



National Advisory Committee On Rural Health and Human Services



The Intersection of Rural Poverty and Federal Human Services Programs Policy Brief January 2014

***Editorial Note:** For the past year, the National Advisory Committee on Rural Health and Human Services has been analyzing the intersection of federal human services programs and rural poverty. This policy brief continues this focus and includes two case studies that are similar, but use different types of anchor organizations to coordinate rural services.*

INTRODUCTION

The challenges faced by rural human service providers are well documented, showing higher rates of poverty and persistent poverty in rural communities and the reality of serving a smaller number of clients who are often spread across large geographic areas. Programs serving such disparate populations as the elderly, children and at-risk families are made up of a patchwork of services and funding streams, which include a mix of federal, state and local programs, often combined with philanthropic and faith-based resources. This policy brief continues the Committee's ongoing examination of the intersection of rural poverty and human service delivery and includes an examination of two approaches to meeting that challenge. In 2013, the Committee visited Montrose County, Colorado and Gallatin County, Montana to learn about unique human service approaches toward addressing local need. Both communities take a holistic approach to providing wraparound services that meet their clients' needs, and both systems work to help clients gain access to needed programs. Wraparound services are generally defined as "an intensive, individualized care planning and management process" that "aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family."¹ These are just two of many models for administering and delivering social services. The Committee hopes that lessons learned from both of these communities will help inform the Secretary and The Department of Health and Human Services (HHS) about the unique challenges faced by rural communities as well as serve as examples for other rural communities. The intent of this brief is not to cover all of the programs provided by each county; rather it is to highlight the organizational promising practices and cultural norms that have made them successful in providing superior service to their clients and fighting poverty in their communities. This brief also seeks to encourage local, state and federal organizations to consider how each might support the development of anchor organizations and integrated

¹ Wraparound Basics. National Wraparound Initiative at Portland State University. n.d. Retrieved from <http://nwi.pdx.edu/wraparoundbasics.shtml>.

services and in rural communities, and efforts to strengthen the six critical areas for integrated service delivery as outlined by the RUPRI human services panel.

BACKGROUND

The Committee's focus on the intersection of poverty and human service is driven in large part because of the significant body of research linking these economic challenges to a range of adverse outcome indicators.

1. Rural Poverty

Poverty is consistently associated with lower educational attainment, greater delinquency, and poorer health outcomes. Adults living in poverty are about twice as likely to suffer from depression, live with two or more chronic health conditions, and experience reduced access to medical care, dental care, and prescription drugs.² Recent research has attributed 133,000 U.S. deaths to poverty, only slightly below the number of deaths due to lung cancer (155,521).³ Additionally, the U.S. spends \$500 billion annually on costs associated with children growing up in poverty.⁴ In 2010, about 22 percent of rural children were reported to live in poverty, including nearly 50 percent of children in a female-headed household.⁵ As indicated by the predominance of persistently high poverty counties in nonmetropolitan areas, cycles of high poverty have proven especially difficult to overcome for some rural communities. Chronically poor rural communities often have lower levels of community trust and engagement, factors which may significantly affect communities' economic sustainability and quality-of-life.⁶

Rural poverty rates are on the rise, while urban poverty rates are declining. In 2012, the Economic Research Service (ERS) at the U.S. Department of Agriculture (USDA) reported that the poverty rate in nonmetropolitan counties rose to 17.7 percent, the highest rate recorded since 1993.⁷ In contrast, the poverty rate in metropolitan counties held steady at 14.5 percent.

The ERS has taken a longer-term approach to describing rural poverty, tracking the concentration and persistence of poverty over time. Persistent poverty counties⁸ are "defined as any county that has had 20 percent or more of its population living in poverty

²National Center for Health Statistics. *Health, United States, 2011, with a Special Feature on Socioeconomic Status and Health*. 2012. Based on data in Figures 33 and 35 and Tables 79 and 141.

³ Galea, S., Tracy, M., Hoggatt, K.J., DiMaggio C., and Kaparti, A. "Estimated Deaths Attributable to Social Factors in the United States." *American Journal of Public Health*. Vol. 101, No. 8:1456-1465. August 2011. Study based on 2000 data.

⁴ Walker, D. "HUD Secretary touts 'Promise Zones' in Milwaukee Visit," *Milwaukee Journal Sentinel*. February 21, 2013. Online version. Retrieved from <http://m.jsonline.com/more/news/milwaukee/192376961.htm>.

