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Community-Based Human Service Delivery

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Abstract

The nation's welfare and human services systems were restructured after 1980 through welfare reform, program dismantling and transformation, and privatization. In this period, demand for community-based human services increased dramatically because of deinstitutionalization, heightened job competition, and rising rates of poverty. Despite nonprofit sector efforts to meet rising demand, the uneven distribution of urban voluntary agencies left many residents without access to key services. Maldistribution of services challenges key federal human service efforts and place-based service delivery strategies and underlies virulent opposition to service facility siting.

This article provides an empirical baseline concerning trends in community-based service delivery and assesses urban planning tools to create efficient and equitable human service systems. In particular, service-hub and fair-share approaches to service distribution are evaluated. Limited applications of these approaches suggest the need for further demonstration programs aimed at ensuring client access to services and minimizing community conflict.

Keywords: Social policy; Human services; Urban planning

Introduction

Social problems once confined to inner cities, such as homelessness, domestic violence, and substance abuse, spread across the nation's metropolitan areas during the 1980s. In response, community-based human services designed to provide relief and remedy in neighborhoods expanded in number and complexity. Funded by separate government agencies, and provided for the most part under the auspices of voluntary organizations, such services were seldom closely coordinated and were rarely distributed according to systematic service delivery plans. For many services, lack of community acceptance was a major factor in shaping agency locational choices, and services often became highly localized in inner-city areas. As a result, a wide range of individuals in need of service support currently experience geographical (as well as financial) barriers to service and a severely fragmented and confusing system of community-based human service provision.

Problems of human service access and coordination require solutions based on analyses of neighborhood needs, local social structures and networks, and transportation opportunities and on the application of urban planning tools to create efficient and equitable community-based human service systems. The need for workable plans for community-based service delivery has been evident since the implementation of deinstitutionalization policies in the 1960s, which emptied a wide variety of large institutions with the expectation that former residents would be cared for in the community. The question of community-based services remains particularly germane today, for several reasons.

First, welfare reform legislation (the recently signed Personal Responsibility and Work Opportunity Reconciliation Act of 1996) allows the states to limit the terms of eligibility for many recipients and deny benefits entirely to some formerly eligible recipient groups (e.g., teen mothers and legal immigrants). The new law mandates limits but provides little in the way of social services to assist in the transition from welfare to work. Community-based services will be hard pressed to meet the new demands that will result from those seeking assistance during this transition.

Second, services deemed vital for the self-sufficiency of families and children are severely fragmented, which has inspired the implementation of federally supported housing programs and a variety of local service coordination demonstration projects. For example, as part of the 1990 Affordable Housing Act, the U.S. Department of Housing and Urban Development (HUD) has funded "service-enriched" or "supported" housing demonstration models such as Family Investment Centers (modeled after the Lafayette Courts project in Baltimore) and the Mixed Income New Community Strategy Program and, under the McKinney Homeless Assistance Act, the Supportive Housing Demonstration Program (Shlay 1993). Another example, using schools as the locus of service, is the Healthy Start Support Services for Children Act of 1991 program in California, which funds school-based services for children and youth (Dryfoos 1994). A primary aim of such projects is to create a seamless web of programs for families in need. The strategies for services integration are uniformly place based, that is, predicated either on the co-location of services at a particular site such as a public housing project or school or on easy access to nearby services (Hooper-Briar and Lawson 1994). Yet the wider implementation of both supported housing and service integration models hinges on a distribution of service resources that is largely unplanned, unmonitored, and uneven.

Third, President Clinton's directive to "break the cycle of homelessness" (1993) highlighted the diversity of needs among the homeless population. Urban demonstration projects based on HUD's homeless plan, currently under way in several major cities, involve the development of a "continuum of care" for homeless people (HUD 1994). The continuum of care model implies that a wide range of services will be available to homeless people near their sleeping locations (e.g., shelter, transitional housing). However, creating a continuum of care raises fundamental questions about where services will be delivered: What geographical community will a continuum serve—an entire metro region, a neighborhood, or something in between? What level of access should be offered? How can communities be persuaded to host their fair share of the continuum's services? These questions are also being tackled by regional boards of the Federal Emergency Management Agency, which is responsible for providing emergency food and shelter to homeless people.

The implications (for clients and communities) of a community-based service provision strategy to support society's most vulnerable citizens and help service-dependent urban residents become more self-sufficient have yet to be adequately addressed. The local consequences of federal social policy (e.g., deinstitutionalization, welfare reform) have rarely if ever been a matter of public policy debate. One result of this avoidance of local consequences is a lack of comprehensive national data on the distribution of human services by type. Since success or failure of federal social policy reform initiatives ultimately rests on how policies unfold in specific localities, however, both information about service resources and close attention to the articulation of national policy and local context are critical.

