral services;
6. Supervise coordination of information management among information and referral regions across the Commonwealth;
7. Encourage effective relationships between the system and State and local agencies and public and private organizations;
8. Develop and implement a statewide publicity effort;
9. Provide training, technical assistance, research, and consultation for regional and local information and referral centers, and to localities interested in developing information and referral services;
10. Determine a core level of services to be funded from State government resources;
11. Coordinate standardization of resource data collection, maintenance and dissemination;
12. Stimulate and encourage the availability of statewide information and referral services; and
13. Develop and implement a program for monitoring and assessing the performance and success of the information and referral program and present an annual report to the Council evaluating the effectiveness of the system.

### Funding Allocated for the Information and Referral Program

Table 1 shows the funding that was appropriated for information and referral services from FY 1995 through FY 2000. The State funding appropriated for fiscal years 1995 and 1996 was for technology improvements in the form of a statewide toll-free 800 number and computer technology for the regional centers. State funding that was included beginning in FY 1997 was intended to support the technological improvements and the workload increases that were expected within the regional I&R centers.

As noted in Chapter I, DSS has used the Social Services Block Grant (SSBG) as the source of federal funding for I&R for more than ten years. For FY 1998, the General Assembly increased the federal funding to be spent on the statewide information and referral system by \$250,000 each year. Language within the 1997 Appropriation Act indicated that the increased federal funding should be used to expand the I&R system to include child care resource and referral information.

The regional I&R centers have only basic information about the availability of child care providers. As noted in Chapter I, several studies completed in the late 1980s and the early 1990s recommended providing child care resource and referral through the statewide I&R system as a means of ensuring statewide resource and referral coverage. Currently there are 24 child care resource and referral programs in Virginia, but these programs do not provide services in all areas of the State. Two of these resource and referral programs are housed in the same organization as I&R – within the Council of Community Services in Roanoke and The Planning Council in Norfolk. After legislation passed in 1997 to enhance I&R services to provide child care resource and referral, a meeting including resource and referral and I&R representatives was held. The regional I&R centers agreed to contract with resource and referral organiza-

Table 1

### Appropriated Funding for the Statewide Human Services Information and Referral Program Fiscal Years 1995 through 2000

Fiscal Year	State Funding	Federal Funding		Total Funding
		Information & Referral	Child Care Resource & Referral	
1995	\$240,082	\$505,665	\$0	\$745,747
1996	\$ 79,741	\$505,665	\$0	\$585,406
1997	\$105,871	\$505,665	\$0	\$611,536
1998	\$105,871	\$505,665	\$250,000	\$861,536
1999	\$105,871	\$505,665	\$250,000	\$861,536
2000	\$105,871	\$505,665	\$250,000	\$861,536

Source: Department of Social Services and *Acts of Assembly*, various years.

tions to incorporate their services. This was not accomplished, however, because DSS officials have not yet allocated federal funding for child care resource and referral services.

It should be noted that one of the assumptions underlying the I&R program is that the funding allocated to the regional I&R centers will not be the only funding that supports their operations. This expectation is noted in statute (*Code of Virginia* §63.1-314.6) in discussing the duties of the regional centers, one of which is to “seek funds from available sources.” One of the ways that additional funding can be obtained is to seek contracts to provide specific services with DSS and with other State, local, and private-sector organizations. As noted previously, these new contracts are expected to result from an increased understanding of the services that can be provided by the I&R system. Little has been done in this area, however. DSS staff have not aggressively marketed the services of I&R, nor have they entered into many agreements with other agencies to have services provided by the I&R centers. These actions would provide the system with much needed funding to allow for the development of local partnerships and enhanced services.

***DSS Officials Need to Be Proactive in Obtaining Appropriate Funding for I&R Services.*** DSS staff determine the total amount that will be allocated to the I&R regional centers and indicate that amount for use in preparing the requests for proposals (RFPs). The funding that each of the six regional centers receives is based on the amount each center justifies within its proposed response to a RFP as adjusted to remain within the constraints of the total amount available.

DSS issued a RFP for \$505,664 in September 1994 that was effective from January 1, 1995 through December 31, 1995. Since that time, seven contract extensions that were for three months to one year in duration were administered by DSS. When these contract extensions were made, no additional funding was granted to the regional centers unless a modification to the contract was also approved. Contract modifications included new requirements for the regional centers such as entering detailed information in the IRis databases, submitting electronic versions of their service resource databases to DSS, and requiring follow-up calls on ten percent of citizen referrals to services. For FY 1999, the I&R contracts with the six regional centers had increased to \$670,717, a 33 percent increase from the FY 1995 RFP amount.

