An Advocacy Approach for More Effective Program Delivery And Coordination: A Case Study of Maine's Housing Rehab Techs

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MORE EFFECTIVE PROGRAM DELIVERY AND COORDINATION:
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A detailed case analysis of the Maine Housing Rehabilitation Project
provides an exploratory observation of the innovative use of human resources at the
federal, state and regional levels through an evolutionary development process of
housing rehabilitation technicians. Functioning largely as advocate planners and
human service delivery administrators through self-expanded roles, these individuals
were able to promote change in the context of this intergovernmental environment.
The analysis presented here reveals findings of intrastate regional differences
between the urban and rural areas. Low income citizens appear to be the main bene-
ficiaries of a proactive style of leadership that was performed by the most productive
rehab techs. The autonomy of their roles afforded all technicians a degree of free-
dom to produce different results through experimentation.

        Current proposals of the Reagan Administration's "New Federalism" are
illustrative of the need for state and local governments to reassess their own
public service delivery capabilities. Viable alternatives for program delivery at
the state and local levels often involve, in part, innovative approaches for more
efficient and effective coordination of several different agencies and institutions.
Charles H. Levine, in his text devoted to this problem entitled, Managing Fiscal
Stress, elaborates on the implications of the drastic change in domestic spending
policy:

        Indeed, almost all our public management strategies are pre-
        dicated on assumptions of the continuing enlargements of
        public revenues and expenditures. Recent events and gloomy
        forecasts, however, have called into question the validity
        and generality of these assumptions, and have created a need
        to reopen inquiry into the effects of resources scarcity on

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public organizations and their management systems (Levine, 1980, p. 13)..

This study will examine the Maine Housing Rehabilitation Project (MHRP) and its utilization of the innovative human resources of the housing rehabilitation technicians. The "rehab techs" were essential to the success of the MHRP by serving as the instruments through which a variety of federal, state and private resources were effectively linked to facilitate a high degree of cooperation in achieving MHRP goals. There have been select arenas where administrators have identified service delivery problems and taken corrective action that traditional human services' administrators and planners would consider rather drastic. This study analyzes such an experience with the Maine Housing Rehabilitation Project within the contextual framework of an advocacy planning and service delivery approach. By stressing the advocacy planning and service delivery approach utilized in the project, this study will consider intrastate regional differences and their impact on project performance and professional roles involved in the project implementation.

An Advocacy Approach to Planning and Service Delivery

It seems clear from the Maine case that the key actors, rehabilitation technicians, did not play what would be considered typical roles for social planners and human services' administrators. Their desire to bring the maximum amount of assistance to their clients put them in a position of (1) promoting organizational changes, (2) advocating their client's positions before other bureaucracies, (3) participating in a regional approach to service delivery and (4) breaking down traditional barriers to intergovernmental and interagency cooperation.

In a selective literature review we will consider the contributions of the early proponents of political action and neighborhood organization; the related concepts for those who examined organizational change, and especially the change agent role; and the advocacy approach. All three of the above stems of the literature prove to be useful in analyzing the evolutionary process of the role of Maine's rehab techs.

There has been a long tradition in the reform spirit that conceived solutions to social problems in largely political action terms. Many of these nineteenth century traditions can be found in the work of the late Saul Alinsky and his disciples (Alinsky, 1946 and 1972 and Specht, 1975). Social problems for these political activists represented a clear conflict between the haves and have nots, and social action was largely a struggle for power and resources. Little in the way of structured analysis was undertaken, since adherents to this approach believed that ideology "explained" the origin of social problems (Etizoni, 1976). However, Alinsky believed that the power that community organizations possess is the power to disrupt normal activity through social protest. Specific protest tactics (i.e., pickets, boycotts, marches, rent strikes, harassment of local officials) are carefully matched to the type of issue (Bailey, 1972).

During the 1960's some of these activists were to become converted participants through newly created bureaucratic roles, sponsored largely by federal investments. Moreover, the achievements and many failures of the federal government

to broker competing delivery systems with traditional local government and foster new power structures at the community level through such initiatives as the community action and Model Cities programs have been well documented (Marris and Rein, 1973).

