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Evolution of a Multi Service Agency

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Eastern Illinois University

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EVOLUTION OF A

MULTI SERVICE AGENCY
(TITLE)

BY

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B.S. IN Ed., Ohio State University, 1965
M. Ed. in Ed., University of Illinois, 1973

THESIS

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PREFACE

This report is the product of a field study of a social service agency conducted by a sixth year graduate student in the Department of Psychology and Guidance, Eastern Illinois University, during the Spring semester of the 1975-76 academic year under the guidance of Paul Overton, Ed. D.

The report is presented in four chapters beginning with an introduction to the study which defines the problem and outlines the methods to be used in its development. This is followed by Chapter II, a historical overview of the social service situation at the national, county and local levels. Chapter III presents the results of the study following the outline of methods set forth in Chapter I. The final chapter is reserved for conclusions and recommendations regarding the agency and the study.

CHAPTER I

INTRODUCTION

The Problem

The purpose of the six month study reported in this paper is to make an assessment of a social service agency. The study affords this student a real life experience that might be found in professional practice. The study is intended to assist a social service agency toward its goal of securing a more effective social service delivery system for the community in which it is located. Major objectives include: (1) to survey the situation with the intended purpose of identifying the gap that exists between the present status, (where the agency is now), and the goal (where the agency wants to be in X amount of time), (2) to study the possible solutions for closing this gap between the real and the intended and (3) to recommend steps which might be taken to close the gap bringing the agency closer to the desired state.

Background

The Rantoul Referral Service (RRS) was a not-for-profit agency serving the mental health, social service and welfare needs of northern Champaign County. The goal of this agency was to plan, develop and establish a multi-agency center based on identified needs of the thirty-four thousand residents of northern Champaign County who were physically distant from the vast majority of the county's mental health, social service and welfare agencies concentrated in metropolitan Champaign-Urbana. These Champaign-Urbana agencies were funded for service to the entire county. The fact that they were located as much as thirty miles from residents of northern Champaign County decreased both their visibility and their accessibility to people of this area.

The RRS was organized in June, 1971 by a voluntary citizen human relations group in an effort to better the quality of life in the Rantoul community. The agency is currently (FY'76) funded by the Champaign County Mental Health Board, United Way of Champaign County, the Village of Rantoul, Rantoul Township, and Ludlow Township. Supportive good-will monies have also been received for special projects from several private citizens and community service clubs.¹

In the winter of 1975-76, the RRS was faced with a financial and philosophical crisis that involved the following interrelated factors: (1) lack of funds, (2) deteriorating relationships with other agencies and significant persons, and (3) shortage of space.

1. Financial Factor: The RRS was in dire financial straights. The Mental Health Funding Board, a primary source of funds, decided in July, 1975 that RRS did not meet its guidelines for monies since RRS was not providing direct mental health service. As a result, funding was cut by half for fiscal year '75-'76.

The agency was able to maintain itself for six months by, dipping into its reserves, eliminating paid janitorial services, reducing the executive director from half-time to quarter-time and in general cutting out all but absolutely necessary expenses. By January the reserves were depleted and the RRS faced a dubious future. Three alternatives emerged. The agency could, fold, redirect its focus and make necessary changes to meet the funding guidelines or hunt out new and expanded sources of funding. The final decision was to work on the latter two options.

2. Relationship Factor: In addition to and also complicated by the financial difficulties was the problem of deteriorating relationships. Since the director's time had been cut to the point that only the minimal tasks of office operations were possible, planning for future needs and public relations suffered.

¹See Appendix A for community development profile

3. Space Factor: Space presented a third inhibiting factor. The three room quarters (reception area and two offices) offered little adaptation for the growth and expansion necessary to meet the Mental Health Board's guidelines. At the time, each of the two offices was being used by three to four agencies and the scheduling of space was extremely tight, allowing little flexibility.

Procedure/Method

- I. Develop a program that is fundable
 - A. Meet Mental Health Board guidelines that require development of a multi-service agency
 1. hire a full time coordinator
 2. draft a job description of coordinator
 3. firm commitment to multi-service goal
 4. draft a program plan
 5. secure contractual agreements with participating agencies
- II. Strengthen public relations
 - A. Befriend and enlist aid of other agencies and important persons
 - B. Keep them posted on new developments
 - C. Make firm commitments
- III. Locate a new site with adequate space for present needs and future growth
- IV. Encourage a more active and responsible Board of Directors
 - A. Enlarge Board by five members
 - B. Establish committees within Board
- V. Search out additional and expanded funding sources
 - A. Champaign County Township
 - B. Ludlow Township
 - C. Compromise Township
 - D. Rantoul Township
 - E. Rantoul Village
 - F. United Way
 - G. Mental Health Board
- VI. Survey community needs in an effort to determine which services would best serve the population and invite those agencies to join the program.

- VII. Encourage extension of services to outlying areas
 - A. Elect to Board of Directors persons from other townships
 - B. Increase flow of information to clients
- VIII. Select a new name that more aptly describes the nature of services to be rendered
- IX. Ensure efficient operation of the center
 - A. Organize and develop filing system for expanded program
 - B. Draft agency personnel policies

Definitions

Multi-service center (also multi-agency center), A special social agency setting intended to provide a number of social services under one roof, thereby offering greater accessibility, coordination and responsibility to client needs.

Champaign County Mental Health Board. Established in 1973, this seven member Board is in charge of distributing funds that are passed by referendum within the community. The Community Mental Health Act was the original law and was numbered 708. This Board is still sometimes referred to as the 708 Board (although incorrectly). This authority established by Illinois law, allows for regulation of mental health service within a geographic area.

United Way. This funding body has a fifty-one year history. Its monies come from personal donations from the general public. Funds are used for programs in the community in which they are collected. More than 90% of every dollar raised in Champaign County has reached people who need it. United Way benefits twenty-one health, welfare and recreational agencies in Champaign County.

Champaign County Office on Aging. This agency was established to determine the needs of the elderly in Champaign County. It is the responsibility of this agency to be aware of resources and work to see that they are utilized. They give public information, develop new projects and services when a gap is identified. The long range goal is to spin off new programs but at present, function primarily as program operators. The areas of involvement include, income, health, transportation, housing and public information. Monies for the agency come from the county's general corporate fund.

Family Services of Champaign County. The oldest continuing social service agency in the county. It was established in 1911 with the primary function of taking baskets to the needy. The goal of Family Services is to provide services to strengthen the family, and counseling is today a primary service. Their programs include Tele Care and Meals on Wheels, services to the elderly and Retired Senior Volunteer Program (RSVP).

Mental Health. A state of personal adjustment in which an individual is able to sustain himself/herself emotionally and socially within the context of his/her own physical, mental, social and economic expectations as well as expectations of significant others. Such sustenance will allow him to have the ability of meeting personal and social responsibilities.

Township Supervisor Funds. This tax money within a township is set by levy and voted by the public. Actually the monies given RRS by the township supervisor are revenue sharing funds donated by the federal government.

Champaign County Mental Health Center. A non-profit agency supported by County Tax Funds and State of Illinois grants. Services include consultation to sustaining care facilities, personal counseling, rehabilitation, and crisis emergency services. Clients pay a sliding scale fee. No one is refused help because of financial situation. Approximately fifty percent of the clients pay no fee for services.

Champaign County Council on Alcoholism. A social service program designed to encourage alcoholics to lead chemically free lifestyles through rehabilitation, education and individual and/or group counseling. There is a plan to combine this agency with other drug related programs in the future.

County Revenue Sharing Funds. These are grants given the county by the federal government on the basis of population and other factors to use for designated purposes.

CHAPTER II

HISTORICAL VIEW

National

Virtually every city and community in the nation is attempting to create a more rational and effective system for the delivery of social services to its citizens.¹ This is no simple task, given the large number of agencies and organizations, both public and private, which are currently engaged in service providing activities. Present systems are often characterized by a high level of complexity; many services overlap in an inefficient manner while large gaps can be identified in some areas of need.