This article provides an empirical background to the problem of community-based human service delivery and assesses urban planning tools and policies aimed at creating efficient and equitable community-based systems to deliver human services to a wide variety of client groups including welfare recipients, homeless families, victims of domestic violence, and the mentally disabled. In particular, the article evaluates the creation of a regional hierarchy of decentralized "service hubs." Service hubs are designed to provide information about human service opportunities and appropriate referrals to an integrated, accessible network of services aimed at maximizing the autonomy and life chances of clients. In large metropolitan settings, such service hubs would be distributed across municipal jurisdictions and neighborhoods according to basic fair-share planning principles

designed to maximize client access and minimize community conflict.

Background

Beginning in the late 1970s, the nation's welfare and human services system underwent a process of fundamental restructuring (Brown 1988; Kamerman and Kahn 1989; Katz 1989; Pierson 1994; Whitfield 1992). On the supply side, restructuring involved four basic dynamics that led to a downsizing of the welfare state. First, welfare reform, as embodied in the 1981 Omnibus Reconciliation Act and a variety of state-level reforms, limited the eligibility and benefit levels associated with Aid to Families with Dependent Children and several other means-tested welfare programs (Bane and Ellwood 1994; Center for the Study of Social Policy 1983; Lee 1994; U.S. House Committee on Ways and Means 1982). Second, some service programs were selectively dismantled as a result of federal budget cuts and state and local responses to dwindling federal transfer payments and tax bases (Palmer and Sawhill 1982). Third, numerous programs were reconfigured and consolidated into block grants, with responsibility for specific program design, implementation, and accountability decentralized to state and local governments, further fragmenting service systems (Kagan and Neville 1993; Levitan and Johnson 1984; Palmer and Sawhill 1984; Peterson 1984; Rank 1994; U.S. General Accounting Office 1984). Fourth, responsibility for service delivery became increasingly privatized via government contracts to the voluntary and commercial sectors (Kamerman and Kahn 1989; Wolch 1990). These changes, along with periods of recession and associated state and local fiscal weakness, led to widespread human service reductions and public facility closures in many metropolitan areas and an increasingly fragmented set of service supports that were complicated for users to grasp and arduous for them to access (Lee 1994; Liebow 1993).

On the demand side, however, demographic and labor market forces interacted to increase the number of people in need of human services. Demographic dynamics, such as the entry of the last baby-boom cohorts into the labor market, led to stiffening labor market competition (Wetzel 1995). In addition, broader economic shifts and technological change eliminated large numbers of blue-collar jobs just as high-skill professional, managerial, and technical jobs increased. "Middle-class" jobs declined (Gittleman and Howell 1992), and as a result, the rich-poor gap widened (Harrison and Bluestone 1988; Levy 1987,

1995). In addition, falling marriage rates, rising rates of out-of-wedlock births, and climbing divorce rates deepened the feminization of poverty (Hogan and Lichter 1995; Jones and Kodras 1990; Stacey 1990). The associated rise in single-person households increased competition for limited affordable housing resources that were dwindling rapidly due to redevelopment and gentrification (Baer 1989; Burt 1992; Lee 1980; LeGates and Hartman 1986; Myers and Wolch 1995). The overall result was growth in the economically marginal population and thus rising demand for welfare benefits and a variety of community-based human service supports (Danziger and Gottschalk 1993). The situation was exacerbated in states that had aggressively pursued policies of deinstitutionalization and in metropolitan areas with tight housing markets (Dear and Wolch 1987; Lerman 1981; Smith and Hanham 1981).

The voluntary sector struggled to meet this rising demand for services; large numbers of voluntary organizations were established during the 1980s (Hodgkinson and Weitzman 1989; Independent Sector 1992; Salamon 1992). However, many voluntary agencies were hard hit by curtailed levels of corporate and individual giving to human service causes (because of recession and 1981 tax-rate reductions; Salamon and Abramson 1982; Wolch 1990). They also faced increasing competition for public sector purchase-of-service contracts and donated funds. The proliferation of service organizations and continual reorganization of public funding streams also exacerbated deep and long-term problems of service fragmentation and lack of coordination within the human service sector (Gidron, Kramer, and Salamon 1992; Kramer 1981; Smith and Lipsky 1993).