The fact that contracts were extended rather than reissued based on new RFPs meant that no new potential contractors would be selected as regional I&R centers, and that the existing centers would have no opportunity to request additional funding. (Note that the 33 percent increase that was granted for FY 1999 funded new requirements for the regional centers primarily related to technological enhancements.) Unless there is an opportunity to request additional funding, most of the regional center directors indicated they have little to offer other local providers to encourage them to enter into partnerships.

A RFP that DSS issued in February 1999 (and subsequently cancelled) indicated that for the first year, a total of \$505,656 for I&R and \$375,000 for Child Care



Resource and Referral (CCRR) would be available. The RFP that was reissued in August 1999 stated that \$755,665 for I&R and \$148,893 for CCRR would be available. It is doubtful that this level of increased funding (a 13 percent increase over the FY 1999 funding for I&R-related services) will allow regional centers to increase significantly the number of I&R-related partnerships that are established. This appears to be especially unlikely given the fact that the new RFP requires the centers to purchase computer hardware, software, and technical support.

Discussions with DSS officials reveal that no additional federal funding for information and referral is available within the Social Services Block Grant. DSS officials also indicated a reluctance to use surplus federal funding from Virginia's Temporary Assistance to Needy Families (TANF) grant.

If the statewide I&R system is to develop and provide the types of services envisioned when the system was created, DSS officials will need to be proactive in determining appropriate, additional sources of funding for the I&R system, especially in the short run. In time, with increased marketing of the program, funding should become available through contracts with other State, local, and private organizations for the regional centers to provide resource information and to offer specialized information lines. In the meantime, however, DSS will need to provide funding to allow the regional centers to expand their partnerships. Although DSS officials have indicated a reluctance to use TANF funding, there are surplus funds available from this program. Since a portion of the services that are provided by the regional centers support self-sufficiency, it appears that DSS should be able to fund some services from surplus TANF funding.

***Recommendation (11).* The Department of Social Services should determine the extent to which Temporary Assistance to Needy Families funding can supplement or replace Social Services Block Grant (SSBG) funding for information and referral operations. The use of TANF funding would allow for increased development of the information and referral system and possibly save SSBG funding for services that have no other funding sources.**

***DSS Will Now Comply with Appropriation Act Language to Fund Child Care Resource and Referral.*** As noted previously, the 1997 Appropriation Act required DSS to use \$250,000 in federal funding each year beginning in FY 1998 for child care resource and referral services. The Appropriation Act language stated the federal funding should be used to "expand the [I&R] system to provide resource and referral information on child day care availability and providers in localities throughout the State, and to publish consumer-oriented materials for those interested in learning the location of child day care providers throughout the State." The JLARC review found that DSS had not implemented this legislative requirement.

JLARC staff met with DSS staff in September 1999 to discuss DSS' non-compliance with the intent of the Appropriation Act language. After the meeting with JLARC staff, it appears that DSS will now comply with the intent of this Appropriation Act language beginning in February 2000, if new contracts are executed as planned.

Initially, the RFP issued in August 1999 did require the regional centers to include child care resource and referral services in the contracts that will become effective in February 2000, but these new contracts fell short of providing the required \$250,000 per year. However, DSS issued a RFP addendum on September 21, 1999, which increased the funding planned for child care resource and referral from \$148,893 to \$398,893 for the 12 month period of February 1, 2000 through January 31, 2001. (The addendum did not increase the amount of funding planned for I&R services.) DSS has indicated that child care resource and referral will be funded primarily by a federal grant in the amount of \$375,232 from the Department of Health and Human Services.

### **DSS Administration of the Information and Referral Program**

Many of the problems information and referral has experienced in trying to progress as a system appear to be related to having so few DSS staff assigned to I&R program administration. Regional center staff indicate that little guidance and direction has been provided by DSS staff because of the limited time the one part-time staff person could devote to them. DSS' failure to issue RFPs in a timely manner has impeded regional center efforts to develop local partnerships or to make needed technology upgrades.