The nation's cities and communities have been awakening to the realization that they have a critically important role to play in upgrading the social well-being of their citizens. Demand for social services is increasing even as the federal role in providing those services is decreasing. Confronted with these trends, the elected officials, chief administrative officers, and citizens of our communities are challenged to formulate creative approaches to the social problems which continue in their midst.

It is widely recognized that the needed responses will not materialize if reliance continues to be placed on haphazard and uncoordinated efforts. If local governments are to attack their problems in a serious manner, they require effective and comprehensive process of social welfare planning, featuring the intensive involvement of elected officials, professionals of many kinds, and concerned citizens.

¹Brooks, Michael P., and Whetmore, Louis. Toward An Improved System of Multi-Service Centers in Indianapolis, A Report Prepared for the City of Indianapolis, Indianapolis, Indiana, 1974.

The Federal Model Cities Program, initiated in 1966, called for innovative approaches to the coordination of social and physical planning at the neighborhood level. A key mechanism in the pursuit of this objective is the multi-service center, which is intended to provide a number of social services under one roof, thereby offering greater accessibility, coordination and responsiveness to client needs. A federal program supporting experimental multi-service centers had been proposed by President Johnson as early as 1964; under the Model Cities Program a large number of such centers were designed and put into operation throughout the nation.

Through its own Model Cities and other social service programs, Indianapolis Indiana has established thirteen neighborhood service centers.¹ Through the Federal Neighborhood Facilities Program, Springfield Illinois sought to establish multi-purpose neighborhood centers offering a wide variety of services.²

Multi-service centers are an attempt to decentralize the delivery of social services. As such they are a response to the increasing complexity and specialization that has characterized service delivery at the city level. Because decentralization represents an attempt to make services more accessible it is necessary that people in an area first know what services are being provided. This would include not only services at the center but also the entire array of services that are available to meet people's needs. Given the fact that the delivery of social services has become increasingly complex, a center must address itself to the basic problem of how to fit people with needs, to services that meet those needs.³

Champaign County

Champaign-Urbana is the urban center of Champaign County maintaining approximately 100,500 of the county's 163,400 population.⁴ Since

¹Ibid

²Katz, Norman, et al East Side Neighborhood Facility; Recommended Program of Services, Department of Community Development and Programs Springfield, Illinois., May 1975.

³Ibid

⁴Regional Planning Commission figures, 1976

nearly two-thirds of the county's population resides in Champaign-Urbana it was logical that social and welfare services develop there. Today over eighty agencies and services operate out of facilities within this urban area.

There is growing awareness and concern that nearly one third of the county is not receiving the social services to which they are entitled. Dr. Arnold Miller in his report, Analysis of Champaign County Mental Health Center Service Delivery to Rural and Urban Areas vs Estimated Need, (1975) points out that the rural areas of the county are viewed as the most needy of expanded service, and are least well served now. The second most underserved population is in Rantoul.**

In the interest of practicality and cost effectiveness, it was recognized that development of outposts of existing agencies would be more feasible than creating new services which would overlap those services already provided by agencies in the Champaign area. Rantoul was the first center in Champaign County to support outpost services. Today St. Joseph has a center operated under the auspices of Telecare and plans are being made to establish another such center at Mahomet in the near future.

Rantoul

It is this writer's observation that Rantoul Referral Service has evolved through several distinct stages or phases in the five years since its beginning. The phases correspond roughly with the physical moves it made and the financing it received.

Stage I - (June 1971-June 1973) This first phase lasted approximately two years and was characterized by a high degree of community effort, supported almost totally by the personal interest of community leaders. The primary focus of the agency during this period was in providing information to persons, screening them to discover the extent of their needs, and then referring them to the appropriate agency or agencies, and when possible, following up to see if their needs had indeed been met. Little direct counseling was done by the agency in

**Table I, Appendix B

this initial stage. It was by and large a referral type service. The budget for this period might best be described as "shoe-string".

When the agency first opened in the summer of 1971, it operated out of space donated by and within the First United Methodist Church. Salaries for the two part-time workers were paid by the Village of Rantoul, the Bank of Rantoul provided a grant for the telephone; the Township Supervisor, along with Rantoul Motors, supplied the needed furniture. The typewriter was lent by the Champaign County Department of Children and Family Service.

Operating out of a church had certain limitations: (1) privacy was difficult to maintain, (2) the space was not conducive to a counseling situation, (3) the Methodists were reluctant to come for fear of being seen and the non-Methodists thought the service only for Methodists, (4) a heating problem in the winter allowed the temperatures in that part of the building to plunge to fifty degrees, making it uncomfortable for the workers as well as clients. In addition, when counselors representing Family Service and the Mental Health Center joined the staff, the space allotted was insufficient.

Stage II (July 1973-June 1976) This stage evolved as a result of securing additional financial resources, allowing independence from original arrangements and also encouraging a new spurt of growth. This phase introduced counseling to the program that already included information and referral. Three existing Champaign agencies established outpost programs by sending counselors to Rantoul.

With the acceptance of outside funding RRS became independent of "shoe-string" arrangements but at the same time discovered that there was added responsibility and accountability to funding sources. This realization necessitated adjustments of priorities, for meeting funding needs often came ahead of community needs.

In July 1973 the Mental Health Board was to begin funding RRS with thirteen thousand dollars thus allowing the agency to move into facilities that were more suited to its needs. On June 1, 1973, anticipating Mental Health Board Funding, the RRS relocated to a professional building near the downtown sector with two offices and a reception area at its disposal.

In June 1973 the Village Board discontinued its funding of the RRS, but additional funding was supplied by Rantoul Township and by Ludlow Township beginning June 1, 1973. In fiscal year 1974 United Way provided a one thousand dollar grant and in 1975 took RRS in as a member agency.

Stage III (July 1976-present) Stage III is the evolving stage of the present and in its developed form should become the multi-service center that provides northern Champaign County the social services it most needs. This stage was facilitated by increased funding and relocation to an eleven office building that will meet present and projected needs. The staff is expected to increase to one full time coordinator, one full time case aide, and one full time secretary. Numerous Champaign agencies have made plans to put extension workers in Rantoul as soon as the facilities are ready.

CHAPTER III

RESULTS

Fundable Program

A primary goal for this not-for-profit social service agency has been securing enough monies to operate effectively. A major funding body, The Champaign County Mental Health Board (CCMHB) has the power to grant necessary funds if the RRS program fits the Board's guidelines.

In December 1975, the CCMHB put into a letter to RRS that a decision for further funding by them would be contingent upon the RRS adequately dealing with certain issues:

1. A full-time coordinator must be hired by mid-January 1976
2. RRS must commit itself to the development (not facilitation) of a multi-purpose center as its primary goal
3. The Service Plan for RRS dated July 1974, would have to be revised to incorporate this new goal
4. The RRS must provide a detailed job description which outlines specific tasks of the agency coordinator for the remainder of fiscal year 1976.
5. The present full-time case aide/secretary would be retained and this position would not be increased during FY'76 because of the limited amount of funds presently available. The Mental Health Board priority is a full-time coordinator, not two counselors.
6. RRS would present tentative commitments from participating agencies as a condition of continued funding through February. The role of the agencies currently using RRS space (Family Services of Champaign County, Champaign County, Champaign County Mental Health Center and Champaign County Council on Alcoholism) must be clearly delineated and described.

The RRS responded by:

1. Hiring a Coordinator. The RRS was in need of a person to direct the agency toward multi-service and this student-author was in need of a field study and experience. When it was discovered that each other's needs could be met by joining forces, the contract was made with the creation of the post, volunteer-coordinator. A half-time commitment

on the part of the coordinator with the part-time salaried position of the Executive Director approximated the full-time administrative status the Mental Health Board was requesting. This solution allowed RRS to comply with a guideline and remain within financial boundaries.