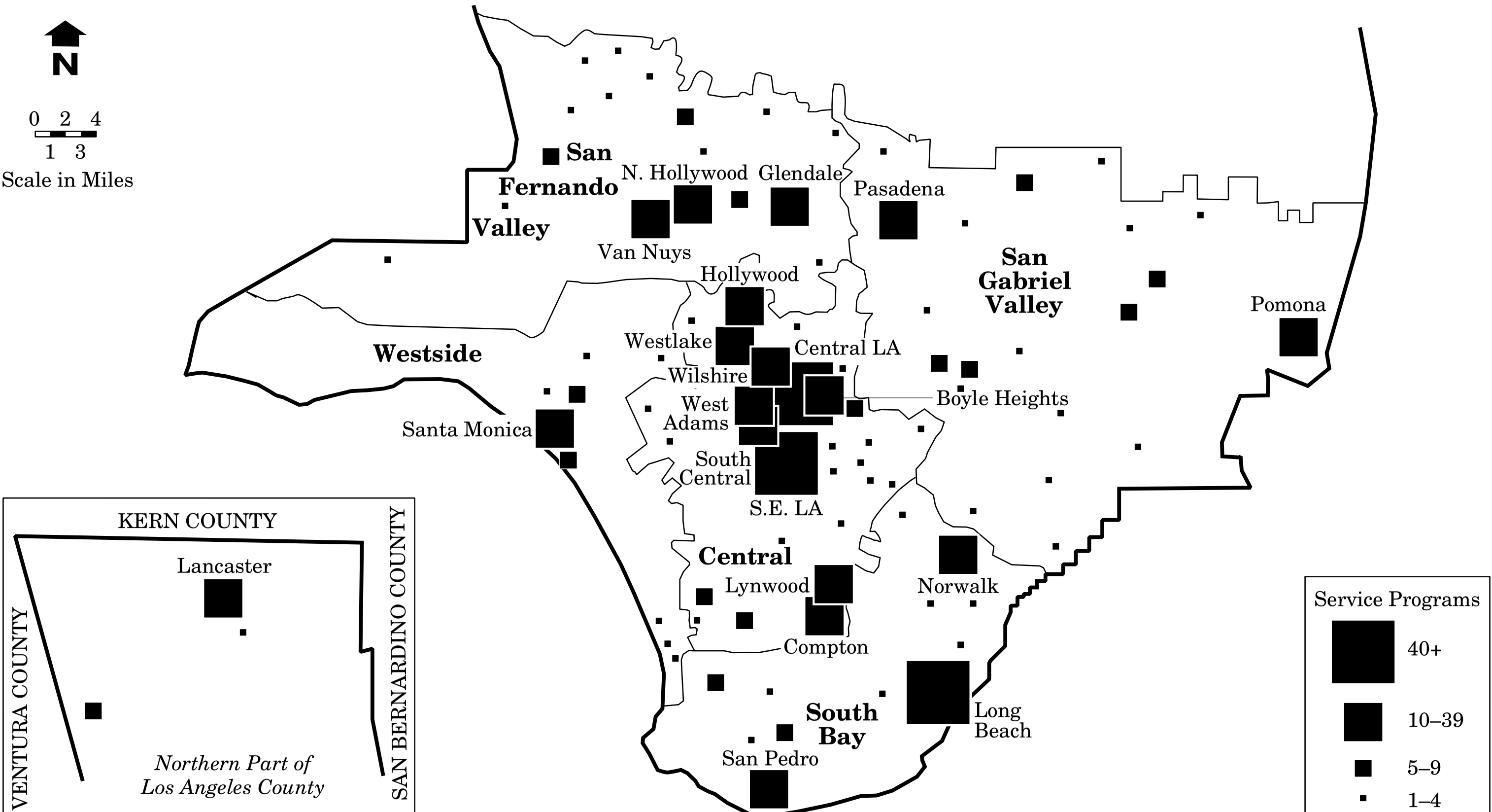
The uneven geographic distribution of human services, as indicated in metropolitan case studies, presented critical problems of service access (Wolch and Geiger 1983). Such services were increasingly provided under voluntary sector auspices. Traditionally, both public and voluntary sector human service facilities targeted to the poor were concentrated in inner-city zones, such as skid-row areas (Groth 1994; Hoch and Slayton 1989; Wolch 1992). As public programs contracted and additional voluntary organizations were established, some types of human services decentralized (for example, shelters for homeless families; Laws 1992; Lee 1989). But many neighborhoods and districts experiencing rising levels of need for service support lacked community-based services provided under either public or voluntary sector auspices. In such areas, people in need were forced either to travel long distances to obtain service or to go without service altogether.

