

1-1-1973

## Statewide planning in four health-related programs : a conceptual analysis.

Richard Paul Melia  
*University of Massachusetts Amherst*

Follow this and additional works at: [https://scholarworks.umass.edu/dissertations\\_1](https://scholarworks.umass.edu/dissertations_1)

---

### Recommended Citation

Melia, Richard Paul, "Statewide planning in four health-related programs : a conceptual analysis." (1973).  
*Doctoral Dissertations 1896 - February 2014*. 1871.  
<https://doi.org/10.7275/yvms-ah79> [https://scholarworks.umass.edu/dissertations\\_1/1871](https://scholarworks.umass.edu/dissertations_1/1871)

This Open Access Dissertation is brought to you for free and open access by ScholarWorks@UMass Amherst. It has been accepted for inclusion in Doctoral Dissertations 1896 - February 2014 by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact [scholarworks@library.umass.edu](mailto:scholarworks@library.umass.edu).

312066013293385

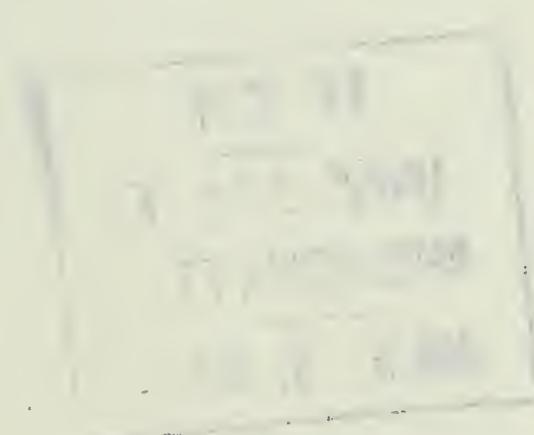
STATEWIDE PLANNING IN FOUR HEALTH-RELATED PROGRAMS:

A CONCEPTUAL ANALYSIS

A Dissertation Presented

By

RICHARD PAUL MELIA



Submitted to the Graduate School of the  
University of Massachusetts in  
partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

October, 1973

Department of Political Science

(c) Richard P. Melia 1974

All rights Reserved



STATEWIDE PLANNING IN FOUR HEALTH-RELATED PROGRAMS:


A CONCEPTUAL ANALYSIS


A Dissertation

By

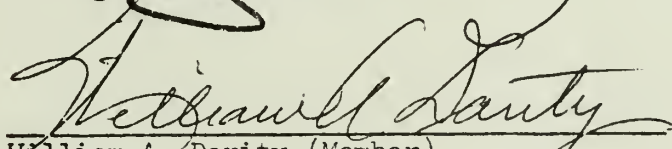
RICHARD PAUL MELIA

Approved as to style and content by:

  
Lewis C. Mainzer (Chairman of Committee)

  
Glen Gordon (Head of Department)

  
Irving Howards (Member)

  
William A. Darity (Member)

October 1973

## ACKNOWLEDGEMENTS

This study, set into motion by my experience with mental retardation and vocational rehabilitation planning in Massachusetts, has truly been an evolutionary process. I have been extraordinarily fortunate throughout in the continuity of encouragement, assistance, and intellectual stimulation provided by my teachers, co-workers, and family.

Professor Lewis C. Mainzer was indefatigable in introducing me to the study of planning and its administrative environment, and in guiding my interest in statewide planning from a term paper, to a master's thesis, and finally, through this study. Dr. Edward Newman, first as my supervisor in statewide planning, and later while Commissioner of the Rehabilitation Services Administration, HEW, provided constant support, challenging observations, and valuable suggestions on sources.

Professors Irving Howards and William Darity influenced my approach, first through their perceptive courses in state politics and health organization, and later in their comments on the dissertation. Dr. John Noble, Research Director of RSA, provided valuable methodological hints.

My wife Eileen has sustained me throughout this effort. Her support has made the vital difference in bringing the study to fulfillment. Paul, Mark, and Greg endured, accepted, and provided inspiration for work. My mother, who aided us through those summers in Boston during the Massachusetts planning, made an unmeasurable contribution. It is to Eileen, the boys, and to Mom that I acknowledge my greatest debt.

ABSTRACT

STATEWIDE PLANNING IN FOUR HEALTH-RELATED PROGRAMS:

A CONCEPTUAL ANALYSIS

By

Richard P. Melia

Department of Political Science

University of Massachusetts

October, 1973

In the early and mid 1960's "statewide planning" emerged as an important approach in four major health-related programs. Legislation was enacted rapidly and in successive years providing for federal support of state planning efforts in mental health, mental retardation, vocational rehabilitation, and comprehensive health.