2. Development of Multi-Purpose Center. The RRS decision to develop a multi-service center was definite. To clarify this point to CCMHB, the President of the RRS Board drafted a letter on December 17, 1975 stating that, "...We do indeed intend to develop a multi-agency center. this committment does not represent a modification of objectives, but merely a shift in emphasis. According to Section 5 of the RRS Articles of Incorporation, dated 16 November 1971, 'The purposes for which the corporation is organized are: To provide referral of the poor, distressed, or underprivileged residents of the Rantoul area to the appropriate service agency, to provide space and supportive service for agencies who provide services to Rantoul area residents, and to provide direct services to Rantoul residents in some circumstances.' We feel that creation of a multi-agency service center is very much in fulfillment of our purpose of providing...space and supportive services for agencies who provide services to Rantoul area residents. This same goal is reiterated under 'Goals of RRS' in our service plan dated July 1974, as well as being planned for under item 5 of the Projections section of the same document. We would also refer you to Goal of the Program Form 2 of our FY'76 grant application. All of these items demonstrate our continued concern regarding, and commitment to the concept of a multi-agency service."¹

3. Drafting a Service or Program Plan. This was one of the first tasks of the newly appointed coordinator and was completed on February 27, 1976.²

4. Detailed Job Description for Coordinator. Completed on February 27, 1976.³

¹See Appendix C

²See Appendix D

³See Appendix E

5. Retention of Present Full-time Case Aide/Secretary Position.

The CCMHB request was honored and the position was not expanded in FY'76. It would have been impossible to do this anyway considering the financial bind that pervaded the agency.

6. Commitments from Participating Agencies. Tentative commitments were secured from both participating and potential agencies through a survey questionnaire sent to twenty agencies. On this questionnaire agencies were asked to respond if they would like to establish or continue and outpost at the Rantoul site, if so, for what percentage of time, and for what programs. Fifteen agencies responded, ten expressed continuing or immediate interest, several expressed future interest and several expressed support, but for various reasons had no interest for the near future.

Formally written Continuity of Service agreements or contracts were completed with the following participating agencies by June 30, 1976: Champaign County Council on Alcoholism, Family Services of Champaign County, Champaign County Mental Health Center and Champaign County Office on Aging.¹

Strengthen Public Relations

In order to increase the agency's visibility, credibility and encourage community good will, it was important to:

1. Befriend and enlist the aid of other agencies and important persons. All RRS staff and Board members became aware of this need and approached it in a variety of ways. The secretary/case aide was encouraged to be more patient with other agencies in telephone contacts. The director voluntarily attended inter-agency meetings to show support and concern. The Board of Directors was enlarged to include representation of outlying communities.

For the coordinator the first months of tenure involved a concentrated getting acquainted process with the agency itself, the staff, the Board of Directors, the community, concerned persons and other agencies. It seemed important to talk with as many persons as possible asking such questions as:

What do you envision a multi-service agency to be in its ideal form?
What should I know about your work and your organization?
How do you see yourself affecting Rantoul Referral?
What do you want to tell me regarding this organization?
Where do you see dangers to which we are still blind?
What do you want to know from me about the organization?
What barriers or roadblocks do you foresee in our attempt to achieve goal?
We're thinking about _____ what are your thoughts?
Who else should be contacted?¹

This approach was valuable in formative understanding of the many facets and complexities of a social service agency. It also allowed the persons interviewed (often influential persons) to air any grievances and concerns or needs they had for the agency.

2. Keep interested persons posted on new developments. Extra effort was made to contact all Board members, participating agency personnel and interested community members keeping them abreast of new or changing policy.

3. Make firm Commitments with participating agencies. This was done through the Continuity of Care Agreements with participating agencies.²

Locate New Site

A great deal of energy went into this relocating effort. It involved the attention of several Board members as well as the staff. Possibilities explored included:

1. Huling Home (concern for infringement on lifestyle of young persons living there)
2. White Hen Pantry (rent too high)
3. Copper Kettle (space inadequate)
4. School Space (contract pending renewal each year)

In early May a real possibility and eventual solution presented itself. The A-1 Coin Wash at 117 N. Ohio was not making its way financially and the owner desired to rent the facility. The RRS saw it as a potentially useful

¹Drucker, Peter. The Effective Executive, New York: Harper and Row, 1966.

²See Appendix F

site. It met agency criteria providing adequate interior renovations could be made. The owner agreed to make the space into ten individual sound proof offices conducive to counseling and thus the contract was made. On July 12, 1976, RRS changed its location and almost immediately began filling the extra "growing space".

Board of Directors

The Board of Directors has increasingly assumed a larger role in the operation of RRS over the past year. The Board's image has shifted from that of a "rubber stamp board" toward a "working board". Evidence of this trend is apparent in the following Board decisions:

1. Enlarged Board On April 15, 1976, the RRS Board of Directors voted to increase its size from eight to thirteen members and include in its representation persons from the outlying communities of northern Champaign County. At the June meeting new Board members were present representing Rantoul, Fisher, Gifford, Ludlow, Penfield, Foosland, Thomasboro and Chanute Air Force Base. Rational for expansion included: (a) a better representation of the northern Champaign area, (b) creation of a larger work force, (c) request from the Mental Health Board for increased size.

2. Committees Established At the June 17 Board meeting it was decided that in order to insure a more efficient and effective Board effort, committees be organized to divide the work load. It was decided that four standing committees be established and that the President of the Board serve as ex-officio member of each committee. The committees decided were as follows and are represented by three Board members each: (a) Budget and Finance, chaired by the Treasurer, (b) Personnel and Policy, chaired by the Vice President, (c) Program and Services and (d) Nominating and Membership.

Funding

Probably the most crucial need for RRS operation, as for most social service agencies, is funding. As a not-for-profit agency, RRS did not take in working capital from the clients it serves. In order to pay

rent, telephone, salaries etc., RRS had to procure enough monies to support budgeted costs. Basic possible sources for funding included:

1. government agencies (state and federal)
2. private foundations
3. industry
4. voluntary contributions
5. local revenues

RRS funding has historically been limited to #4, voluntary contributions, and #5, local revenues. Government funding comes only to RRS through revenue sharing funds at the local level. These monies are those the federal government gives various political units on the basis of population within a geographic area. To date, no private foundations have taken a personal interest in the agency and only recently has industry come to Rantoul.**

Survey Community Needs

RRS has surveyed community agencies to see which would be interested in establishing an outpost for their services in the area. Agencies who do not see an evidenced need for their service would not consider Rantoul as a potential site. For example it would not be wise for Developmental Services to establish a separate program for the handicapped at Rantoul for there are not enough people to support it. For the few clients, it is still more efficient to transport persons needing this service to Champaign-Urbana.

Study of the requests of persons calling or coming into the agency was an approach utilized to discover community needs. It was observed that a large number of people request public aid information and assistance. It would therefore seem valuable to secure a public aid representative at the site. Unfortunately this was not possible due to the problems of staffing within that agency at the time.

Observation also showed financial planning as an area of need within the community. Many families were experiencing difficulty managing their incomes effectively. Counseling and/or workshops could be a way of meeting this need in the future.

**

See Table on following page.

FUNDING

	CCMHB	United Way	Rantoul Village	Ludlow Township	Compromise Township	Rantoul Township	Private Donations
FY'72	-0-	-0-	\$4800.	-0-	-0-	in kind donation \$360.	office space
FY'73	\$13,000	-0-	\$2700.	-0-	-0-	-0-	\$100-\$200
FY'74	\$10,000	-0-	\$1200.	\$1200	-0-	\$1200	\$200-\$300
FY'75	\$10,000	\$1,000	\$1200	\$1200	-0-	\$1200	\$200-\$300
FY'76	\$8,000	\$6,400	\$1200	\$1200	-0-	\$1200	\$200-\$300
FY'77	\$12,276	\$7,000	\$2400	\$2400	-0-	\$4800	?