For example, an analysis of shelter/service resources for homeless people in Los Angeles County demonstrated the stark contrasts between service-rich and service-poor communities (Lee, Wolch, and Walsh, forthcoming). Shelter/service geography was characterized by several nodes of concentration, leaving large portions of the county almost entirely unserved. Although in terms of raw numbers of programs low-income inner-city districts appeared service-rich, they were shown to be service-poor after adjusting for need, as measured by the distribution of "gatekeeper" services such as emergency shelters and soup kitchens that provide entry into the larger human services system (figures 1 and 2). In this instance, the central region of the county had fewer such gatekeeper services relative to the number of extremely poor residents (below 75 percent of poverty in 1990) than any other subregion of the county. Moreover, whereas several service-rich areas had relatively plentiful transitional and (especially) long-term supportive services to help homeless people take steps toward self-sufficiency, downtown Los Angeles and surrounding central-city communities had few such resources, relegating homeless clients to cycling back and forth between emergency services.

Past attempts to achieve greater equity and efficiency in community-based human service delivery faced fundamental challenges. Analytic models were developed to allocate public facilities to optimal locations (McAllister 1976; Revelle and Swain 1970; Scott 1990). These models minimized user travel costs to achieve an efficient facility distribution or specified coverage constraints to ensure some level of equity across service clientele. However, this approach to facility location decisions was fundamentally limited by a lack of comprehensive quantitative data on service distributions. Moreover, it was unable to adequately incorporate the political context of siting decisions, which typically override technical considerations (Dear 1974), strictly constraining the real-world application of this approach. (More flexible models using geographic information system technology have made the task of describing service system geography more manageable, but they are only in the development stage; for an example, see Hirschfield, Brown, and Bundred 1995.)

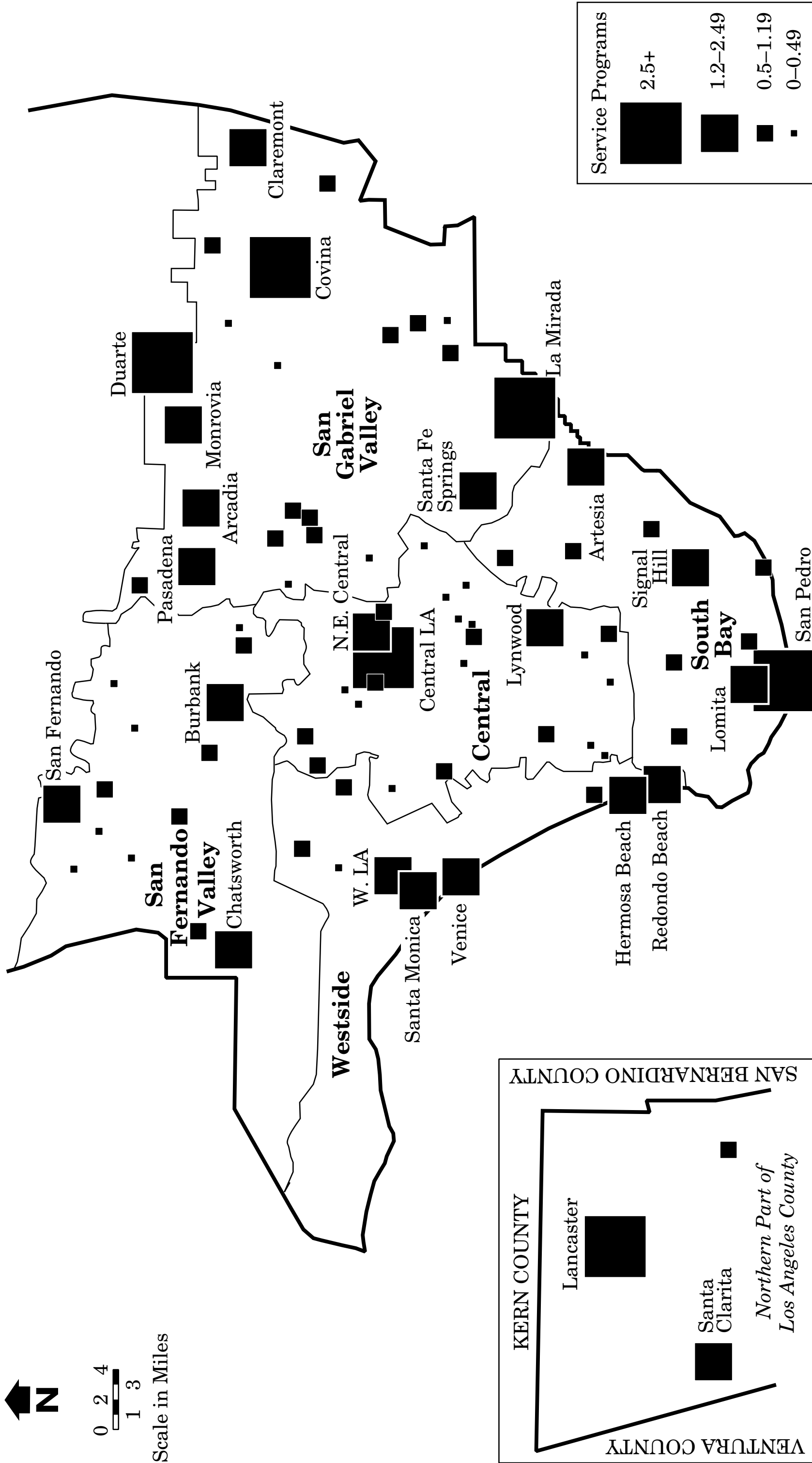
In a more practical realm, locational decisions for community-based human services were seldom based on formal analytical principles of efficiency or equity in services allocation but instead resulted from following a path of least resistance: Services were typically sited where de jure or de facto opposition to them was weak. Opposition was typically rooted in fear of