Another stem of the literature that relates to the development of a more proactive bureaucratic style for social problem solving is that of organizational change. One common technique has been derived from Lewin's field theory, where the change agent, together with the client group, analyzes the forces available which may support and resist change (Lippit, Watson, and Westley, 1958). These approaches have stressed such topics as the need for change and the levels of change, methods for developing the goals of change and the overcoming of resistance to change (French and Bell, 1973 and Zaltman and Duncan, 1977). These techniques have tended to utilize trained professional change agents, but some administrators have found the application of these methods to the planning and implementation of human services to be essential. Since the delivery system for human services has become so complex, greater control has been needed, which requires skills in social change; its implementation will significantly affect the existing patterns of rewards, statuses, and roles (Mayer, 1972 and Bolan, 1979).

Finally, the call for theoretical importation and further development of the concept of advocacy, which has been utilized by social welfare and legal professions, to the planning profession provides another salient stem in the direction of the literature. As Paul Davidoff explains in his classic article "Advocacy and Pluralism in Planning":

> Where plural planning is practiced, advocacy becomes the means
> of professional support for competing claims about how the
> community should develop. In addition to carrying out these
> necessary parts of planning, he would be a proponent of specific
> substantive solutions (Davidoff, 1965, p. 333).

Thus, the advocate would be responsible to his or her client and seek to express that person's viewpoint; but this would occur within the confines of pluralism.

Davidoff contends that planners should no longer approach their work strictly as a value-free exercise. Traditionally, an accepted decision-making rule for bureaucrats was to find the most efficient way to achieve the ends prescribed by the controlling legislative body. However, the new decision-making rule for social planners, working as advocates, would be to promote policy alternatives that would bring about a more equitable distribution or redistribution of society's economic production. Thus, advocacy planning becomes a form of community decision-making that would enhance a wider breadth of social benefit in a pluralistic setting (Blecher, 1972).

Others have cautioned about the limitations of the advocacy approach. As Catanese warns:

> . . .advocacy planning has had a mixed success and incredibly
> strong reaction against it. . . Much of the movement was decide-
> dly radical and perhaps naive, which resulted in an almost
> direct relationship between the advocate role and the assistance

offered to those special interest groups which had the least
ability to formulate their demands and supports in a clear
manner (Catanese, 1978, p. 41).

The concept of a public employee acting as an advocate for low income, disadvantaged clients was easier said than done.

Advocate planners had insisted on working within the political system like lawyers for their clients of the judicial system. Moreover, advocacy concept coincided with the 1960's period of general rejection of many traditional values and a growing demand for such innovations as citizen participation in government programs. Davidoff had been relatively neutral as to whose interests planners should represent; yet advocacy planning was generally equated with advocacy for the poor. Further study and debate of the concept of advocacy planning did not end with the decade of the 1960's. According to A. D. Heskin: ". . .advocacy planning still exists. There are those who have not lost the faith, and others who employ advocacy as a tactic particularly when a community is under attack. . ." (Heskin, 1980, p. 61). Likewise, within the field of public administration, the need for administrators to realign their thinking around achieving the goal of social equity was called for:

Pluralistic government systematically discriminates in favor
of established stable bureaucracies and their specialized
minority clientele (the Department of Agriculture and large
farmers as an example) and against those minorities (farm
laborers, both migrant and permanent as an example) who lack
political and economic resources. . .Social equity, then,
includes activities designed to enhance the political power
and economic well-being of these minorities (Frederickson,
1971, p. 311).

Although it is apparent that the Maine rehabilitation technicians did not view themselves as social visionaries, it is important to note that their actions were of major social significance whether they realized it or not. Given the recent emphasis by the national government on the philosophic view that individuals can take care of themselves without public intervention, the moral imperative to assist the politically and economically deprived may be even more crucial as a driving force for program managers at the state and local levels.

Maine Housing Rehabilitation Project: An Application
within the Framework of the Advocacy Planning and Service Delivery

An Innovative Projects Program (IPP) grant from the U.S. Department of Housing and Urban Development funded the MHRP on a demonstration basis. State and local governments were awarded grants on a competitive basis to develop innovative approaches to the solution of long-standing urban area problems. The Urban Institute selected the Maine Housing Rehabilitation Project as one of six demonstration projects to be evaluated for any insights the project might offer to similar ventures in other states and localities (Goedert and Blake, 1980).