Extension of Service

Until recently RRS had the primary goal of securing services for residents of Rantoul only. With the scope of the program broadened, the agency was responsible to the entire population of the county's northern sector. In this period of expanded focus it became important to recognize the needs of this enlarged population which might be different from those of the Rantoul community. It was also important to get information to the population of the services available and involve the leaders of these communities in the decision making process of the agency.

Representatives from Foosland, Thomasboro, Fisher, Gifford, Penfield, Ludlow, Rantoul and Chanute Air Force Base are presently active on the RRS Board of Directors providing those respective areas a voice in policy making and planning. Efforts are being made to increase the flow of information to the outlying rural areas. Articles appear in the Fisher and Rantoul community newspaper familiarizing residents of services available, WRTL, a local radio station, does occasional spot announcements for the agency and brochures have been printed and placed in public places.

Select New Name

With a new image and broadened service scope Rantoul Referral Service was no longer an appropriate descriptive title for the agency. On July 12, 1976, the day the agency relocated, it assumed a new identification as Community Services of Northern Champaign County.

Efficient Operation of the Center

Clients' needs as well as those of administrators and staff, can best be served by a center that is well-organized and efficiently run. It was important that the following plans be implemented to secure this objective.

1. organize a new filing system for the expanded program The new secretary made efforts to simplify and structure the handling of materials and paperwork used. The Mental Health Board sent a representative to RRS to train the staff on a different statistical report system that should simplify this aspect of the agency's work.

2. draft personnel policies After an uncomfortable experience with an employee who did not possess proported skills, it became clear that a probationary period would be a valuable policy for the agency to adopt. While the effort was being made to get something in writing on this point, it was decided to structure a whole set of policies for the agency regarding personnel to avoid future embarrassment. Other models were studied, discussed and adapted with the resulting product.¹

¹ See Appendix G.

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

The concept of the neighborhood community center is not a new one, Jane Addams' now famous Hull House was founded in Chicago in 1889 for the multiple purpose of providing residents of the community with a place to meet and a place where they could participate in educational, social and other programs. A number of different models of multi-service centers have been developed since that beginning at the turn of the century.¹

The multi-service center represents nothing more than an approach toward changing the increasing emphasis on service specialization. It is a means by which the client can be offered a "package deal" at one office instead of visiting office after office often without finding assistance.²

Rantoul, Illinois, a community seeking a comprehensive, convenient and responsible method of social service delivery, has chosen to work toward the multi-service center concept for their community.

Today, despite uneven beginnings, it appears that the Rantoul agency has a lasting and favorable presence within the community. Over the last nine months efforts have been made to strengthen the multi-service concept. Conclusions and recommendations of these endeavors will now be presented.

Fundable Program

An effort was made to develop a program that would be funded by the Champaign County Mental Health Board, (CCMHB). The CCMHB did judge

¹ Sigurdson, Herbert R. "An Experimental Multi-Service Center: A theoretical Model for County Sponsorship", Multi Service Centers, Institute of Government Affairs, University of California, Davis, Calif. 1973

² Marr, Tanner et al, Multi Service Centers. Institute of Government Affairs, University of California, Davis, California 95616, 1973.

Rantoul Referral Service (RRS) efforts toward multi-agency development as satisfactory and appropriated the agency twelve thousand, two hundred and fifty dollars for FY'77---two hundred and fifty dollars over and above the sum RRS requested. At the time of this writing relations between the agencies were good. In addition to complying with the CCMHB contingencies as outlined in Chapter III, RRS has now hired a full-time coordinator with a Masters of Social Work degree and extensive experience in the social service field. This person will hopefully bring new ideas, insight, and skills to the agency.

It will be important for the new coordinator to continue to work on CCMHB contingencies, sending quarterly reports, securing new Continuity of Service contracts with agencies taht wish to join the service, reviewing contracts already in effect etc. It would be advisable to keep CCMHB informed of ongoing activities and developmental plans for the future. CCMHB had a system of priorities for RRS to work through during the early stages of multi-agency development that excluded development of any adult education programs. Now that those priorities for agency development are being satisfactorily met, CCMHB might be receptive to program development that would include volunteer training, enrichment programs, therapy groups, parent training, financial management courses and other preventative programming that falls into the realm of adult education. Good communications with the CCMHB funding agency are very important and their goodwill would be a valuable consideration before embarking on a programming venture of this nature.

Strengthen Public Relations

Goodwill is a tremendously important factor in the success of virtually every type of business operation. For a social service agency, it is extremely wise, if not imperative, to secure the support of the community, other social service agencies, community leaders, Board members, clients, funders and office personnel.

It seems apparent that RRS public relations have improved over the past months as evidenced by: (1) additional and continued monetary support, (2) smooth office operation, (3) community interest in the

agency, (4) Board interest and cooperation in problem solving and planning, and (5) increased client use of the facility.

As the agency enlarges it will become increasingly important to have a staff development program that facilitates avenues of good communication within the agency. Continued attention in this area can eliminate potential misunderstandings and foster constructive working relationships.

Firm commitments with participating agencies should be a part of the ongoing program as well. The rationale for written agreements being, if each agency has in black and white expectations of each other, little room will be left for ambiguity and uncertainty over who should be doing what when. Keeping these commitments current is an important function for the agency administration.

The new coordinator has a firm belief that public relations can best be developed by building a sound agency reputation based on good works, having high visibility and making sure that no more is promised than can be accomplished. His philosophy places the weight on behavior rather than communication, which although well intended does not necessarily assure delivery.

Locate New Site

Basically the new site looks adequate if not ideal for RRS present needs. It is spacious, clean and appropriately designed for counseling, group meetings and efficient office operation.

Potential shortcomings may be: (1) Location. It is not in a neighborhood of greatest client use. (2) High Utility Costs. The first utility bill came as a shock. The budget had allowed for one hundred dollars per month, but the actual cost will be closer to three hundred dollars per month.

Board of Directors

The RRS Board of Directors is made up of a group of local people who, though sincere in their dedication and desire to learn, are almost without exception inexperienced in boardsmanship. No board member brings the expertise of either current or past Board experience. Board members

therefore have had little chance to become groomed for the position they hold and as a result are not fully aware of the expectations the role requires.

In their favor, the Board has undergone a metamorphic type of change over the past months. What is evolving is a governing board that is more representative of Northern Champaign County, more active in agency concerns and decisions, and is also showing evidence of becoming more efficient.

Rantoul, Fisher, Gifford, Ludlow, Penfield, Foosland, Thomasboro and Chanute Air Force Base each have a community representative on the RRS Board. These persons joined the Board with the expectation of working as ambassadors for their community, bringing the unique needs of their area to RRS attention and generally working toward better service for all.

The Board has assumed greater responsibility by broadening the scope of its policies and concerns and accepting a greater work load. The Board has mobilized itself into a four committee structure that should effect more efficient processing of plans and policy.

In the final analysis a Board of Directors should have more than sanctionary duties of hiring, firing and establishing policy. With recognition of their talents and knowledge of the community, Board members can become a responsible sounding board capable of being critical and creative. It is hoped that this kind of sophistication can be developed as Board members become more experienced and with the supportive guidance of the coordinator who has suggested modeling as a way of facilitating this end. A potential frustration rests in the transient quality of the area. Just as a person becomes knowledgable and effective on the Board, they are quite apt to move out of the community.

Funding

RRS is currently funded by five funding bodies for a total of \$28,876.00 for FY'77. Although this figure is several thousand dollars short of the desired yearly income, it does provide a feasible operating budget for the year.