***DSS Has Begun to Address Its Need to Better Staff I&R Program Oversight.*** Historically, information and referral has not been a priority for the Department of Social Services. This has been demonstrated in the inadequate staffing that has been assigned to oversight of the I&R program. At the time of the 1989 study of information and referral, DSS assigned one staff member on a part-time basis to I&R program oversight. The 1989 study, which was completed by DSS in cooperation with the Secretary of Health and Human Resources, recommended that DSS establish a "State Office of Information and Referral" that would include three full-time positions. For most of the last ten years, however, little if any additional staff was assigned by DSS to I&R administration. Just prior to an internal reorganization of DSS in late 1998, only one staff person within the Division of Family Services was assigned on a part-time basis to I&R administration.

DSS has begun to address the need to provide more staff for I&R program oversight. In December 1998, a full-time program manager was employed to oversee information and referral. A few months later, a wage employee was also assigned to I&R oversight. Regional center directors reported that DSS' support of their centers has already improved. One indication of this improved support is that DSS staff, with assistance from the regional center staff, are now developing a manual for the information and referral program. The major categories that are currently planned for inclusion in the manual are:

- Meeting Minutes
- Directories
- Training/Technical Assistance



- Memoranda of Agreement/Partnerships
- Core Level of Services
- Statewide Publicity Campaign
- Monitoring and Assessment Instruments
- Customer Service
- Standard Letters/Contracts/Cooperative Agreements
- Standards for Computers/Computer Software
- Financial Documentation

The development of the manual is an important step in helping the regional centers operate more consistently and become more of a system rather than six independently operating centers.

The I&R program manager has asked that DSS convert the wage position that is currently assigned to the I&R program into a classified, full-time position. The I&R program manager states that there are a number of duties that should be the responsibility of a full-time assistant. One such duty is the management of the “Not Me, Not Now” program that is being conducted for the Virginia Department of Health. Currently, the “Not Me, Not Now” program is managed by staff in the Richmond regional center. The regional center staff began managing the program because of the limited amount of time DSS staff could devote to its management.

A request is also being made to have a database coordinator to be specifically responsible for support of the I&R program. Regional center staff reported that technical assistance from DSS’ division of information services has, until very recently, been poor. Several center staff reported having to persistently remind information services of their needs to receive any action. The computers that DSS supplied the regional centers in 1996 are currently slow, outdated, and in some cases inoperable. While two of the centers have replaced most or all of the DSS-supplied computers, the other four centers still rely on these computers to operate their I&R systems. DSS’ decision in August 1999 that new I&R contracts would not be awarded until February 2000, means the agency’s information services division will have less than five months to address the year 2000 problems of the computers that are still being used in the regional centers. Previously, the regional center directors had been told that a new contract would be in place before January 1, 2000 and that the computers would be replaced, making the year 2000 problem irrelevant.

The new contracts with regional I&R centers (that will become effective in February 2000) will transfer DSS’ responsibility for computer equipment and software maintenance to the regional centers. DSS will continue to have significant database management responsibilities, however, including the need to maintain the newly-developed statewide database, to develop and maintain a DSS web site with links to the regional centers, and to manage additional technological advancements that are planned. As noted previously, a regional center director actually completed much of the work required to merge the six I&R regional center databases and create a statewide human resource web site. The center director has indicated that she will not be able to continue to commit the time that will be needed to ensure that the statewide database is

maintained. In addition, DSS plans to implement a telecommunications network that will allow each of the regional centers to have Internet access and electronic mail and that will eventually maintain a link between the DSS web page and the web pages of the regional centers.

***Recommendation (12).* The Department of Social Services should ensure that adequate resources, including staffing for database coordination, are available to fulfill the department's statutory duties for the I&R program.**

***DSS' Issuing of Requests for Proposals Has Been Problematic.*** There have been a number of problems surrounding DSS' issuing of requests for proposals to select regional I&R centers. While none of the problems involve a violation of Public Procurement Act requirements, there have nonetheless been negative consequences for the I&R program. Problems related to DSS' issuing of RFPs include the use of contract extensions rather than the issuance of new RFPs, the amount of time it has taken DSS to sign new contracts, and the cancellation of the recent RFP to "encourage" competition for the regional centers.