This study reviews the origins and content of this statewide planning approach. Primary sources such as commission reports, agency plans, legislative testimony, and first-person accounts of the events leading to statewide planning (SWP) are reviewed. The mutual reinforcement and bureaucratic competition that helped to move SWP from one health area to another is examined.

To provide a framework for analyzing the concepts found in SWP, an overview of planning theory and practice in the United States is presented. Theoretical contributions of the "incremental" and the "rational" planning models are discussed, and it is observed that recent explanative attempts in planning theory which identify planning "tension areas" can be considered a "middle-range" in planning. Three

decision areas are identified as particularly sensitive tension areas which must be addressed by "middle-range" planning: (1) Who is to Plan?--Citizen Participation in Planning; (2) How to Plan--The Issue of Rigorous Planning; and, (3) What to Plan--Issue Definition for Planning.

The concepts of SWP are explicitly identified through a content analysis of the planning guidelines issued by HEW in each planning area. Purpose and instructional themes found in each of the SWP sub-areas are shown to be comparable. It is concluded that the four separate planning efforts may be considered a single planning approach--the statewide planning approach.

The SWP approach is interpreted within the framework of its negotiation of the tension areas in middle-range planning. It is noted that the SWP approach is suggestive of middle-range planning. However, SWP did not follow through with clear instructions or illustrations on several significant planning trouble-spots. On the issue of "who should plan," SWP deferred addressing the question of value conflict, while not rejecting the middle-range planning view that some value conflict is inevitable. While SWP guidelines presented many instructions on methodology, key methodological components such as specific evaluation criteria for SWP efforts were missing. On the issue of "what to plan," SWP guidelines avoided examining or defining, in any detail, alternative therapeutic or administrative approaches.

Statewide planning can be considered a possible high-water mark in the influence of categorical health programs. The process was initiated, legitimized, and implemented largely through the unchallenged



direction of health and rehabilitation professionals at the state and federal levels. In the study's conclusion, evolving planning trends at the state and national level are examined. New developments place emphasis on planning analysts drawn from diverse backgrounds such as law, economics, social welfare, and business administration. The new planners, responsible to political executives rather than line program administrators, have introduced a new pattern of confrontation on program goals, organization, auspices, and regulation.

An unanswered question is whether the emerging locus of planning under political executives and in a quasi-adversary relationship to program bureaus will be any more successful than SWP in addressing tension areas in middle-range planning. There are some signs in successor programs to SWP such as the Developmental Disabilities Program and the regulatory activities of Comprehensive Health Planning (b) agencies that stronger health-related planning approaches are emerging. A continuing responsibility for public policy observers will be to examine the concepts and implementation of these efforts.

## TABLE OF CONTENTS

INTRODUCTION . . . . .	1
Chapter	
I. "MIDDLE-RANGE" PLANNING AND ITS TENSION AREAS . . . . .	4
The Era of "Good" Planning	
New Deal Contributions to Planning Theory	
Planning Models: Rationality versus Practicality	
The Rediscovery of the Planning Process:	
Recent Explanative Attempts	
Tension Areas in Contemporary Planning Theory	
Summary	
II. HEALTH-RELATED STATEWIDE PLANNING:	
ORIGINS AND COMPONENTS . . . . .	45
A Transitional Decade in Planning	
The Steps to Statewide Planning (SWP)	
III. IDENTIFYING THE STATEWIDE PLANNING PERSPECTIVE . . . . .	75
Identifying Basic Statewide Planning Themes	
SWP--Purpose Themes	
SWP--Instructional Themes	
Conclusion	
IV. INTERPRETING THE STATEWIDE PLANNING APPROACH . . . . .	90
Who is to Plan?--Citizen Participation in Statewide Planning	
How to Plan: The Issue of Rigorous Planning	
What to Plan: Issue Definition in Statewide Planning	
V. THE NEW FOCUS OF PLANNING: FROM HEALTH PROFESSIONALS	
TO POLITICAL EXECUTIVES . . . . .	111
The Politics of Statewide Planning	
Evolutionary Modes in SWP	
SWP in Retrospect	
APPENDIX . . . . .	133
BIBLIOGRAPHY . . . . .	142

## LIST OF TABLES

Table	Page
1. Distribution of SWP Purpose Themes by SWP Area . . . . .	79
2. Distribution of SWP Instructional Themes by SWP Area . . . . .	83