It is recommended that RRS continue to focus attention toward meeting funding guidelines, complying with requests for quarterly

reports, maintaining records etc., as a means of insuring future funding from these bodies. RRS can also secure further operating monies by encouraging visiting agencies that are not under the same funding umbrella to pay their own fair share of expenses at the Rantoul site. It is not possible at this time to request that agencies supported by the same funding sources as RRS (ie. Council on Alcoholism, Family Services, Mental Health Center) pay into this. Securing monies from industry is an improbable source of funding for a similiar reason. Industries and their workers donate to United Way and it would therefore be unethical to approach them again for support. Churches and civic organizations have in the past and could in the future aid by support of special projects.

Local resources appear to be the most likely and most desirable area to look for increased monetary support. It would seem desirable to attain a balance whereby one-third of money comes from the Mental Health Board, one-third from United Way and one-third from local sources.

Since well established and respected agencies like the Mental Health Center, Family Services and Council on Alcoholism are still in a position where they must make yearly appeals to funding bodies, it seems unlikely that RRS could break out of that system. Some communities have incorporated their community social service system into the local government. For the present this is not an alternative for RRS but could be a possibility for the future if the community finds the service worthy and has the resources to support it.

Survey Community Needs

Identification of community needs along with evaluation are probably the least developed areas of study and yet, of great importance in the development of effective programing.

RRS was seriously handicapped by the absence of research with respect to the needs of the community. It has been necessary therefore to make judgments about needs on the basis of intuition and logical deduction rather than on the basis of empirical research findings. The objective has been further complicated by lack of money.

It takes a considerable chunk of money to make a comprehensive study of a population and their needs but it is recommended that in the long

run, it could be wiser to invest the necessary funds for a study that would reveal accurate needs rather than to put large sums of money into services that may not be helpful to the clients they serve.

A possibility for identifying the scope of needs might be to plug into the University of Illinois and see if an arrangement can be made for students to do this research in identifying community needs under the guidance of an experienced instructor at a cost that the agency could afford.

Informal channels for receiving feedback from clients concerning program preference, degree of satisfaction etc. tend to be poorly developed. An efficient system for securing this kind of information could be a valuable indicator of needs appraisal until a formal study is completed.

Extension of Services

With the advent of a program that has been broadened both from geographical and comprehensive standpoints, it becomes apparent that efforts must be made to notify the public of the enriched program and its scope.

The local media, including newspapers, radio, billboards and flyers provide one avenue of advertising. It should be helpful for agency personnel to secure speaking engagements at local community clubs and churches to draw attention to the services available. Probably nothing speaks better in way of recommendation than a satisfied client who shares his/her knowledge of the resource with friends and acquaintances.

Outreach is the basic informational role of the center. It is the process by which people are located and informed about facilities and services that the center provides. Special emphasis should be put on reaching out to the passive population by means other than standard announcements. Personal contact between staff and the neighborhood population is an asset in closing communication gaps and overcoming fear of the unknown which may hold people back from using the center. Each counselor is assigned a geographical area in which he/she "reaches out" to those who have not initiated contact with the center.¹

¹Katz, East Side Neighborhood Facility

New Name

RRS has now assumed a new identity. As Community Services of Northern Champaign County, it more accurately reflects the broadened nature of services offered through the agency. In way of recommendation, it is suggested that the agency not consider further name changes in the near future without serious deliberation for it is apt to cause confusion for clients and community.

Efficient Operation

Steps toward more efficient operation of the center are being considered at RRS. Efforts are being made to develop more functional systems of intake, filing, recording and reporting.

With an enlarged staff, there will be a need for a well planned flow of information within the agency. Staff meetings on a regular or as needed basis could be a useful tool for both disseminating information and sharing ideas for more efficient center processing.

APPENDIX A

Community Profile

Rantoul Village lies in the northern portion of Champaign County in the midst of the vast fertile Illinois Plains. The first settlers to arrive to the area that became Rantoul were Archa and Eliza Campbell. They came in 1848 and early the next year broke up a large tract of surrounding prairie land and planted "sod corn".

Very few permanent settlers joined the Campbells until 1854 when the Illinois Central Railroad track was laid through Rantoul, connecting Chicago and Urbana, bringing development and immigration. It was about this time large numbers of settlers began flocking to Champaign County to take up the fertile lands near the railroad.

Rantoul was named for Robert Rantoul Jr. shortly after his death in the early 1850's. Robert Rantoul was a Massachusetts Representative to the U.S. Senate and also a stockholder, director and promotor of the Illinois Central Railroad. In bringing the Illinois Central to Illinois, Robert Rantoul opened the doors of transportation to mid-America.

Chanute Field was established in 1917 at Rantoul when flying was in its infancy. It was named for Octave Chanute, a man who envisioned multiple uses for the airplane many years before the first powered plane ever left the ground in 1903. Chanute Field was to become one of the vital links in the air defense of the nation.

In 1875 the population was 827. By early 1917 it had grown to about 1,300. By July of that year, after Chanute Field was established, the population increased by 2,000.¹

¹Podogrosi, Katy B. Heipswah Rantoul 1776-1976, Rantoul Press 1975.

Today, the population of Rantoul approximates 25,600. It is estimated that fifty percent of this population is related to Chanute Air Force Base in some capacity, either active duty military, civilian work force, or retired military. One important effect of the Air Force Base has been the creation of a highly mobile community with a far higher turnover of people than would be expected in the majority of communities its size.

Other major industries of the community include: Vetter Fairing, second largest motorcycle oriented company in the U.S., Combe Laboratory, makers of toiletry products; Eastern Telephone Corporation, and the Rantoul Press.

ESTIMATED NEED FOR MENTAL HEALTH SERVICES VS. DELIVERY

Table

CCMHC DELIVERY	CO. AREA INVOLVED	EST. INCIDENCE OF DISORDER ³		% In Need Actually Served By CCMHC
		"High" Estimate -Family Distress-	"Low" Estimate -Psychiatric-	
Total Clients Served: Jan. 1976	Area			
1,135	Champaign-Urbana	10% x Pop. 9,050	5% x Pop. 4,525	5% Est. 25.1%
160	Rantoul	2,560	1,280	12.5%
214	Remainder County	5,732	2,866	7.5%
1,509	Totals	17,342	8,671	17.4%

from Stewart, R. and Ponster, L. Methods of Assessing Mental and Physical Health Needs from Social Studies, Evaluation Magazine, Vol. 2, No. 2, pg. 67 - 70, 1975.

APPENDIX B

December 17, 1975

Ms. Collette Uetz
Champaign County Mental
Health Board
1303 N. Cunningham
Urbana, IL. 61801

Dear Ms. Uetz:

Thank you for your letter of 5 December 1975. Regarding the comments you presented in that letter, we submit the following:

1.) Since our 28 November 1975 letter was one of intent only, we preferred at that time not to use language that would imply final definite plans. We regret that you were disturbed by the term "facilitate", however since we have no definite commitments for funding of this project, we felt we could not use more positive terms. We do indeed intend to develop a multi-agency center. We should also like to point out that this commitment does not represent a modification of our objectives, but merely a shift in emphasis. According to Section 5 of our Articles of Incorporation, dated 16 November 1971, "The purpose or purposes for which the corporation is organized are: To provide referral of the poor, distressed, or underprivileged residents of the Rantoul area to the appropriate service agency, to provide space and supportive service for agencies who provide services to Rantoul area residents, and to provide direct services to Rantoul area residents in some circumstances." We feel that creation of a multi-agency service center is very much in fulfillment of our purpose of providing "...space and supportive services for agencies who provide services to Rantoul area residents." This same goal is re-iterated under "Goals of RRS" in our service plan dated July 1974, as well as being planned for under item 3 of the Projections section of the same document. We would also refer you to Goal 2 of the Program Form 2 of our FY76 grant application. All of these items demonstrate our continued concern regarding, and commitment to, the concept of a multi-agency service.

2) The "extension service" we referred to indicated that we are asking existing agencies to provide service to northern Champaign County by extending their resources to a physical facility which we will provide. It has always been our policy to use existing services rather than develop overlapping or competitive services of our own.