⁵ Housing Assistance Council. Poverty in Rural America. *Rural Research Note*. June 2012. Data based on 2010 Census and American Community Surveys. 45.5 percent of rural children living in a female-headed household were considered to be in poverty

⁶ Dillon, M. and Young, J. Community Strength and Economic Challenge: Civic Attitudes and Community Involvement in Rural America. *Issue Brief No. 29*. Carsey Institute. University of New Hampshire. Spring 2011.

⁷ U.S. Department of Agriculture. Geography of Poverty. September 30, 2013. Retrieved from <http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/geography-of-poverty.aspx>.

⁸Gallatin County, MT, is a persistent poverty county; Montrose County, CO, is not.

over the past 30 years, as measured by the 1990, 2000, and 2010 decennial censuses.”⁹ Traditionally, the highest and most persistent poverty rates are found in central metropolitan and remote rural counties.¹⁰ The past decade has witnessed significant growth in the number of high poverty counties, counties experiencing poverty rates greater than 20 percent. From 2006 to 2010, nonmetropolitan counties were more likely than metropolitan counties to become high poverty counties, a trend demonstrating the greater economic fragility and volatility of even those rural communities which may until quite recently have appeared relatively stable.¹¹

By 2010, 26.2 percent of nonmetropolitan counties were experiencing poverty rates above 20 percent. These counties accounted for 36.1 percent of the total nonmetropolitan population and 67.6 percent and 60.5 percent of the nonmetropolitan African American and American Indian/Alaskan Native populations, respectively.¹² Nonmetropolitan counties which became high poverty counties over the past decade were predominantly located near pre-existing high poverty clusters in the Southern Interior Uplands, the Cotton Belt, the Southern Piedmont, and the Southern Great Plains.¹³ While this trend speaks to the increasingly fragile economic situation of nonmetropolitan counties in these regions, the appearance of new high poverty areas in the Pacific Northwest and Midwest seems to indicate that high concentration of poverty in nonmetropolitan counties is not only a regional phenomenon.

2. *Federal Human Services Programs in Rural America*

Although rural poverty remains a pressing concern, federal infrastructure for addressing challenges faced by poverty-stricken Americans is fragmented. States administer many of the federal programs through block grants, and different people qualify for different assistance programs based on their needs and eligibility. States and communities have flexibility and discretion about how to organize and deliver services. As a result, the human service infrastructure can not only vary from state to state but also from community to community. The federal human service programs administered by HHS and other agencies, either through direct funding to communities, or through states, cover a broad range of services. The table below provides a brief snapshot of some of the key Federal human services programs that are most likely to touch rural Americans, based on the Committee’s past work. This list, however, is not comprehensive:

⁹ Community Development Financial Institutions Fund. Persistent Poverty Data—by County. April 2nd, 2012. Retrieved from http://www.cdfifund.gov/what_we_do/persistentpoverty.asp.

¹⁰ Weber et al. A Critical Review of Rural Poverty Literature: Is There Truly a Rural Effect? *International Regional Science Review* October 2005 vol. 28 no. 4 381-414. October 2005. Geographic classifications are based on the Rural Urban Continuum Code (RUCC).

¹¹ Farrigan, T. and Parker, T. “The Concentration of Poverty is a Growing Rural Problem.” *Amber Waves*. Vol. 10, Issue 4. December 2012. Economic Research Service, U.S. Dept. of Agriculture. High poverty counties are those counties which report a poverty rate greater than 20 percent.

¹² *Ibid.*

¹³ *Ibid.*

TABLE I: FEDERAL HUMAN SERVICES PROGRAMS¹⁴

Program	Federal Department	Description
Temporary Assistance to Needy Families	Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance (block grants to the states)	Temporary cash economic assistance, child-care, and other employment supports for qualifying families
Low Income Home Energy Assistance Program	Department of Health and Human Services Administration for Children and Families, Office of Community Services (block grants to the states)	Help for low-income households with heating and cooling costs
Head Start	Department of Health and Human Services Administration for Children and Families, Office of Head Start	Child development services; comprehensive health and family support
Child Care and Development Fund	Department of Health and Human Services Administration for Children and Families, Early Childhood Development (block grants to the states)	Childcare subsidies for working/job searching low-income parents
Elderly Services	Department of Health and Human Services Administration for Community Living	Variety of programs for the elderly including personal care, homemaker assistance, chores, home-delivered meals, adult day care, case management, assisted transportation, congregate meals, nutrition counseling, legal assistance, and other services
Earned Income Tax Credit	Department of Treasury Internal Revenue Service	Tax credit for low-income Americans
Section 8 Certificates and Vouchers	Department of Housing and Urban Development	Housing vouchers for qualifying low-income, elderly, and disabled citizens
Supplemental Nutrition Assistance Program (SNAP)	Department of Agriculture, Food and Nutrition Service	Food assistance
Women, Infants, and Children (WIC)	Department of Agriculture, Food and Nutrition Service (grants to states)	Supplemental food assistance for women and children

It should be noted that many of these programs have different eligibility criteria and are administered through different touch points in communities. Many states have their own, additional human services programs, which also may have different eligibility criteria than the federal programs. In some states, county governments, nonprofit groups, religious groups, and other organizations all provide some form of additional assistance.