The data for this study was collected primarily in two stages. The initial stage consisted of written, self-administered questionnaires transmitted to all

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major project participants, including the current and former project directors, rehab techs, the Community Action Program directors, FmHA Rural Housing Specialists and FmHA county supervisors. The second stage of data collection involved site visitations, following a preliminary analysis of the responses received through the questionnaires. On-site interviews were conducted with most of the key project part-icipants. The interviews proved to be extremely valuable in providing clarifications and refinements with respect to the information received through the questionnaires and also in providing insights into the implementation of the project at the grass roots level.

The impetus behind the MHRP was the Community Action Agency's (CAA) weather-ization program in Maine, which could not address the needs of approximately forty percent of applicants whose housing units were in substandard condition and thus were not suited for minimum standards of weatherization. As has been argued (Morris and Binstock, 1966), the socially responsive planner needs to provide specific definitions of his or her goals with explicit statements of what will replace unsatisfactory con-ditions. The State of Maine applied for the IPP grant, through its Division of Community Services (DCS), to develop a program which would take advantage of the Farmers Home Administration (FmHA) 504 rehabilitation program, a suitable funding source which initially had been underutilized. The result was the MHRP, which util-ized the rehabilitation technicians as links between the CAAs and the county offices of the FmHA.

Thirteen rehabilitation technicians were housed in the state's CAAs, which provided basic administrative support for the project. FmHA county supervisors familiarized the rehabilitation technicians with required procedures, referred clients to rehabilitation technicians and eventually became more involved with the grantsman-ship paperwork. The function of direct client contact was assumed by the rehabili-tation technicians. The role of the rehabilitation technicians was intended to be one of identifying low-income homeowners who needed housing rehabilitation assistance and might qualify for funding through the 504 grant and loan program. In seeking potentially eligible households, rehabilitation technicians relied upon such refer-ral sources as CAA outreach programs, winterization programs, public officials, local newspapers and radio announcements. Through these sources, significant numbers of low-income residents of substandard homes were identified.

The rehabilitation technician's first visit to potential clients' homes was very informal in order to develop the trust of many individuals who traditionally had tended to be distrustful of a government contract (fearing, for example, that they might be signing away the rights to their homes). When the loan or grant pro-cess was initiated, the rehabilitation technician (1) carefully explained the process to the client who was required to sign the application, explaining the various conditions such as not selling the home for a minimum of three years if grant monies were received, under penalty of returning the money; (2) drafted a Development Plan which described the work to be done, after completing a required inspection of the home; (3) secured credit references from the client; (4) conducted credit checks; (5) reviewed the application (but did not determine eligibility); (6) obtained a copy of the deed and a sketch of the property; (7) verified employment status and income of all of the client's family members; and (8) assisted in the preparation of

a "family budget", thereby aiding the client in the management of income toward the eventual repayment of the loan.

The role of the rehabilitation technicians expanded as the project evolved. Their initial concern with only one federal program (the FmHA 504) soon was broadened to general involvement in several federal programs such as the FmHA 502 program, the HUD Community Development Block Grant program and the HEW Title XX program. The rehabilitation technicians also became instrumental in enhancing the accessibility of clients to other social service programs such as food stamps, fuel assistance and meals for the elderly. The rehabilitation technicians clearly had come to see them- selves as advocates for the needs of low-income persons, and viewed the county FmHA supervisors as persons before whom they needed to plead their case on behalf of their clients. Thus, the concept of social equity, which represents a major pillar within the intellectual reform of the theory of public administration, took on special meaning to the rehabilitation technicians. Acting as advocates for their low-income clients, they performed a role envisioned by both the planning and public adminis- tration theorists, while serving at the same time as agents of social change.