3) The phrase "terms of use" reflects our negotiations with Huling Home over the particular space to be used and the financial arrangements that should be made. Although my 28 November letter indicated that the space would be rent-free (based on my initial understanding) further contact with the staff of Huling Home indicated that this may not be the case. I would note that it is precisely because these negotiations are still in progress that we feel strongly that the article in the 8 December 75 News Gazette, indicating complete plans that are only tentative at this point, was entirely premature. I would request that in the future we receive the

courtesy of advance notice of such articles so that we may have an opportunity to correct any discrepancies (for example, RRS has been in existence only since June 1971 rather than six years as indicated in the article.)

4.) As to the suitability of Huling Home, we recognize that there are limitations on the space, but the RRS Board of Directors has studied the facility and feels that it provides a workable solution, at least for the time being. We certainly welcome your coming to Rantoul to view the Facilities. Please just let me or Mrs. Dewey know when you are ready to have us accompany you; we will make arrangements with Huling Home to visit. At that time we would be happy to discuss with you the advantages and possibilities before a commitment is made by the Board of Directors, Rantoul Referral Service. As to your questions, in the memo dated 2 December 1975 as to space available in Huling Home, there is more than enough available to accommodate agencies which have indicated a desire at this time to participate in the multi-agency service center. I feel that the best answer to your question is to encourage you to see the actual facility of Huling Home.

Our initial plan was to maintain two sites during the transition stage. As negotiations proceed with Huling Home, it appears that this may not be necessary. If it is not, we can manage nicely with one, rather than two, case aides. We had asked for two case aides so that we could have one of them at each site. If we use just the Huling Home site, as now seems to be the stronger possibility, one case aide is sufficient.

In answer to your question regarding current monthly expenses (rather than projected expenses for the operation of the multi-agency service center) our Secretary-Treasurer estimates them at approximately \$1300. More accurate figures may be obtained from our quarterly financial report if necessary.

From your letter, it is clear that we must meet certain conditions to continue to qualify for funding. The Board will study them and decide whether they are congruent with the plans we are developing. We do not foresee any major difficulties and hope that a spirit of compromise will prevail should we not be comfortable with some of your conditions.

Although we concur that the best personnel mix would be a full-time coordinator and one full-time case aide, we do not see how we can advertise by the middle of January when we could not guarantee an applicant that funds would be forthcoming to pay a full-time salary.

In addition, we should note that many of your conditions echo our own thinking. We are looking forward to working with both the CCMHB and the staff of Huling Home toward developing the most efficient provision of mental health and social services to the residents of northern Champaign County.

We will submit to you by 9 January 1976 the job description of the coordinator. We felt however, that we had already provided the tentative commitments for which you have asked (attached to the 28 November 1975 letter of intent). If you need anything in addition, please provide us with specific requirements.

Helen L Minor, Captain, USAF
President, Board of Directors, RRS

APPENDIX D

OUTLINE OF PROGRAM PLAN FOR PROPOSED MULTI-AGENCY CENTER

RANTOUL REFERRAL SERVICE

Summary

The goal of this program is to plan, develop, and establish a multi-agency center based on identified needs of the 34,000 residents of northern Champaign County who are physically distant from the office of the mental health, social service, and welfare agencies serving Champaign County. The multi-agency center will, in addition, provide liason among agencies currently serving this area, and develop appropriate and needed community programs when possible.

Introduction

Rantoul Referral Service was organized in June, 1971 by a voluntary citizen Human Relations Group in an effort to better the quality of life in the Rantoul community. It is currently funded by the Champaign County Mental Health Board, United Way of Champaign County, the Village of Rantoul, Rantoul Township, and Ludlow Township. Supportive and good-will monies have also been received for special projects from several private citizens and community service clubs.

Rantoul Referral Service is a not-for-profit agency serving the mental health, social service, and welfare needs of northern Champaign County. In calendar year 1975, the agency provided direct services of information and referral to 631 new clients and 457 continuing clients. Staff members of cooperating agencies conducted 324 client interviews and one client group meeting in the Rantoul Referral Service offices.

Need Statement

The vast majority of the county's mental health, social service, and welfare agencies are concentrated in Champaign-Urbana. These agencies are funded for service to the entire county. The fact that these agencies are located as much as 30 miles from residents of northern Champaign County decreases both their visibility and their accessibility to people of this area.

The Rantoul Referral Service serves as an effective linkage agent to both helping agencies and their clients in northern Champaign County. It also provides services not provided by other agencies, such as consultation to local self-help groups. Evidence for this needed service is exhibited by 1088 new continuing clients served by the agency in calendar year 1975; by 324 individual interviews held by staff members of cooperating agencies during the same year; and by expressions of support from community leaders, heads of agencies, and clients whom we have served. In addition to the agencies currently using our office space (Champaign Council of Alcoholism, Champaign County Mental Health Center, Family Service of Champaign County, and the Office on Aging), six additional agencies have expressed an interest in using our space when it becomes available. Written comments from these agencies are attached with the cover letter.

Program Objectives

- A. Establish a comprehensive mental health, social service, and welfare service.
 1. Identify service area needs
 2. Develop agreements with participating agencies
 3. Provide suitable physical facilities
 4. Provide core and supporting services
- B. Link people of northern Champaign County who have needs to the agency best suited to deal with their problem area(s).
 1. Increase the accessibility of services to clients
 2. Increase the flow of information about human services to potential and actual clients
 3. Support relationship of the client to the service
 4. Provide co-ordination, organizing, and linkage functions
 5. Ensure efficient operation of the center

Methods

- A. Establish a comprehensive mental health, social service, and welfare service.
 1. Identify needs
 - a. Survey via interview, questionnaire, and data analysis to determine additional or new services needed by the community.
 - b. Using census tract and demographic data, identify the areas of the community that are in greatest need. On this basis, direct service toward those areas.
 2. Develop agreements with participating agencies.
 - a. Negotiate agreements with those agencies involved in the multi agency center on the topics of:
 - (1) Scheduling
 - (2) Supportive functions (office, space, answering service/receptionist, clerical services, records, maintenance)
 - (3) Administrative guidelines regarding funding areas of responsibility.
 - b. Negotiate with those agencies not using the facility on topics of:
 - (1) Referral expectation and procedures to insure adequate service to clients.
 3. Provide suitable physical facilities.

Enable participating agencies to establish outposts of their programs by securing and maintaining a facility that provides adequate space and is accessible and inviting to clients.

4. Provide core and supporting services.

The decentralization of direct services does not in itself assure that clients in need will be served. There can still be a gap between the client in need and the service which can help. Core and supportive services fill this gap by facilitating the participation of people in services that can meet their needs. These services include such things as:

- a. Intake: the clients reception at the center and the collection of relevant information about his/her basic problems or needs.
 - b. Counseling and referral: evaluating the intake information and informing the client of the alternatives available to him/her. This includes giving information on how to contact the needed service; and what to expect in general when application for service is made by the client.
 - c. Advocacy: increase the accountability of service agencies to clients. For example, if a client is refused service, Rantoul Referral Service would assist the client in making a successful contact.
 - d. Outreach: case-finding activities to help people in need to know about and make use of appropriate services.
 - e. Follow-through: assess the effectiveness of the servicing agency to determine the degree of client satisfaction with the service he/she has received.
- B. Link people of northern Champaign County who have needs to the agency best suited to deal with their problem area.
1. Increase accessibility of service to clients: decrease the physical distance between clients and services, and create a climate in which clients will be more readily motivated to seek out and use services to meet their needs. For supporting service, this objective includes reducing such obstacles as lack of transportation and may in some instances require actually taking the service to the client.
 2. Increase the flow of information to clients: Make the potential array of services known to residents of the area, especially those who might in some way be hindered from finding out about them. This item includes publicizing services, case-finding, informational meetings and/or speeches to community groups, and community education programs.
 3. Support the relationship of the client to the service: Ease the problem of clients who have difficulty perserving through the complex bureaucracy of human services agencies. This involves ensuring that the service will not be terminated until the needs of the client have been met, or until nothing else can be done to assist the client.
 4. Provide coordinating, organizing, and linkage functions: Eliminate duplicated services in the community when possible, and stimulate effective use of resources. An example of possible area to work in would be that of financial counseling. Several authorities have expressed a need for this service, and it could be an area where RRS could spearhead organization.
 5. Ensure the efficient operation of the center: Clients' needs as well as those of administrators and staff can be best served by a center that is well organized and efficiently run. Central to this objective are well defined roles for staff of both Rantoul Referral Service and participating agencies. The establishment of specific job descriptions and guidelines are necessary.