Recognizing the need to rethink the delivery of human services in persistently poor urban and rural areas, in August 2009, the Administration issued policy principles to the heads of federal agencies that noted, “Given the forces shaping smaller communities, it is particularly important that rural development programs be coordinated with broader

¹⁴ The National Advisory Committee on Rural Health and Human Services. The 2008 Report to the Secretary: April 2008. <http://www.hrsa.gov/advisorycommittees/rural/2008secreport.pdf>

regional initiatives.”¹⁵ This aligns with the theory of collective impact, which says that anchor programs that “blend federal and state funding streams and work across federal departments” are necessary for creating lasting systemic change in rural communities.¹⁶ In their theory of collective impact, Hanleybrown et. al explain that, “Creating and managing collective impact requires a separate [anchor] organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.”¹⁷ In rural America, this might include rural development funding streams through the US Department of Agriculture, as well as many of the other federal programs listed above, in addition to state and local human service programs.

The Rural Policy Research Institute’s (RUPRI’s) Human Services Panel has identified six areas that anchor organizations can cultivate in order to be successful at human services integration. These elements are:

- Shared (and public) vision, goals, principles of practice, responsibility and accountability for success;
- A culture of service with a focus on the whole person/family;
- Integrated funding streams and shared resources;
- Reorganization of centralized and decentralized functions;
- Community driven transformation through continual step-by-step engagement and partnerships; and
- Quality leadership and appropriate leadership at each stage.¹⁸

The Committee feels that these six areas can provide a shared language and benchmarks for communities in how to build or improve their human services integration.

Providing an Anchor for Rural Human Service Delivery

As noted earlier, the composition and organizational structure of rural human service delivery varies nationally. In its work over the past 10 years, the Committee and RUPRI have identified the importance of some sort of linchpin organization or entity. In some communities, the anchor organization is the county Human Services department. In others, nonprofit Community Action Agencies (CAAs) play a larger role in anchoring the disparate human services, supplemented by the county Human Services department. There are other models for anchor organizations that work as well, and it is important that communities pick solutions that meet their individual needs.

For example, the Community Services Block Grant (CSBG), administered by the HHS Administration for Children and Families, supports a State-administered, nationwide

¹⁵ The White House. Memorandum for the Heads of Executive Departments and Agencies. August 11, 2009. M-09-28. Retrieved from http://www.whitehouse.gov/sites/default/files/omb/assets/memoranda_fy2009/m09-28.pdf.

¹⁶ Hanleybrown, F., et al. Channeling Change: Making Collective Impact Work. Stanford Social Innovation Review. 2012. Page 1.

¹⁷ *Ibid.*

¹⁸ Gutierrez, M., et. al. Humboldt County, California: A Promising Model for Human Services Integration. RUPRI Human Services Panel. February 2012.

network of local organizations whose purpose is to reduce the causes of poverty in the low-income communities they serve. CSBG local eligible entities, primarily nonprofit CAAs, carry out their anti-poverty missions by creating, coordinating, and delivering a broad array of programs and services to their communities. In FY 2012, the composition of local entities included: 88 percent CAAs; eight percent local government agencies; and the remainder was made up of tribes/tribal organizations, migrant/seasonal farm worker organizations, and other limited purpose agencies. In FY 2012, 1,045 CSBG eligible entities served 99 percent of U.S. counties. Community Action Agencies often serve as the “anchors” in their community to help coordinate programs and ensure the human services network in their communities is cohesive.

It is important that these anchor organizations be developed in a way that links individuals to all of the services they need and qualify for. This type of hub is especially important in rural communities where low-income residents may face barriers to accessing transportation and service providers, in addition to having to negotiate the fragmented nature of human services programs. As such, the Committee has chosen to profile two case studies of successful rural anchor organizations. In Montrose County, Colorado, the county Human Services Agency works across the community to administer public assistance and child welfare programs by housing those programs under one roof and providing wraparound services to at-risk youth. In Southeastern Montana, Human Resource Development Council (HRDC) IX, a CAA, has stepped up as the anchor organization in the community, providing many of the human services directly and partnering with the county Human Services Agency and other community partners to provide others.