As noted previously, the current contracts with the six regional centers date back to a request for proposals that was issued in September 1994. There have been seven contract extensions of those initial contracts. This repeated granting of contract extensions has caused a number of the problems that have already been discussed. These problems include the following: (1) new contractors could not be selected as regional centers, (2) regional centers were not allowed to justify and request additional funding, (3) regional centers were not able to enter into as many local partnerships as desired, and (4) DSS did not expand I&R services to include child care resource and referral.

Regional center directors reported other problems that resulted because RFPs were expected but not issued. Several directors stated that they had not purchased new computers for their centers because they had expected for several years that a new RFP would be issued which would include the provision of new computers to organizations. In fact, the RFP that was released in February 1999 (and subsequently canceled) indicated that DSS would provide new computers to the selected contractors. (The RFP issued in August 1999 did not include this provision of computer equipment but instead allowed potential contractors to include the cost of equipment in preparing their budgets.)

Regional center directors also reported that it sometimes took months for DSS to sign contract extensions. Until the contract extensions were signed by DSS, the regional centers could not be reimbursed for their incurred costs. One contract extension took six months to be signed by DSS, which meant that the regional centers had to fund the I&R services out of their own budgets during that time. After that experience, the board of one of the regional centers indicated to JLARC staff that there were no funds to carry the I&R program for that many months again, and that any future delays in signing contracts might result in layoffs of I&R-related staff.

Two RFPs have been issued by DSS since the beginning of 1999. When asked why the first RFP that was issued in February 1999 was cancelled, the DSS' chief deputy commissioner stated that it was necessary to encourage more competition for I&R contracts. Nonetheless, the way in which the RFP was issued six months later did not fully encourage competition.

The new RFP was issued in August, a month that is often used for taking vacations, and the mandatory pre-proposal meeting was held just ten days after the RFP's release. As indicated within the RFP, any organization that failed to send a representative to the mandatory pre-proposal meeting was not allowed to submit a proposal. This quick response time was particularly troublesome because the time frame between the cancellation of the former RFP and the issuance of the new RFP was six months.

Because of the quick turnaround time, the regional I&R center in Charlottesville, which serves the northwest region of the State, failed to send a representative to the meeting. Both the president of the organization and the director of the I&R program were away on vacation and did not realize the RFP had been issued. Consequently, the Charlottesville center was not allowed to submit a proposal under the new RFP except as a subcontractor or partner with another organization. Another potential contractor for the northwest region told JLARC staff that her notice was mailed to the wrong address and, therefore, did not reach her in time to attend the pre-proposal meeting. Consequently, it is not clear what will happen to the northwest region. A new contractor must be willing to provide I&R services to the entire region. Another alternative is that a potential contractor may apply to provide I&R services to the entire State (thus covering the northwest region of the State).

Another problem with the RFP process was that the original August 1999 RFP wording only allowed one month for organizations to prepare detailed proposals. These proposals had to include an explanation of how services would be provided, a detailed budget, formal agreements with proposed partners, and letters of support from other organizations. By RFP addendum, the time allowed for preparing proposals was subsequently increased by one month after questions asked during the mandatory pre-proposal meeting led DSS staff to conclude that additional time was needed. Some organizational representatives, who did not attend the mandatory pre-proposal meeting and were thereby disqualified from responding, might have been interested in submitting a proposal if they had known they would have two months to prepare it.

While it appears that DSS met the requirements of the Public Procurement Act, more reasonable timeframes would have allowed for greater participation from potential contractors. Several officials contacted JLARC staff to note that they might have been interested in submitting a proposal in response to the information and referral RFP if the procurement had been handled differently.

***Recommendation (13).* The Department of Social Services should issue requests for proposals in a more timely manner, particularly when significant changes need to be made in information and referral operations.**

**However, once DSS issues a RFP, it should allow more generous timeframes for those responding to provide an opportunity for more organizations to participate.**

***Supervision and Monitoring of the Regional I&R Centers Has Been Insufficient.*** One of DSS' statutory duties is to "develop and implement a program for monitoring and assessing the performance and success of the information and referral program and present an annual report to the Council evaluating the effectiveness of the system." DSS staff were unable to produce any written annual evaluations of the I&R system. The fact that the advisory council that was to be the recipient of that evaluation has not met since May 1996 may have contributed to this abrogation of duty. Nevertheless, the supervision and monitoring of the regional I&R centers that has been undertaken by DSS has been inadequate for a number of years.

