

Information and Referral has long been regarded only as a link between needy persons and service providers. In today's climate of increased accountability and with a greater significance being given to cost-benefit analysis as it can be applied to the area of human services, information and referral should be viewed as a base from which data can be gathered on the use and availability of specified services. With this goal in mind, the development of a model of an I&R system was undertaken; however, since there is usually more than one agency in any geographic area which provides I&R, it became obvious that what was needed was an integrated network of I&R service providers which would form the nucleus of a data gathering system. Thus, the goal of devising an integrated system composed of all I&R providers forming a cohesive mechanism from which reliable data could be accumulated.

Obviously, the task of data gathering would have been much simpler if there were only one unique agency in any geographic area providing I&R; however, since this is not the case, it is necessary to reach a common understanding among local I&R providers. The key to reaching this goal is the maintenance and preservation of individual sovereignty. Agencies must not be given the indication that the consolidation or elimination of individual I&R providers will ever occur. With these thoughts in mind, we can begin discussion of the integrated I&R network.

Prior to the initial planning of the network, consensus must be reached in two distinct areas. First, the "Community Planners" must reach a decision as to the type of data they wish to acquire. Secondly, it is essential that the "Community Planners" designate one local I&R provider as the central coordinator of the Information and Referral Network. Upon reaching consensus on these two points, only one major task remains; that of establishing a reference source of local service providers. This must include essential data such as location of service providers, hours of service, eligibility requirements (if any), and other information necessary for the provision of quality I&R. Once this reference file is complete, the establishment of the integrated I&R network can begin.

The model proposed by this paper consists of two distinct, but highly related, computerized sub-systems (Diagram A presents the model in descriptive terms). The first system is known as the agency data bank sub-system. This component of the system consists of descriptive data on each of the agencies stored within the computer memory. The data is stored in a structured manner so as to facilitate access of agency data. The model must provide for access of data by several varying classifications. Through the use of numerical codes and structural storage, data may be accessed through several varying means. Requests may be made for a listing of all agencies serving the aged, or who serve youth. In similar fashion, a listing may be obtained for: 1) all agencies in a geographic sector, or 2) those agencies serving Medicaid patients, or 3) those agencies with-

in eligibility requirements, or 4) any other characteristic which is common to a group of service providers. In this manner, an information and referral agency equipped with a computer terminal connected to the proposed model can obtain specific data on where to refer a specific need for assistance. With this component of the model inaccurate referrals can be totally eliminated. For instance, a person requiring emergency food approaches an I&R agency and requests assistance. Instead of a counselor using information which exists in an out-dated fashion, the I&R counselor can access the computer data and obtain accurate information ensuring an efficient and effective referral.

The second sub-system is known as the client information data base. When an I&R counselor accepts an intake from a client, a client data form is completed. This form may exist in either of two fashions. It may exist in a printed form with answers to statistical questions recorded on paper and fed into the computer at a later date. The second and more efficient fashion is for data on the client to be directly fed into the computer at the time of original client contact. In this way, the computer, with the specific needs of the client already stored in memory can link up the stated needs with service providers who meet certain specific criteria. The services needed, the location and hours offered, the fees to be charged, and other critical factors can be matched with similar data in the agency data bank sub-system. The computer can automatically search out the "best match" and can thus make the most effective referral. As always, there are cases of need for which no services are offered. In this case, the computer stores this fact in memory. With the current capability of modern computer systems, it is no problem for the system to handle several inquiries at once. Each I&R agency participating in the system is assigned a code unique to that agency. The computer is programmed to store data on each coded agency for retrieval at a later date.

Periodic reports on the activities of each I&R agency can be created from stored data. Like wise, the problem of clients seeking similar assistance from two or more sources is eliminated. Each agency connected to the computer is able to check past records for service given to a specific client through the use of a specified client number. This could be a social security number or some combination of name or initials unique for each client. In order to ensure confidentiality, real names are protected from public access and are available only to the agency initially filing the computerized report.

The major benefit of this proposed system is in the availability of data gathered over time on needs and services available. After the initial operation of several months to one year, sufficient data would be available to "Community Planners" for the determination of where the duplication of services un-met needs exist. With this data available, responsible leaders in the field of human service can push for the elimi-

nation of expensive non-efficient services which might duplicate those provided elsewhere at lower cost. In addition, the needs of the community which cannot be served by existing local services can now be clearly distinguished and services to meet these needs can be created. Finally, cost-benefit studies of service providers can be initiated with the long-range goal of the elimination of inefficient agencies. While this may sound harsh to many, the decline of human service dollars which is expected to occur in the future will mandate that only those services which are cost efficient and provide quality needed services will remain. The economics of sound business management can, and must be accepted into the realm of human services as they exist today.