For organizations and communities under either approach, these two case studies provide valuable lessons learned and promising practices for coordinating human services and creating a cohesive network of human services, rather than the fragmented patchwork that has been the norm for many communities in rural America.

CASE STUDY I: MONTROSE COUNTY, COLORADO HUMAN SERVICES DEPARTMENT

In Colorado, the Committee visited the Montrose County Department of Health and Human Services (MCDHHS). Based on the understanding that health and human services programs are intricately related, MCDHHS was established to house many important programs under one roof, including:

- WIC
- Child Care Assistance
- SNAP
- TANF
- Empowering Dads
- Family Support and Independence programs
- Medicaid Nurse Family Partnership Program
- Immunizations
- Early Childhood Mental Health Consultant

- Health Screenings
- Emergency Preparedness
- Health Improvement and Prevention programs

The Committee notes that the Montrose County Area Agency on Aging also handled a similarly wide range of programs that bridged health and human services and brought transportation and assistance services to seniors who needed them most. The small size of the community and co-location enabled a high degree of coordination between programs.¹⁹ To enhance coordination of juvenile services for high-risk, high-need youth (defined as children from birth through 21 years of age) and their families, MCDHHS in 2010 began participating in Colorado's Collaborative Management Program (CMP).²⁰ The CMP is designed to support local initiatives to enhance integration of treatment services provided to children and families by multiple governmental and non-governmental agencies and encourage collaboration and resource-sharing. In 2012, half of Colorado's 64 counties were participating in the CMP, which is administered by the Colorado Department of Human Services (CDHS). MCDHHS, with input from other community stakeholders, decided to make collaboration among organizations handling juvenile justice issues the focus of their CMP.

MCDHHS reported that implementation of their CMP was unique because, instead of managing the collaboration themselves, they allowed two community organizations, Hilltop Community Resources and the Midwestern Center for Mental Health, to lead the coordinating committee. The partner organizations agreed that creating strong community investment (including client investment) in the new collaborative was fundamental to its success in reducing duplication and fragmentation of services and ensuring that youth services center around at-risk children and families. Using funding available through the CMP, the Montrose County collaborative was able to hire a central coordinator who further facilitated and formalized coordination of services. While rural communities can build informal networks of collaboration organically, Montrose County community stakeholders noted that establishing a central coordinator and holding regular meetings between agencies helped them deploy resources and assistance more effectively. The formal collaboration created through the CMP also led Montrose County to apply to participate in Colorado's Title IV-E²¹ waiver program in order to further their efforts to prevent children and families from entering the child welfare and protective systems and effectively intervene to help those who do. Importantly, Colorado's Title IV-E waiver program's steering committee will include participation from low, medium, and high population counties.

¹⁹ The committee notes that Montrose County, Colorado is relatively racially homogenous, and suggests that programs that bridge gaps in human services in minority communities would be a useful area for future study.

²⁰ CMP was authorized by Colorado House Bill 04-1451 in 2004 and is also known as the 1451 Program.

²¹ The Child and Family Services Improvement and Innovation Act (P.L. 112-34) provided HHS authority to approve up to 10 Title IV-E child welfare waiver demonstration projects in fiscal years 2012-2014. States participating in the demonstration can waive certain Social Security Act Title IV-B and IV-E requirements to improve outcomes for children and families in the child welfare system while remaining cost-neutral to the federal government. For more information on Title IV-E waiver authority, please see pp. 6-8 of ACYF-CB-IM-11-06, issued October 6, 2011.

Lessons Learned from Montrose County DHHS

- Co-Locate: Having multiple programs under one roof facilitates informal collaboration and coordination to benefit clients. Co-locating health and human services offices for programs that may use different eligibility criteria but all deliver important benefits to low-income families can help ensure clients receive the services they need.
- Use Data-Driven Best Practices: CDHS, through its C-Stat program, has led increased focus on collecting and leveraging local data to inform, restructure, and reinforce human services programs across the state. Collecting data on decreased juvenile justice system utilization in western Colorado proved the efficacy of ongoing prevention and intervention strategies for at-risk youth in Montrose County. CDHS also sponsors the Colorado Practice Model to share best practices in child welfare that counties can adopt locally.
- Engage County Human Services Agencies: By creating two County Liaisons for county human services agencies across Colorado, CDHS is increasing engagement with counties and tailoring their data collection and technical assistance efforts to meet the need of more rural and frontier county human services agencies.
- Employ Wraparound Services to Support At-Risk Families: Montrose County's CMP coordinating group has brought together government, educational, and community organizations from across the county to examine coordination of services for individual and groups of clients entering or at risk of entering the child welfare system.
- Ensure Client Leadership of Services Coordination: The CMP partnership invites families with at-risk youth to attend staffing meetings and remain engaged in development of a plan that addresses their needs. Community stakeholders defined integration of services as the ability to bring multiple goals and perspectives together into one coordinated plan.