Figure 1. **Distribution of Gatekeeper Service Programs by Subregion and Community, Los Angeles County, 1992**



Source: Lee, Wolch, and Walsh, forthcoming. Used with permission from Syracuse University Press.

Figure 2. **Adjusted Distribution of Gatekeeper Service Programs by Subregion and Community, Los Angeles County, 1992 (per 1,000 Extremely Poor)**



Source: Lee, Wolch, and Walsh, forthcoming. Used with permission from Syracuse University Press.

property-value decline and unfamiliar or unwanted types of clients. Despite a mounting body of evidence refuting negative impacts on property values and turnover rates (Dear and Wilton 1995), in the wake of deinstitutionalization many communities enacted zoning provisions designed either to bar certain types of human service facilities from their jurisdictions altogether or to limit their number and density through distance-spacing requirements. Some states preempted certain local government powers to control land use in order to combat exclusionary zoning practices (via state-level preemptive zoning laws; U.S. General Accounting Office 1984), but preemption targeted only a few facility types (e.g., small group homes). And even in jurisdictions without explicit exclusionary regulations, resident and business community opposition to service facility siting proposals became widespread.

The prevalence of community opposition or "Not in My Backyard" (NIMBY) responses to controversial or unwanted facilities and clients led to vitriolic battles over neighborhood character and turf (Dear and Taylor 1982; Lauber 1990; Smith 1989). NIMBY fights over human services, part of a general class of locational conflict problems facing a wide range of public and nonprofit facilities (Lake 1987; Massam 1993), were initially restricted to wealthy, exclusive suburban enclaves. While upper-class, white, suburban homeowner communities persistently registered the most intolerant attitudes toward controversial human service facilities (Takahashi 1992), over time a wider variety of locales responded to the growth of community-based services (especially those serving new and particularly unwanted client groups such as drug users, people with HIV/AIDS, and the homeless; Takahashi and Dear, forthcoming) with fierce NIMBY fights. These battles often wound up in the courts (Enos 1991; Hager 1991) and created severe problems for the nation's city planners (Gaber 1994). Despite a lack of national quantitative data on the incidence of NIMBY conflicts, such disputes were ubiquitous in cities and towns throughout the country and came to be viewed as a key obstacle to the delivery of services to clients in need. For example, the NIMBY syndrome was recognized by federal policy makers as a significant problem (especially in the area of affordable housing development; HUD 1991) and stimulated a limited number of cases of federal intervention in local conflicts based on fair housing laws (e.g., the HUD investigation of a community opposition campaign against a homeless housing project in Berkeley, California, under the Fair Housing Act; MacDonald 1994). But communities were essentially left on their own to cope with the locational conflict emanating from federal social service policy frameworks.

The desire to avoid drawn-out, expensive siting conflicts led service providers to opt for central-city locations, where residents frequently lacked the temporal, political, and financial resources to fight back. Less frequently, facilities were sited in politically progressive, more accepting suburban cities. The result was extensive ghettoization of human services in some of the nation's poorest inner-city locales, service saturation in tolerant suburban communities, and a relative absence of service opportunities in many areas of rising social service need. Ghettoization and saturation in turn created their own backlash, spurring the spread of oppositional campaigns throughout central-city neighborhoods and more tolerant suburban locales.