Although the rehabilitation technicians were officially responsible to the CAA housing directors or the CAA directors, in reality they had a great deal of auto- nomy and operated with considerable independence on a day-to-day basis. In fact, most rehabilitation technicians established their own priorities for the best use of their time and resources. The program subsequently took on a slightly different form under each rehabilitation technician. It appears that differences in personal characteristics among rehab techs and intrastate regional differences could have major impacts on project performance and professional roles involved in the imple- mentation of the program. Interview data suggest that while most of the rehab techs could be classified as "proactive" in their behavior patterns, some were more or less "reactive" types. For example, in responding to the depletion of 504 funds, some reacted with "anger" or "pandemonium"; some became "more resourceful," "looking for other sources," or "corresponding with Maine's congressional delegation"; others were simply "disappointed" or indifferent. The personality differences also could have a significant impact on their relationship with clients and other key parti- cipants of the program such as FmHA county supervisors and CAA directors. It is interesting to note that the rehab techs spent from less than one month to about nine months to establish a good working relationship with local FmHA officials. Establishing such relationships was a crucial factor in successfully seeking 504 loans and grants from FmHA county offices. The rehab tech who spent less than a month to establish a good working relationship proved to be most successful in that the rehab tech had fourteen 504 loans and nineteen 504 grants approved and funded during the first year of operation whereas other rehab techs averaged only five loans and six grants each.

The flexibility of the experimental program also made possible for rehab techs to mold the implementation of rehabilitation programs according to differences in regional needs and resources. As one rehab tech stated, "the biggest strength is that the program is flexible. Each CAA serves a different public. . .Each rehab tech can develop the program to fit community needs." A tendency toward regional responsiveness in rehab tech strategies and project performance is clearly illust-

trated in Table 1. The Southern Region, which is characterized by the highest
population density, the highest percentage of urban population and the highest per
capita income in Maine, showed the lowest project performance. Each of the four
rehab techs operating in this region processed less than six 504 loans and grants and
served only eighteen clients on average during the first year of program implement-
ation. Other rehab techs worked in the Midcoast Region and particularly those in
the North-central Region performed far much better than the ones in the Southern
Region. The four rehab techs in the Midcoast Region successfully generated an average
of almost seventeen 504 grants and loans and served more than thirty-two clients each.
The five rehab techs who worked in the North-central Region fared even better in terms
of the total number of clients served and the number of grants and loans processed
other than 504, e.g., Title XX and HUD Community Development grants. However, their
performance in processing 504 grants and loans was less successful as compared to
those in the Midcoast Region. Perhaps this was due to the fact that these rehab
techs who worked in the North-central Region had to cover vast geographic areas and
each technician had to deal with several FmHA county offices dispersed around the
region. For example, the rehab tech in the Aroostook County Action Program had to
negotiate with seven FmHA county offices located throughout the county encompassing
6,453 square miles.

        A clear inverse relationship between socio-economic conditions of the
region and project performance of the rehab techs indicate that the FmHA programs
were not as popular with economically better-off urban areas as with more impoverish-
ed rural regions. Many people who resided in economically better-off urban areas
were found to be either uninterested or ineligible to receive the 504 programs. A
statement by the rehab tech who worked in the county with the highest per capita
income attests to this:

        . . .I had trouble with publicity and outreach. I mailed ap-
        proximately 200 letters to previous recipients of Project FUEL,
        and received only 4 responses. Of these 4 responses 2 were
        ineligible, one was potentially eligible but changed her mind,
        and was processed but found ineligible.

This situation led the rehab techs to believe that their roles should be expanded
to include the administration of other or all housing programs in the region and
that this would improve the individual rehab tech's overall effectiveness in pro-
viding a more diverse housing service. The CAA directors in the Southern Region
had a similar attitude that the rehab tech's responsibilities should include the
administration of other housing programs and they believed that an expansion would
not necessarily conflict with the current responsibilities of the CAAs. On the other
hand, the rehab techs and CAA directors in the other two regions were generally opposed
to the idea of expanding the rehab tech's responsibilities because this certainly
would reduce the rehab tech's flexibility.

        However, according to project data, rehabilitation technicians were unani-
mous in their belief that someone employed within FmHA could not have accomplished
as much as they had been able to accomplish, even if provided the same amount of time
to concentrate solely on housing rehabilitation. The rehab techs believed that they
could lobby FmHA for funds more effectively from outside rather than from inside the