Monitoring of regional center operations takes two general forms. The first involves financial monitoring and the second involves program monitoring. Financial monitoring includes reviewing the monthly expenditures submitted by the regional I&R centers and reviewing the annual contract audits submitted by the regional centers. The review of monthly expenditures involves ensuring that submitted expenditures are within ten percent of the amounts that were included in each center's budget. This review of monthly expenditures does not appear to be a problem area for DSS.

As another component of financial monitoring, DSS staff are also expected to review the independent contract audits that are prepared at the regional center's expense and submitted to DSS. The I&R program manager noted that review of the contract audits is the responsibility of DSS' Office of the Inspector General. However, staff in the internal audit unit of the Inspector General's Office could only locate a total of three audits of two of the contractors when asked about their review. (Two of the audits were for calendar year 1996 and one audit was for calendar year 1997.) Internal audit staff also indicated that DSS policy was changed effective July 1998, to require program staff to review contract audits of less than \$300,000. Since all of the regional I&R contracts are for less than the \$300,000 threshold, the program manager for I&R should have reviewed the last audits that were submitted for the past year. To date, the program manager has not performed these audits.

Regarding program monitoring, the DSS program manager indicated that monitoring has primarily taken the form of a review of the reports submitted by the regional I&R centers and site visits. As noted previously, a review of the submitted reports revealed that the information is not reported in a meaningful format and that special reports that would be more meaningful had not been requested by DSS staff. DSS staff also indicated that at this time no monitoring forms or reports are used during site visits and that no written reports document site visit findings.

It will be important for DSS staff to provide meaningful financial and program oversight for the regional centers. Financial oversight is always important, particularly when federal and State funding is involved, to ensure that public funds are used appropriately. Program monitoring and oversight is necessary in order to ensure

that the program is meeting its statutorily defined duties and goals. The regional centers need program monitoring in a variety of areas, including the centers' efforts to increase public awareness, to improve the listing of service resources from all areas within the region, and to promote the usefulness of the information that is provided. To provide effective monitoring, DSS staff should review more than the statistical reports submitted by the regional I&R centers.

As noted previously, DSS staff, in consultation with the regional center directors, have begun work on monitoring and assessment instruments. DSS staff have also indicated that outcome measures for the regional centers will be developed. Included in monitoring and outcome measure assessments should be regular site visits by DSS staff to the centers. These visits should conform to standard program monitoring procedures, which include the use of a standard monitoring form, exit interviews with the regional center directors, and written reports that are shared with the regional center directors and kept on file at DSS.

***Recommendation (14).*** In compliance with statutory requirements, Department of Social Services staff should complete financial audits and program monitoring to assess the performance and success of the I&R program. These activities should conform to standard fiscal and program auditing procedures. At a minimum, DSS staff should complete at least one site visit to each regional I&R center each year. An annual written evaluation of the program should be submitted to the Commissioner for the Department of Social Services.

***An Effective Statewide Publicity Effort Has Not Been Undertaken.*** DSS is also statutorily-required to develop and implement a statewide publicity effort. When asked what has been done in this area, DSS staff indicated that at this time, services are primarily publicized through brochures that are available at doctors' offices and at public locations including libraries, colleges, and local social service agencies. It does not appear that this has been a particularly effective means of promoting the information and referral program. As noted previously, a number of staff within health and human resources organizations reported being unaware of I&R services until very recently. For the I&R program to be truly effective, many more citizens, planners, human resource providers, and governmental officials will need to understand the services and information the program is capable of providing.

Moving I&R from the Division of Family Services to the Office of Communications, which has staff who are trained in marketing strategies, should facilitate the publicizing of I&R services. DSS staff, in consultation with the regional center directors, have designed a new brochure and have plans for videos, public service announcements, and advertisements in newspapers and magazines.

***Recommendation (15).*** In compliance with statutory requirements, the Department of Social Services should develop an aggressive statewide publicity effort designed to promote the information and referral program.



***DSS Should Ensure that Staff Do Not Hold Positions that Could Be Seen as Compromising Objectivity in Performing their Duties.*** The current I&R program manager has been appointed to a community resources board of one of the regional I&R centers. The program manager stated that her supervisor placed her on the board because of her position as I&R program manager.