The polarization of metropolitan communities along a service-rich/service-poor continuum implies problems of geographical access and service coordination for clients. This can pose potential barriers to service use and leave needs unmet, and service saturation for inner-city and accepting suburban communities, which can trigger the NIMBY syndrome and ultimately forestall the development of additional community-based service resources for economically marginalized metropolitan residents. Overcoming these two sorts of dilemmas is central to the success of efforts to promote self-sufficiency among welfare recipients, integrate services for families and children, and create continuums of care for service-reliant populations (such as the homeless). Two urban planning approaches to these problems of community-based human service delivery—the service hub and metropolitan fair-share planning—are explored below.

Service-hub approach

How can community-based human services be distributed to minimize problems of access and coordination? At the local community level, where client service use, provider interaction patterns, neighborhood land uses, and resident attitudes all influence siting possibilities, a service-hub approach to service organization and planning has considerable utility (Dear, Wolch, and Wilton 1994). This approach (which forms the basis for services integration strategies including those based in or linked to schools and those based in housing or neighborhoods; Hooper-Briar and Lawson 1994) is predicated on the observation that the geographical pattern of human services can influence service delivery outcomes. Clients frequently rely on a network of services, and when that network is highly dispersed services become inaccessible and are less apt to be used. Also, the physical facilities that house service activities create a range of positive

and negative external or spillover effects that extend over a geographically finite area, affecting clients as well as neighboring land uses and residents. Among the positive spillover effects are localization and urbanization economies. The former refers to benefits accruing to service providers in close proximity to each other, such as greater ease of interservice coordination and referral. The latter refers to more general benefits that unrelated services enjoy through proximity, such as better street lighting and security in the vicinity of a hospital. By siting specific types of community-based human services in geographical proximity, these sites constitute a service hub that minimizes client travel requirements and captures the maximum positive spillover effects.

It is important to emphasize that the service hub is not a "service campus," "multiservice center," or "service district" segregated from the remainder of the community. Such large-scale service delivery installations often create negative spillover effects on the surrounding community because of their size, volume of use, and disruption of the existing urban design fabric. As such, they often provoke intense community opposition. Instead, to be fully effective, a service hub should be conceptualized as a diverse collection of relatively small-scale agencies located close to one another to facilitate coordination and allow the set of services to function as if it were an integrated unit. The typical hub will consist of urban public facilities and services used by all segments of the local community (e.g., park, library, public transportation), generic human service functions (e.g., day care center), and more specialized facilities (e.g., sheltered workshop). This design approach acknowledges the fact that clients often need to use basic urban services and facilities as well as services specific to their individual requirements, enhances efficiency of generic human services by ensuring their use by a broad range of client groups, and addresses the specialized needs of a variety of client types.

Service hubs can be developed either within the context of new town planning or (much more frequently) by adding the basic elements of the service support network to existing urban infrastructure. In either instance, the task of service-hub design revolves around the location of planned and existing urban facilities and an analysis of the level and mix of extant or expected human service needs within the community. In the case of service-hub development in existing localities, a further step in the design process is an inventory and evaluation of the supply of human services and their distribution. Information on client needs, along with the analyses of urban facilities and existing

human service resources, allows the identification of appropriate sites for hub development and of anchor service organizations, which could coordinate hub service providers and build the hub over time.

In practice, service hubs have developed as a combination of historical accident and conscious planning on the part of service agencies. In the Venice district of the City of Los Angeles, for example, low-income Latino and African-American neighborhoods had historically been concentrated in the district's north end, near the beach (Dear, Wolch, and Wilton 1994). Two long-standing human service agencies served these neighborhoods: a free health clinic (Venice Family Clinic) and a family service center providing information/referral, food, advocacy, and other services (St. Joseph Center). During the 1980s, falling incomes of neighborhood residents increased demand for human service support. In addition, because of the area's proximity to Venice Beach, with its sheltered picnic tables, public rest rooms and showers, and relatively tolerant environment, the number of homeless people rose sharply. In response, the free clinic expanded, and the multipurpose center established a meals program (Bread and Roses Cafe) and a variety of satellite operations (a drop-in center, a money management program, a thrift shop, and a transitional living unit). When a 50-bed shelter was proposed for the immediate area, community opposition erupted but was contained when the proposal was dropped in favor of adding a public storage facility. Ironically, much like a shelter, the storage facility allowed homeless people to securely keep belongings and establish a surrogate "home base." Except for the commercial storage facility, these services are small scale, blend well with surrounding land uses, are within easy walking distance of one another and the beach, and are well served by public transportation. This collection of proximate human services inconspicuously added on to the existing urban fabric an effective service hub for northern Venice.