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Table 1

Regional Differences and Project Performance

	Socio-Economic Indicators			Performance Indicators			
	Persons per Square Mile (1980)	Percent of Urban Pop. (1980)	Per Cap. Personal Income as % of State (1982)	No. of R.Ts.	Average No. of 504 G.& L. by Each RT	Average No. of Other G. & L. by Each RT*	Average No. of Clients Served by Each RT
Southern Region							
(York, Oxford, Cumberland, Androscoggin)	114.2	56.4%	108%	4	5.75	15.75	18.75
Midcoast Region							
(Sagadahoc, Lincoln, Kennebec, Knox, Waldo)	89.6	47.0	100	4	16.75	28.50	32.25
North-central Region							
(Franklin, Somerset, Piscataquis, Penobscot, Hancock, Washington, Aroostook)	17.3	37.0	89	5	13.00	46.20	44.40
Total	36.3	47.5%	100% ($7,868)	13	11.92 (156)	31.87 (408)	32.77 (433)

* Those loans and grants which were less than $100.00 in the amount were deleted.
Sources: U.S. Department of Commerce, Bureau of the Census, 1980 Census of Population, Volume 1. Characteristics of the Population, Chapter A. Number of Inhabitants, Part 21. Maine; Maine Department of Labor, Division of Economic Analysis and Research, Annual Planning Information: Maine Statewide, Fiscal 1983; Mary Ellen Twombly, "A Report on and a Request for Extension of the Maine Housing Rehabilitation Project to the United States Department of Housing and Urban Development, Washington, D.C.", 1978.

organization due to the close relationship that developed between them and their clients. Thus, the rehab techs served as the buffers between their clients and the FmHA administrators, contributing to the avoidance for the former of many of the problems that they frequently associated with the bureaucracy, such as perceived remoteness (Downs, 1967). Viewing themselves in many cases as social activists, they sought not only to carry out legislative mandates as efficiently and economically as possible, but also to both influence and execute policies which more generally improve the "quality of life" for all.

The rehab techs proved to be quite effective in gaining the cooperation of key project participants. Initially, the FmHA county supervisors had been given almost no role in the design of the MHRP and, according to interview data, they actually tended to be rather skeptical of the project. Although some rehab techs, particularly those in the Southern Region, believed their relationship with the FmHA supervisors was not as desirable as it should be, most rehab techs reported that after demonstrating their sincere interest in grant application procedures, the relationship between themselves and the supervisors improved considerably. Here the promotion of organizational change and the role of the rehab techs as change agents were clearly manifested. The rehab techs sought to modify certain bureaucratic service delivery patterns or develop new ones to achieve solutions. Instead of merely serving as a link between the CAAs and the FmHA, the rehab techs also were concerned with the comprehensive needs of their low-income clients, to the extent of attempting to influence the outcome of service delivery in their clients' favor. The determination and resourcefulness of the the rehab techs, according to the Urban Institute evaluation, overcame a variety of problems that could have negatively altered the project (Goedert and Blake, 1980).

Not only were the relationships between the rehab techs, the clients and other project participants positively affected by the advocacy role assumed by the rehab techs, but the achievement of specific project objectives also was enhanced. Each rehab tech had been expected to process an average of two loans per month over the fourteen month demonstration period, which collectively represented a target of upgrading approximately 365 homes. The target was exceeded by an impressive margin. During the fourteen month demonstration period, 433 homes were substantially upgraded. In addition, there was remarkable improvement in FmHA 504 grant and loan activity and in the coordination of other means of housing rehabilitation. Moreover, other assistance to the low-income clients, not necessarily in the form of housing rehabilitation, was significantly increased. Through all these various efforts, a higher standard of living was promoted for many of the clients.

Some significant secondary benefits also were realized. An improvement in intergovernmental cooperation exemplified by a memorandum of understanding, the Rural Development Cooperation Agreement, signed by FmHA and the State of Maine, targeted funds for housing and economic and industrial development to rural areas throughout the state.

Thus, the success of the MHRP is significant in that program goals were achieved with high productivity and low administrative costs. These successes were often the result of the rehab techs' ability to process multiple request packages and to utilize the same labor force to do repair work funded under different aid

programs. For example, seventy-five 504 loans were approved and funded and eighty-one 504 grants were approved and funded. Four out of every ten clients received assistance in upgrading their dwellings. Nearly 300 of the 497 Maine municipalities were represented by these clients. The end result was a very cost effective, yet viable and comprehensive, approach to the basic needs of low-income homeowners.