While this appointment does not appear to be a violation of the State's conflict of interest law or of requirements related to public contracting ethics, it does present objectivity concerns. The program manager monitors the regional centers and provides input on the content of the RFP application (although the program manager does not sit on the actual selection committee). Thus, the board position could be seen as compromising the manager's objectivity in performing monitoring and RFP-related duties. DSS should have the program manager resign from the board to ensure that there is no basis for questioning the manager's objectivity in performing I&R-related duties.

***Recommendation (16).*** **The Department of Social Services should ensure that staff members are not appointed to boards that have the potential to compromise objectivity in performing official duties related to information and referral services.**

#### **THE ADVISORY COUNCIL HAS NOT PROVIDED NEEDED GUIDANCE OR FULFILLED ITS STATUTORILY-DEFINED DUTIES**

The Human Services Information and Referral Advisory Council is designed to have a meaningful role in the I&R system. The council membership and duties are statutorily-defined and include such important tasks as endorsing standards and policies, advising the DSS commissioner and the Secretary of Health and Human Resources regarding I&R system regulations, and submitting a biennial report to the governor on I&R effectiveness. In practice, however, the advisory council has not met its statutory duties for more than three years, and members have not been appointed to the council since 1998. Because the advisory council has been dormant so long, the State may need to rethink whether the current size, composition, and reporting structure of the council are the most effective mechanism for improving I&R services across the Commonwealth.

#### **The Advisory Council Has Not Fulfilled Its Statutorily-Defined Role**

As shown in Exhibit 3, the *Code of Virginia* in §63.1-314.4 delineates a broad role for the advisory council. In addition, two statutory duties include specific timeframes in which activities are to be completed, including the submission of a biennial report from the council to the Governor and a requirement that the council meet "at least once a year, no later than October 1 of each year." Clearly these statutorily-required duties are not being met since the advisory council appointed during the previous administration last met in May 1996 and no council has been appointed since July 1998.

**Exhibit 3****Statutory Duties of the Human Services  
Information and Referral Advisory Council****§63.1-314.4 Duties of Council.**

- A. The Council shall recommend standards and policies for the development and implementation of a statewide human services information and referral system to provide information on or referral to appropriate public and private, State, local, and regional agencies. Such standards and policies shall include but need not be limited to those related to:
1. The scope of information and referral services to be provided by the system;
  2. Manner of regionalization and localization of information and referral, including selection of regional providers and boundaries of each region with consideration given to existing information and referral programs;
  3. Resource data collection, indexing and maintenance;
  4. Data processing requirements;
  5. Publicizing of services;
  6. Sharing of resource information with State agencies and their affiliates; and
  7. Costs and financing.
- B. The Council shall review the plans for the design and implementation of the information and referral program developed by the Department of Social Services.
- C. The Council shall advise and make recommendations to the Commissioner of the Department of Social Services on matters relating to the operation and procedures of the information and referral system.
- D. The Council shall advise and make recommendations to the Secretary of Health and Human Resources and to the Commissioner regarding regulations governing the operations of the system.
- E. The Council shall review the program developed by the Department for monitoring and assessing the performance of the information and referral program.
- F. The Council shall submit a biennial report to the Governor evaluating the effectiveness of the information and referral program.
- G. The Council shall meet at least once each year, no later than October 1 of each year.

Both DSS staff and regional center directors agree that the advisory council could be an important partner in helping the I&R program progress. There are a number of operational issues that the advisory council should be reviewing on an ongoing basis. Several of these operational issues are discussed in the next sections.

***The Advisory Council Should Be Involved in Ensuring that Regional Center Operations Improve.*** If the regional I&R structure is retained in the future, the advisory council should be involved to ensure that a number of improvements in the operation of the centers take place in a timely and cost-effective manner. These improvements should focus on the four statutory reasons for establishing a statewide I&R system.

First, the advisory council should monitor the regional centers and DSS staff efforts to improve the accuracy and completeness of resource information. These efforts should include the outreach activities conducted by the centers to all areas within their region and a review of whether service resources have been reasonably identified in localities throughout each region.

Second, the advisory council should help ensure that more citizens are linked with the services that they need. The most promising improvements correspond with changing technology, which improves access and the information available to all citizens. The adoption of the 211 number for non-emergency services and the provision of Internet access to local I&R services through a State-level site are innovations that should improve statewide coverage.

Third, the advisory council should review efforts to ensure broader use of the I&R system in providing specialized information telephone lines that assist in the human service delivery at the local, regional, and State level. The council should assist DSS with the review of all new requests for specialized telephone lines to see if the statewide I&R system could provide the services in a more cost effective manner.