Despite the clear appeal of the service-hub approach to human service delivery, localities have rarely adopted it explicitly or integrated it into their land-use planning process. The absence of a systematic local public sector response is attributable to several key factors, three of which are important to mention here. First, at the local level, land-use planning historically has been divorced from social planning; hence community-based general plans emphasize physical planning issues (such as land-use segregation, residential and commercial densities, and traffic circulation) and tend to be silent on questions of human service needs or how to best configure community-based human service

resources (Wolch and Gabriel 1985). Second, human services are offered under a variety of auspices (public, voluntary, commercial) supported by a large number of discrete funding streams, and hence their activities and service programs tend to be poorly coordinated. This situation makes joint planning difficult without the provision of explicit incentives or public mandates. Third and most critical, while sensitive service-hub planning can reduce facility spillovers in practice, the prospect of a service hub may stimulate community opposition and NIMBY battles.

The first two of these problems can be solved head-on by recognizing the benefits of service-hub planning and developing hub policies that stimulate integrated approaches to social and land-use planning and provide incentives for service coordination and joint planning. But because the NIMBY syndrome is so politically thorny, responding to it typically requires a carefully designed strategy tailored to specific local contexts (Dear 1992). Two basic approaches to overcoming NIMBY are most common: collaborative efforts and autonomous strategies. In collaborative approaches, service facilities work through community education and outreach programs, community advisory boards, and provision of incentives and concessions to reduce facility spillovers, meet neighborhood concerns, and thus neutralize community opposition. In autonomous strategies, service providers use legal authority (such as civil rights laws or zoning and licensing regulations) to ensure their ability to site a controversial facility.

Recent federal civil rights laws pertaining to housing (U.S. Fair Housing Amendments Act of 1988) and disabilities (Americans with Disabilities Act of 1990) have allowed autonomous strategies to become more aggressive. The Fair Housing Amendments Act, for example, makes it illegal to discriminate in housing sale or rental or "otherwise make unavailable or deny" a dwelling to any renter or buyer because the applicant has a handicap (including developmental, mental, or physical disability; alcoholism; and AIDS) or to discriminate in providing housing for people with handicaps; it thus outlaws many local zoning and licensing requirements. Some states have adopted planning legislation that has then been used as the authority behind autonomous siting strategies. Illinois, for instance, enacted a Community Residence Location Planning Act (1989) requiring every home-rule municipality to prepare plans to meet local needs for group homes, thus giving authority to service providers seeking to operate in conformity with local community residence plans (Dear, Wolch, and Wilton 1994).

While strategies for overcoming community opposition may succeed in some cases, municipalities or neighborhoods disproportionately burdened by services compared with their neighbors may continue to fight facility siting on the grounds that nearby communities are "free riders" who have failed to host an equitable share of human services. Thus in addition to adopting small-area strategies designed to gain entry or community acceptance for human services, broader metropolitan frameworks for human service delivery are required to eliminate free-rider behavior on the part of NIMBY communities, to ensure equitable distribution of service hubs, and to maintain accessibility for human service users.

Fair-share human service planning

A metropolitan (or regional) fair-share planning approach offers an efficient method for remedying problems of planning, coordination, and redistribution (Nelson and Wolch 1985). Such a program requires that planning and administration be carried out concurrently at the metropolitan level and by local communities. The metropolitan structure, overseen by local representatives and client advocates, can function independently or be instituted within existing frameworks for metropolitan governance. In addition to technical and coordinating functions, the core charge of this body would be to develop a fair-share plan for allocating to each local jurisdiction a portion of the metropolitan region's total burden of support for its service client groups. This burden can be estimated from community valuations of the impacts associated with various client and facility types (Smith and Hanham 1981). This allocation in effect defines a regional hierarchy and distribution of service hubs throughout the metropolitan area.

At the local level, community service boards with an understanding of local context can be charged with the actual siting and design of service hubs. These boards would supply information on client populations, community-based facilities, and ancillary urban services; work with local planning departments to develop appropriate locations and land-use policies for service hubs; and develop educational and other programs to counteract NIMBY sentiments. Most important, however, the local board would provide a forum for community participation through which facility impacts can be evaluated and communicated to the metropolitan planning body.