Evaluation

- A. Are we meeting our goal?
 - 1. Keep accurate records of persons and groups using the center
 - 2. Examine these records to see if:
 - a. Client participation is increasing
 - b. Services offered are increasing in scope and number
 - c. There is a higher percentage of clients served from truly needy areas as determined by census tract and demographic data.
 - d. More Clients from northern Champaign County are making appropriate use of available services.
 - e. Clients, agencies, and community leaders are satisfied with the level of service offered.
- B. Are we effective?
 - 1. Are we using our services efficiently by providing maximum service at minimum cost?
 - 2. Are we meeting generally approved standards of operation made by persons knowledgeable in this field?
 - 3. Evaluate our program in relation to similar types of programs.

APPENDIX E

Job Description

Position Title: Coordinator, Rantoul Referral Service

Basic Function: Plan and develop multi-service center for northern Champaign County, provide liason among agencies serving this area and develop appropriate and needed community programs.

Supervision Received: The Rantoul Referral Service Board of Directors will exercise general supervision over the coordinator. No detailed supervision is received in actual operation of office functions.

Supervision Exercised: Exercise general supervision over secretary/ case aides and volunteers; organizational supervision over specialists from participating agencies.

Position Responsibilities:

1. Identify community needs:
 - a. conduct professional and appropriate needs appraisal.
 - b. explain, analyze, and evaluate results of appraisal for sound implementation of action
2. Develop and implement one and five year plans for a multi-purpose agency, taking into consideration the needs of the community as well as the areas of concern of the Champaign County Mental Health Board, United Way of Champaign County, and other interested county-wide authorities.
3. Recruit agencies for the proposed multi-agency service center;
 - a. send out letters of invitation to agencies based on results of needs appraisal.
 - b. develop, negotiate, and finalize specific letters of agreement between participating agencies, and between such agencies and the Rantoul Referral Service.
 - c. keep all involved agencies informed of internal program developments and serve as a liason person among the agencies as needed.
 - d. develop methods/systems for bookkeeping, record keeping, and information collecting.
4. Serve as liason person with local community groups with whom the agency deals, such as the Rantoul Area Ministerial Association, the Rantoul Food Bank, and the Rantoul Clothing Center.
5. Provide overall administration for the agency.
 - a. attend conferences, board meetings with, or as the representative of Rantoul Referral Service and provide advice and/or assistance on matters pertaining to the multi-agency center
 - b. keep the board informed of the nature and status of various functions, projects, and special activities, and any unusual problems or controversial actions encountered or anticipated.

- c. resolve or make recommendations regarding matters pertaining to or resulting from program operations.
 - d. evaluate all information, and when appropriate, develop improved service.
 - e. anticipate, predict, identify, and resolve problems that may arise.
 - f. develop written agency policies and practices, subject to approval by the Board of Directors.
6. Develop sources of funding for the agency, and be responsible for the provision of such materials and documentations as required by the funding sources.
 - a. investigate and propose alternative methods for supporting the multi-agency center.
 - b. keep growth and change consistent with funding guidelines.
 7. Develop good community relationships, and interpret program of the agency to the public.
 - a. develop promotional and publicity materials to encourage client use.
 - b. devise and improve program to meet special needs of clients.
 8. Hire, train, recruit, and supervise case aides and volunteers.
 - a. analyze and schedule work assignments
 - b. establish work methods
 - c. determine and use performance standards
 - d. direct and control work of employees
 - e. orient newly assigned personnel
 - f. evaluate qualifications and performance of individuals
 - g. plan and conduct on-the-job training programs
 - h. spot check or observe activities of employees to assure compliance with instructions provided and established practices.
 - i. keep employees informed regarding policies, procedures, and goals of management as they relate to the multi-agency center.
 9. Set up an on-going program of evaluation for the agency.
 10. Perform all other tasks as required and as are consistent with sound professional practices at this level.

Additional Information: Considerable intuition and judgment is required in adapting and developing methods and techniques for sound management; planning and coordinating of programs. Coordinator deals directly with virtually all service organizations, town dignitaries, and service personnel. Requires thorough knowledge of the community and sponsored agencies, their practices and their policies.

Qualifications:

1. Bachelors degree minimum with a proven capacity to encourage evaluative work.
2. Capacity to work with a variety of community people to develop coherent plans for service delivery in the mental health, social and welfare areas.
3. Some clinical, as well as administrative, experience.

APPENDIX F

Continuity of Care Agreement

Between

The Rantoul Referral Service
121 East Congress Street
Rantoul Illinois, 61866

and

Champaign County Council
On Alcoholism
401 1/2 W. Springfield Ave.
Champaign, Illinois 61820

Period of Agreement: July 1, 1976 through June 30, 1977

Purpose

This agreement made by Rantoul Referral Service (RRS) and Champaign County Council on Alcoholism (CCCA) is designed to inform the RRS and CCCA of the specific services each agency makes available to the other, to encourage maximum utilization of their services, to outline how the agencies work together on client services and to specify the process by which this agreement may be amended. It is the further purpose of both agencies to insure that the residents of Rantoul and the surrounding area receive counseling services where alcohol abuse is involved.

Areas of Concern

1. Facilities: The RRS agrees to provide space and adequate facility maintenance at its current address, 121 E. Congress, or such office space as it may occupy in the future, for a CCCA Outpatient Counselor eight hours each week for the purpose of alcohol abuse counseling. The counseling will normally occur on an individual basis but may include group therapy.
2. Supportive Services: The RRS will make specific appointments and take messages when appropriate. The CCCA will keep confidential client files in its Champaign office and will submit quarterly reports within two weeks after the end of each quarter specifying the number of clients having received services and including a breakdown of new clients and an average number of client contracts served at the Rantoul site. The RRS will provide secretarial assistance with respect to telephone messages, appointments, client reception during regular RRS office hours (8:30 a.m. to 5:00 p.m., Monday through Friday), and limited client correspondence when the secretary's schedule permits. The RRS secretary will keep a staff activity record showing how much supportive secretarial time is given to CCCA.
3. Supervisory Guidelines: The RRS Coordinator will be responsible for RRS personnel and the CCCA Outpatient Program Coordinator will be responsible for the assigned CCCA staff counselor. Client fee collection will be handled by CCCA central office.
4. Referral: The RRS will refer problem drinkers, alcoholics or families of such persons to the CCCA counselor. Recognizing that clients frequently have multiple needs, the CCCA upon identification of needs outside their area of concern will refer the client back to the RRS personnel for disposition.
5. Agreement Review: A mandatory meeting will be held at the end of each fiscal year and for the first year an additional meeting will be scheduled at the end of the first six month period, with the following agency personnel in attendance:

- A. RRS Coordinator
- B. CCCA Out-patient Coordinator
- C. CCCA Counselor (s)
- D. Mental Health Board Staff

The scheduling for this meeting will be initiated by the RRS Coordinator and a date will be agreed upon by the above parties. The purpose of this meeting will be to review and evaluate the terms of this Agreement and to negotiate any changes thought necessary in its terms. Any one of the above-referenced parties may call a joint meeting when issues arise that must be resolved immediately. All parties must attend.