Although the strong commitment of the rehab techs played a major role in the delivery of the MHRP, the project also required strong support from state FmHA administrators, the Maine Housing Rehabilitation Project Director and the Director of the Division of Community Services. The role of individual leaders can not be underestimated here. The proactive style of a dynamic woman administrator serving as the MHR Project Director initiated many of the changes in the CAAs' relationship with FmHA. Secondly, the important political support in the state capital and the Governor's Office was gained from a respected black activist, who served as the Director of the Division of Community Services. In addition, MHRP success may have been enhanced by factors somewhat unique to Maine such as the high visibility of FmHA and the lack of specialization in and the relatively autonomous nature of the CAAs. These factors may well have encouraged the rehabilitation technicians to seek several sources of funding beyond the 504 program.

Conclusions

During the process of obtaining resources for the successful implementation of their program, the Maine rehabilitation technicians were able to evoke a new spirit of cooperation among some very unlikely partners in the Farmer's Home Adminis-tration, the local Community Action Agencies and the state's Division of Community Services. This type of bureaucratic response could be more pervasive should the present trend of devolution of responsibility to state and local governments conti-nue. President Reagan is offering less in total dollars to the states and munici-palities and is parceling it out in the form of increased usage of block grants, rather than categorical grants. Under President Nixon, the original brand of "New Federalism" articulated one of the goals of the block grants as being the return of program design and delivery of services to sub-national governments. The alleged intention was to involve a greater degree of intergovernmental cooperation so that state, regional and local agencies could best determine the priorities for the federal dollars flowing down to them. During the Nixon administration, this concept was termed "Creative Federalism", and it was to be largely achieved with an influx of no-strings attached funds to general purpose state, county and local governments. In light of the fact that the Reagan version of the "New Federalism" involves fund-ing cuts, and not increases, to state and local governments, there may be an added impetus to better coordinate the limited federal grants at the state and local levels. This type of coordination has been described as orchestration by jurisdictional leaders, self-linking among functional specialists and meshing by community-based organizations (Lovell, 1979). Efforts at the integration of services and the use of such techniques as case management and client advocacy function have also attempted to address the issue of fragmentation (Kaplan, Gans, and Kahn, 1972).

The rehabilitation technicians in Maine operationalized Lovell's concept of coordinating federal grants from below in their efforts to help their low-income

clientele. In essence, the rehab techs were able to combine the spirit and normative
flavor of the advocacy planning with an innovative approach to regional service deli-
very which involved a patchwork of different funding sources and delivery agencies.
Significant intra-state regional differences were found that suggested an inverse
relationship between the socio-economic conditions of the regions and the performance
levels of the rehab techs, which in turn seemed related to different needs and resources
of the thirteen CAA geographic areas. While the Community Action Agencies served as
the home base for the rehab techs in their efforts at increasing the utilization of
the Home Weatherization program, the latter did not limit themselves merely to the
resources provided through those agencies. One could even assume that they acted on
some perceived moral imperative when they went to such great lengths to obtain fund-
ing and services for their clientele. It may be that in this next decade, which
probably will be characterized by shrinking, or, at best, stable federal resources,
conventional means of service delivery and funding will no longer suffice for admini-
strators seeking to achieve the goal of social equity in public resource allocation.
If this should prove to be the case, then state and local program administrators may
want to look carefully at the Maine experience--an experience which combined the role
of the local grants coordinator with that of the public servant as an advocate. A
catalytic resource such as the rehab tech could be applied to other functional areas
at the state and local levels where there exists a need for initiating change in the
direction of more effective program delivery in the public sector. This case analysis
does suggest that the role of the advocate is a legitimate role for administrators
in planning, in housing rehabilitation or in other social service areas.

The pattern of the rehab tech's performance could have been illustrated by
many of the same negative features epitomized by Rainwater's (1967) "dirty workers"
and Lipsky's (1980) "street level bureaucrats", if it were not for the experimental
nature of the program, their somewhat autonomous roles (which allowed for regional
differences) and the possibility of a regional, rather than a purely local frame of
reference. This Maine prototype reduced the inequities and fragmentation implicit
in a delivery system that otherwise would have tended to rely on its 497 minicipalities,
most of whom are very small towns, for essentially a local response. The desired
bureaucratic concepts of responsiveness, effectiveness and the pursuit of social
equity were enhanced by the state's involvement in the experimental program through
an inter-regional network, held together by the rehabilitation technicians.

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