The precise content of the community-based services allocated to each community (i.e., the specific number and type of clients and facilities to be assigned to a given jurisdiction) must be determined jointly by negotiation. Such an arena provides the formal mechanisms, now absent, by which goals for community-based service provision can be identified and ranked and mutually acceptable deviations from goals can be agreed upon. This is a process of negotiation and conflict resolution, in which flexibility and the availability of incentives are critical. For instance, side payments in the form of desirable facilities and agreements concerning service programs and facility developments may induce communities to accept facilities (Austin, Smith, and Wolpert 1970). Tradeoff schemes allow communities to choose between more numerous but lower-impact community-based facilities and a smaller number of higher-impact facilities. Where the spatial dispersion of clients reduces access to service hubs, services may be augmented through greater use of specialized transportation programs, universal services for a wide range of client types, informal networks of community members to assist clients in coping with daily needs, and a selective clustering of clients in somewhat larger service hubs (Maluccio 1980; Savage, Novak, and Heal 1980). Finally, a transfer of development rights approach can ensure that all communities shoulder their fair share of community-based services whether by accepting their allocation or by compensating another community for accepting more than its fair share (DiMento 1990; Hagman and Misczynski 1978).

No metropolitan area has developed fair-share planning involving the entire range of human services. The most far-reaching systems have been implemented in large cities characterized by maldistribution of services due to NIMBY exclusion and service saturation at the neighborhood level. For example, a fair-share plan was implemented in New York City for all municipal facilities, following a 1989 revision of the city charter that (among other provisions) required a fair distribution of public facilities across boroughs. Since the charter revision occurred during a period of rapid growth in city-run homeless shelters, shelter distribution policies became highly politicized. Despite laudable goals, the effort to create a fair-share shelter distribution faced extreme NIMBY sentiments from residents and borough political leaders. Moreover, it was implemented at an inappropriate geographic scale: New York's boroughs are so large and diverse that shelters and services have remained ghettoized in low-income, politically impotent areas—which was in part what the policy had been trying to remedy (Glazer 1991; Olson 1991).

Other large cities (for example, Seattle and Portland) have adopted fair-share human service planning approaches that have met with greater success. In these cases, land-use plans have been amended to prevent service saturation (through the use of facility spacing or density rules), ensure that zoning provisions include some facility sites in each planning district, and allow neighborhoods to make tradeoffs between low- and high-impact services. Service hubs have not been an explicit part of these plans, however.

Metropolitan fair-share planning for community-based human service hubs is thus a policy tool ready to be evaluated through demonstration programs and experimentation.[1] To be successful, metropolitan-level planning for community-based human services must overcome the relative weakness of most metro-regional planning agencies (such as voluntary councils of government). Such agencies typically lack powers of taxation or land-use control, emphasize traditional land-use and transportation planning issues, and are constrained from implementing redistributive policies in an open urban system. Metropolitan planning agencies therefore need to be empowered by state or federal governments to undertake fair-share community-based human services planning, or new regional planning authorities specifically designed to plan and monitor human service delivery should be created (for example, under a joint powers agreement among participating jurisdictions). In addition, fiscal or other incentives provided by higher levels of government (for example, to fund side payments) may be necessary to ensure smooth implementation and ongoing program success.

Conclusion

Community-based human services are critical, though controversial, elements of urban life. In an era of deinstitutionalization and welfare reform, the risks to both individuals and communities of adopting a laissez-faire approach to their planning and local integration are evident: ghettoization, uncoordinated services, and mounting barriers to service access for clients; spatial injustice for community residents; and the squandering of scarce public and private resources because of service fragmentation.

[1] Such experimentation is occurring in limited contexts. In Los Angeles, for example, the regional board of the Federal Emergency Management Agency (FEMA) is in the process of developing and testing formulas for distributing FEMA emergency shelter and food funds to human service agencies located in subregions of the county based on a series of social need indicators, service supply measures, and fair-share principles.

Urban planning principles elucidate appropriate approaches to designing equitable and efficient community-based human service networks. One such principle discussed in this article involves the development of decentralized community-based service hubs. Service hubs provide information, referrals, and a coordinated set of services. The size of any one hub depends on that hub's position in a metropolitan hierarchy of hubs; small neighborhood-service hubs would have a basic set of services (such as child care, emergency shelter, food, crisis intervention, and basic health and mental health care), while higher-order hubs would offer a larger panoply of services (for example, job training, transitional housing, vocational rehabilitation). Using a second urban planning principle, hubs should be distributed to communities according to basic fair-share planning rules operated by a partnership between localities and metropolitan planning agencies. A joint service-hub and fair-share approach to the planning, design, and delivery of community-based human services has the potential to maximize client access, minimize neighborhood conflict, and promote the integration of human service clients into everyday community life.

Fair-share and service-hub approaches to community-based human service delivery have yet to be implemented jointly, and neither has been tried in a sufficient number of cases to allow a full scientific evaluation of its utility for clients and communities. This suggests the need for a collaborative federal-local demonstration program in which a sample of metropolitan areas would receive support to develop model fair-share community-based service-hub plans to be implemented and comprehensively assessed by public officials, local businesses, service providers, client groups, and community residents.

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