6. Agreement Breakdown: Failure of the CCCA or the RRS to comply with the terms of this Agreement shall be cause for the other party to request that the Champaign County Mental Health Board (CCMHB) review the performance of the parties to this Agreement and act as consultant for negotiations.

RRS Coordinator

CCCA Out-Patient Coordinator

CCCA Counselor

CCCA Executive Director

Service Agreement

Between

The Rantoul Referral Service
117 North Ohio
Rantoul, Illinois 61366

and

Family Service of Champaign Co.
303 South Wright Street
Champaign, Illinois 61820

Period of Agreement July 1, 1976 through June 30, 1977

Purpose: This agreement made by Rantoul Referral Service, hereinafter known as RRS, and Family Service of Champaign County, hereinafter known as Family Service, is designed to insure continuity of service for residents of northern Champaign County who are in need of service by either, both RRS and Family Service.

- I. Family Service agrees to provide family, individual, group, and marital counseling; social services to senior citizens; and volunteer placement opportunities for senior citizens thru its various programs to residents of northern Champaign County;
- II. RRS agrees to provide sufficient and adequate physical space to accomodate Family Service staff providing those services. At a minimum, RRS agrees to provide a counseling office for the Family Service Family Counselors on the basis of 24 hours per week. In addition space will be made available for Family Service Tele-Care, Homemaker, and RSVP workers by arrangement;
- III. Family Service will provide statistical reports to RRS on a quarterly basis;
- IV. The RRS will provide secretarial assistance with respect to reception, telephone messages, appointments during regular RRS office hours (8:30 a.m. to 5:00 p.m. Monday through Friday) and limited client correspondence when secretarial time permits.
- V. The RRS will refer families experiencing stress and senior citizens to Family Service staff on a priority basis and will refer all other individuals experiencing stress on an availability basis;
- VI. RRS clients referred to Family Service will be handled by Family Service according to established procedures. Family Service will handle fee negotiation and collection and keep confidential records accessible only to Family Service staff;
- VII. When a person or family is a client of both RRS and Family Service, Family Service staff and RRS coordinator determine which agency will carry primary responsibility for that person or family.

VIII. Transfer of client information between RRS and Family Service will require a formal, written, release of information letter from the client after a full explanation of what this action involves;

Family Service staff and the RRS coordinator will jointly determine which agency will follow a client referred to a third agency to insure proper continuity of care in that event;

IX. A meeting will be held semiannually, or more often if deemed necessary by both RRS and Family Service staff to insure proper articulation of this agreement;

Family Service will attend all general meetings called by RRS to articulate RRS program goals and objectives;

X. The Family Service Board of Directors and the RRS Board of Directors will be the final authority on policy and program issues which cannot be resolved at staff levels.

Rantoul Referral Service

Family Service of Champaign Co.

Service Agreement

Between

Community Service Center
of Northern Champaign County
117 North Ohio
Rantoul, Illinois 61866

and

Champaign County Office
on Aging
1303 North Cunningham
Urbana, Illinois 61801

Period of Agreement: July 1, 1976 through November 30, 1976

Purpose: This agreement made by Community Service Center of Northern Champaign County, hereinafter known as Community Service, and Champaign County Office on Aging, hereinafter known as OoA, is designed to insure continuity of service for residents of northern Champaign County who are in need of service by either/both Community Service and OoA.

I. The Community Service agrees to provide space and proper maintenance of that space for an OoA worker at its site on a schedule jointly determined by the two agencies. The Community Service will also provide secretarial assistance with respect to telephone messages, appointments and client reception during regular Community Service office hours (8:30 a.m. to 5:00 p.m. Monday through Friday) and limited client correspondence when secretarial time permits. The Community Service will refer clients eligible for the Older Workers Program, Senior Citizens Transportation Program, Craft Program, Circuit Breaker Program to the OoA worker(s), and other appropriate services.

II. The OoA agrees to place a worker(s) at Community Service for approximately 8 hours per week to extend its outreach program and make it more accessible to older persons in the northern Champaign communities. Programs to be offered at the Rantoul site include:

- A. Older Workers Program
- B. Senior Transportation Program
- C. Craft Program
- D. Circuit Breaker Program
- E. And other appropriate services

III. At this time the OoA is unable to make a monetary financial contribution to the Community Service. Until their budget makes such payment feasible, the OoA agrees to make in kind donations in the form of postage, paper, furniture, etc. At such time their budget becomes more flexible the OoA agrees to renegotiate this agreement.

IV. The OoA will provide statistical reports to Community Service on a quarterly basis.

V. When a person is a client of both Community Service and OoA, the two agencies will jointly determine which agency will carry primary responsibility for that client.

VI. Community Service clients referred to the Office on Aging will be handled by OoA according to established procedures. OoA will handle any fee collection and keep confidential records accessible only to OoA staff.

VII. Transfer of client information between Community Service and OoA will require a formal, written, release of information letter from the client after a full explanation of what this action involves.

VIII. Community Service and OoA will jointly determine which agency will follow a client referred to a third agency to insure proper continuity of care in that event.

IX. A meeting will be held semi-annually, or more often if deemed necessary by both Community Service and OoA staff to insure proper articulation of this agreement.

X. OoA will be represented at all general meetings called by Community Service to articulate Community Service program goals and objectives.

XI. The OoA Parent Committee and the Community Service Board of Directors will be the final authority on policy and program issues which cannot be resolved at staff levels.

Community Service Center
of Northern Champaign Co.

Champaign County Office On Aging

Service Agreement

Between

The Rantoul Referral Service (RRS) and Champaign Co. Mental Health Center (CCMHC)
117 North Ohio 1402 West Park Street
Rantoul, Illinois 61866 Urbana, Illinois 61801

Period of Agreement: July 1, 1976 through June 30, 1977

Purpose: This agreement made by RRS and CCMHC is designed to insure continuity of service for residents of northern Champaign County who are in need of service by either or both agencies.

I. The CCMHC Clinician: The CCMHC agrees to place its clinician at the RRS for approximately 3 days per week. Any representation of the clinician to the public, to RRS clients, or to the RRS staff will be as an employee of CCMHC placed at RRS to provide clinical, mental health services.

- II. The clinician will be responsible for:
- A. Counseling of clients of CCMHC at RRS
 - B. Submitting quarterly statistical reports to RRS on clients served at the RRS site.

III. Responsibilities/Duties of the RRS: The RRS will provide space and proper maintenance of that space for a CCMHC clinician at its site on a schedule jointly determined by Clinician and RRS coordinator. The RRS will also provide secretarial assistance with respect to telephone messages, appointments and client reception during regular RRS office hours (8:30 A.M. Monday through Friday) and limited client correspondence when secretarial time permits. The RRS will refer persons or families experiencing stress and desiring counsel to the CCMHC clinician.

IV. Continuity of Service: RRS clients referred to CCMHC will be handled by CCMHC according to its established procedures. CCMHC will handle fee collection, and keep confidential records accessible only to CCMHC personnel.

When a person is a client of both RRS and CCMHC, the CCMHC clinician and RRS coordinator will jointly determine which agency will carry primary responsibility for that client.

Release of information will be obtained in written form from the client after a full explanation of what this release involves.

The CCMHC clinician and RRS coordinator will jointly determine which agency will follow a client referred to a third agency to insure that the client does not get lost.

V. Agreement Review: A meeting will be held at the end of each fiscal year with the following agency personnel in attendance:

- A. RRS Coordinator
- B. CCMHC Executive Director
- C. CCMHC Clinician

The scheduling of this meeting will be initiated by the RRS coordinator and approved of by the above parties. The purpose of this meeting will be to review and evaluate the terms of this Agreement and to negotiate any changes thought necessary in its terms. Any one of the above-referenced parties may call a joint meeting when issues arise that require immediate consideration.

VI. Agreement Breakdown: Areas of disagreement between the CCMHC clinician and the RRS Coordinator which cannot be resolved by them, will be referred to the Board of Directors of CCMHC and RRS for resolution.

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