Fourth, the advisory council should assist DSS in ensuring that the information on the needs of the citizens that contact I&R centers is collected and reported in a meaningful way for planning and determining priorities for services.

***The Advisory Council May Want to Reconsider Regional Boundaries.*** The six information and referral regions vary significantly in terms of population served and square mileage contained. For example, the northwestern region includes a population that is 1.8 times higher and a regional area that is 2.2 times larger than the central region. The regional boundaries have not been changed since the inception of a statewide system. The advisory council is given statutory authority to recommend regional boundaries for I&R. More effective monitoring of regional center operations may reveal a need to reconsider regional boundaries. The JLARC review of I&R indicated that the regional centers did not all operate at the same level and adjusting some of the regions may help to address some operational problems. However, it is difficult



for any region to effectively serve all citizens within their area without the concerted effort of developing cooperative agreements or partnerships with every locality.

### **The Composition of the Advisory Council May Need to Be Changed to Improve Its Effectiveness**

As noted in Chapter I, statutory changes made in 1990 included significant changes in the composition of the Human Services Information and Referral Advisory Council. The membership of that council had previously included 16 State agency representatives and six citizens. In 1990, the Governor was given the authority to appoint no more than 25 members, who generally represented the information and referral providers and other community interests, to the advisory council. This meant that each governor would be allowed to appoint all members of the council. Consequently, there would be no continuity of membership on the council unless a new governor chose to reappoint council members for another term. At the present time, no advisory council members have been appointed to replace the council that ceased to exist on July 1, 1998.

Given the fact that no advisory council exists at the present time, and that the I&R program is a relatively small program with less than one million dollars in funding, the advisory council may be more effective if its composition were changed. Without changes to the advisory council, such as size, composition, and who appoints the members, important activities undertaken by the council are less likely to be completed.

First, if the advisory council were appointed by the Commissioner of the Department of Social Services rather than the Governor, appointments might be made more expeditiously and vacancies on the council might be filled in a more timely manner. The terms of these appointments could be staggered in order to allow for continuity on the council over time.

Second, while the composition of the board should include persons with interest in I&R services at the local and State level, it could also include members with expertise in areas of interest to the I&R centers. For example, the Commissioner could appoint council members who have an interest in marketing or providing information via the Internet. Because this program is relatively small, the size of the core group of council members should be no more than 12 persons. This size may be more realistic in terms of finding people who are willing and interested to serve in this capacity. In addition, the Commissioner could appoint additional individuals for a specific time period to serve on work groups on an as-needed basis.

***Recommendation (17).* The General Assembly may wish to amend the Code of Virginia in §63.1-314.2-4 to change the composition and appointing authority for the Human Services Information and Referral Advisory Council to improve its effectiveness.**

## CONCLUSION

The study mandate requested JLARC to evaluate “the effectiveness of the Information and Referral Centers in the Commonwealth” and to determine “whether any legislative changes are necessary to enable the program to work more efficiently.” This report addresses the mandate through a series of recommendations that would improve the delivery of information and referral services somewhat through the current three-tiered system consisting of the Department of Social Services, the advisory council, and the regional centers for information and referral services. However, the report also underscores that none of these entities are currently meeting their statutory responsibilities as intended for a variety of reasons. The primary reasons include that information and referral services have not received a high priority at the State level, few citizens are aware of the services, and the funding for the program has not been sufficient to create partnerships needed at the local level to ensure a true statewide system.

The JLARC study found that within each level of the information and referral system, significant changes are required. At the State level, the Department of Social Services has not adequately administered the information and referral services program. DSS’ performance has been inadequate in the areas of encouraging effective relationships between the system and State and local agencies, both public and private; implementing a statewide publicity effort; providing meaningful technical assistance and consultation; and implementing a program for monitoring and assessing the performance and success of the program. In addition, the Human Services Information and Referral Advisory Council currently does not exist, so it cannot fulfill its statutorily-defined role as an important link between the delivery of information and referral services at the local level and the administration of the program at the State level.

At the local level, the JLARC study concluded that the regional centers are not effective in collecting and maintaining an accurate and complete inventory of human services in their regions and in linking citizens with those resources. Also, the regional centers are not well utilized in providing information to assist local and State policy makers concerning the needs of the citizens within their regions.