CASE STUDY II: GALLATIN COUNTY, MONTANA, COMMUNITY ACTION AGENCY

In Montana, the Committee visited the Human Resource Development Council (HRDC) IX. This Community Action Agency takes an entrepreneurial approach to providing services to low-income residents in Gallatin County and the surrounding areas. HRDC IX provides a broad range of community services, including food and nutrition assistance, child and youth development, senior empowerment, affordable housing, transportation, and energy assistance. HRDC administers the local Head Start, Section 8 housing voucher program, the Low Income Home Energy Assistance Program, the local bus system, the homeless shelter, and several food banks, among many other programs. These programs blend federal and state funding streams and work across federal departments. In many states, like Montana, government agencies (and not CAAs) are the organizations administering mandatory programs like SNAP or TANF. However, CAAs often work

closely with government agencies and provide referrals to their customers, and vice versa. Similarly to MCDHHS, the HRDC IX puts a premium on providing wraparound services and emphasizing inter-program coordination.

Lessons Learned from HRDC IX

- De-Stigmatize Social Services: HRDC IX focuses on breaking down barriers in their community by creating programs that serve members of all social classes and allow opportunities for people from different backgrounds to mingle, such as through their mixed-income housing developments, county bus system, and restaurant-style community kitchen. HRDC IX goes out of its way to preserve the dignity of its clients, as seen with its grocery store-style food pantry.
- Create Community Buy-In: HRDC IX is responsive to community needs and respectful of only creating programs that the community will support. They directly include community participation in all phases of the problem solving process: identifying the need, engaging the entire community from the start, seeking other solutions and creating ones for this community, identifying ways to monitor and evaluate the program, leveraging volunteers and other community resources, and collaboratively sharing outcomes with the community.
- Bridge Silos: The umbrella agency of HRDC IX provides many programs, enabling case workers to make sure their clients never encounter a “wrong door” and can sign up for all of the federal, state, and local programs they need and are eligible for. The close relationship between HRDC IX and the County Human Services Agency enables them to do informal referrals and support each other.
- Take an Entrepreneurial Approach to Community Development and Build on Existing Assets: One of the things that makes HRDC IX stand out from other organizations is their spirit of innovation and determination. They focus on staff development, and many of their new projects have come from ideas that evolved organically from what the staff learned through the CAA’s needs assessment process. They have also focused on strategically branding the organization, which contributes to community buy-in, because community members know HRDC IX as a brand they can trust. Encounters with previous successful HRDC IX programs in the community make community members and other partners more likely to support new ones. HRDC IX focuses on using assets that already exist in the community, whether it be by creating a community kitchen in an empty restaurant or partnering with the University on a wide range of projects.

Lessons Learned from HRDC IX Continued

- A Performance Management System used by Local Entities Nationwide – The CSBG Act requires states to implement a management and evaluation strategy that measures and reports the performance outcomes of CAAs. Beginning in FY 2001, National, State and local CAA officials spent two years developing a framework named ‘Results Oriented Management and Accountability (ROMA).’ ROMA principles include a cycle of conducting community needs assessments, engaging in strategic planning, identifying the results to be achieved among low-income people and places, implementing the strategies or activities that will meet the needs and achieve defined goals, and reporting on the those results to inform future decision-making. CAAs are required to conduct periodic community assessments and respond to the unique causes and conditions of poverty in the community they serve. CAAs use the community assessment to prepare their Community Action Plan, which is a required document that the CAA must submit to the State demonstrating how they plan to use CSBG and other funding to achieve change for low-income people and communities. CAA governing boards are required to participate in the planning, development and evaluation of all the CAA strategies.

CONCLUSION

It is the hope of the Committee that this promising practices brief will inform decisions made about human services by the Secretary in the coming months and years. The Committee also hopes that rural communities and human services providers will consider adopting some of the promising practices identified in this brief to support “anchor” organizations in creating a unified safety net for low-income families in rural America. The Committee also hopes that local, state and federal organizations will consider how each might support the development of integrated services and anchor organizations in rural communities, as well as efforts to improve in the six areas outlined by the RUPRI panel. We believe this can be a crucial part of making sure that all rural Americans have access to the human services they need, even if the funding for those programs runs through disparate federal agencies and funding streams. We hope that one day, many rural communities will have strong “anchor” organizations, whether they are county-based agencies, Community Action Agencies, or other organizations, to coordinate services, guide individuals to the programs for which they qualify, and take a long view toward developing a cohesive safety net for their community.