The larger policy question, therefore, is whether the General Assembly wants to continue funding the current structure for providing statewide information and referral services or whether human service agencies within local communities should determine the most effective way of providing this information to citizens. Past studies have suggested that it is important to have an information and referral program that links citizens in need with the services that are available from public and private human service organizations. However, unless improvements are made, Virginia’s current system does not clearly demonstrate at this time that the best way to do this is through a statewide system. In the absence of an effective statewide information and referral system, many local organizations have developed information and referral services for their specific communities.

Given the number of studies that have been conducted over the years on the establishment of a statewide information and referral system, another study of the current system is not needed. Instead, the State needs to consider whether there are alternative arrangements that might be used to more effectively achieve its information and referral objectives. The development and implementation of 211 as a non-emergency information number that could link citizens to a designated human resource agency in their own community, and the development and implementation of a State-level web-based site with links to all local, regional, and State I&R resources across the Commonwealth are two ways to improve citizen access to needed information on public and private services.

***Recommendation (18).*** The General Assembly may wish to consider whether the current structure for providing statewide information and referral services is the most effective mechanism to ensure that all citizens across the Commonwealth have access to information concerning available public and private human services. The General Assembly should request that the Secretary of Health and Human Resources develop a proposed approach for restructuring the State's information and referral services, to be presented to the House Appropriations and Senate Finance Committees by October 2000.

The Secretary's office should receive input from the Department of Social Services, the regional centers, other health and human resource agencies that provide information and referral services, and the Department of Information Technology. The report should focus on reconfiguring the advisory council, alternatives to regional centers, the development and implementation of 211 as a non-emergency information number, and the development and implementation of a State level web-based site with links to all local, regional, and State I&R resources across the Commonwealth.



**Appendix A**  
**Study Mandate**  
**House Joint Resolution No. 502**  
**1999 Session**

**Requesting the Joint Legislative Audit and Review Commission to evaluate the effectiveness of the Information and Referral Centers in the Commonwealth.**

WHEREAS, Senate Joint Resolution No. 69 of 1983 established a study committee to evaluate the establishment of a statewide information and referral system for human service programs; and

WHEREAS, this initial study recognized that a statewide information and referral system is a critical need in order to assure that citizens are linked to services offered by human service programs; and

WHEREAS, data collected from these centers have been useful for multiple purposes, including planning, identifying gaps in needed services, and assessing duplication of services within public and private sectors; and

WHEREAS, in 1983, six information and referral centers already existed, which had inventoried human services in approximately 79 percent of the Commonwealth, and other concurrent studies supported the expansion of these centers to cover the entire state; and

WHEREAS, there have been many initiatives both on the state and federal level to promote such information services, but many expired or were hindered by the lack of funding or the expiration of enabling legislation; and

WHEREAS, based on the information provided at that time, the joint subcommittee recommended legislation that would establish information and referral networks in each of the health planning districts; and

WHEREAS, the proposal called for a three-tiered system consisting of a responsible state agency, an advisory council comprised of representatives from a variety of state agencies, and a regional system of information and referral service providers; and

WHEREAS, although information and referral systems have a financial impact, it was estimated at the time that those costs would be offset by the potential savings and cost avoidance; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Legislative Audit and Review Commission evaluate the effectiveness of the six regional Information and Referral Centers. The study shall include, but not be limited to, issues regarding the cost of maintaining such centers; whether the centers are cost efficient; whether the centers are serving all of the population in their health planning district in an efficacious manner; who is receiving services; the effectiveness of public dissemination of information; how much outreach is being conducted; and, whether any legislative changes are necessary to enable the program to work more efficiently.

All agencies of the Commonwealth shall provide assistance to the Joint Legislative Audit and Review Commission for this study, upon request.

The Joint Legislative Audit and Review Commission shall complete its work in time to submit its findings and recommendations to the Governor and the 2000 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

## **Appendix B**

### **Agency Responses**

As part of an extensive data validation process, the major entities involved in a JLARC assessment effort are given an opportunity to comment on an exposure draft of the report. Appropriate technical corrections resulting from the written comments have been made in this version of the report.

The appendix contains the following:

- Response from the Commissioner of the Department of Social Services
- Response from the Northern Virginia Planning District Commission
- Response from The Planning Council
- Response from the United Way Services
- Response from the United Way of Central Virginia
- Response from the Council of Community Services







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