## LIST OF ILLUSTRATIONS

Figure	Page
1. Stages in the Development of Health-Related Statewide Planning . . . . .	54
2. Evolutionary Modes in State Planning Assistance . . . . .	117



## INTRODUCTION

In the early and mid 1960's "statewide planning" (SWP) emerged as an important approach in four major health-related programs. Legislation was enacted rapidly and in successive years by the United States Congress providing for federal support of state planning efforts in mental health, mental retardation, vocational rehabilitation, and comprehensive health. This study seeks to answer the following questions concerning the statewide planning approach:

1. What is the content of the SWP approach, as found especially in the four enabling statutes and the rules subsequently issued by HEW to serve as planning guidelines?
2. What are the origins of its concepts, especially of its substantive instruction in health, and its procedural aspects of "who should plan" and "how to plan"?
3. How was the approach communicated, disseminated, carried from one health sub-area to another?
4. What are the action-implications of its concepts? Specifically, does it contain a conservative bias which operates against fundamental or rapid change in the status quo?

The analysis proceeds from the general to the specific. Chapter One presents an overview of planning theory and practice in the United States. Emphasis is placed upon identifying models or ideal types useful in discussing planning goals. Tension areas within the administration of planning are discussed. Questions which are addressed in considering

the action-implications of SWP are raised here. Examples are drawn from both theory and from case studies of past efforts at public planning in the United States.

Chapter Two discusses the origins of the SWP approach. Primary sources such as commission reports, agency plans, legislative testimony, and first-person accounts of the events leading to SWP are reviewed. Secondary sources on SWP such as journal articles, books, and ongoing studies are identified. The mutual reinforcement and bureaucratic competition that helped to move the SWP idea from one health sub-area to another is introduced.

Chapter Three continues the analysis of the content of SWP begun in Chapter Two. Whereas Chapter Two's focus is historical and administrative, Chapter Three presents a content analysis of purpose and instructional themes which comprise the SWP approach. Together, Chapter Two and Chapter Three illustrate the extent to which statewide planning represents an important planning topic.

Chapter Four interprets the SWP approach by comparing and contrasting its basic elements with the planning and public administration models introduced in Chapter One. Statewide planning concepts are placed within the context of public planning in the United States, and possible explanations are presented of why SWP emphasized certain points while passing over others.

Chapter Five addresses ongoing federal efforts to influence planning in health-related areas. A second generation of SWP theory is identified, and its principal elements are compared and contrasted with

the SWP approach. In identifying the new focus of SWP, the analysis returns to the ever-present basic planning issues introduced in Chapter One. The study concludes as it began with observations on the tension between central, rational, comprehensive planning theory, and incremental, pluralist, dispersed planning agencies.

## C H A P T E R I

## "MIDDLE-RANGE" PLANNING AND ITS TENSION AREAS

Planning is such a commonly accepted action word in public administration, and particularly, in human services and intergovernmental relations in the United States today, one has a variety of options as to where to begin in reviewing its development.<sup>1</sup> For the purpose of this study, four stages in the growth of planning theory and practice are relevant.

The first stage was characterized by themes of renewal and reform in the early ideals of resources planning, economic planning, social planning, and city planning in the United States.

The second stage, which emerged in the New Deal, World War II, and the immediate post-war period, stressed planning models and rationality in the public sector.

The 1950's brought the third stage--practical objections and proposed alternatives to the rational planning model.

The present stage of planning theory and practice, dating from the 1960's reveals widespread acceptance of planning as a governmental activity, with numerous planning models available, each inextricably linked to evaluation and to the tensions of social change.

It should be noted at the start that while this analysis is reaching back over an extended development of planning in the United

---

<sup>1</sup>Some studies have reached back to the Jefferson-Hamilton debate on merits of an agrarian versus an industrially-based economy. For an overview on public planning in the United States, see the special symposium, "Changing Styles of Planning in Post-Industrial America," Public Administration Review, XXXI (May/June, 1971).



States, this is being done with the objective of identifying the antecedents of a specific type of planning, of which health-related SWP is a part. To borrow a phrase from Professors Morris and Binstock, the planning of ultimate concern here is primarily directed to "the policies of formal organizations." In their words, it is a form of planning

. . . undertaken in order to modify the amount, the quality, the accessibility, and the range of goods, services, and facilities provided for people. It includes efforts to persuade a senior citizens' organization to enrich its program of leisure-time activities, as well as struggles to review procedures in a public welfare department.<sup>2</sup>

### The Era of "Good" Planning

It is difficult to characterize planning in the 20 to 30 year period preceding World War II, for while there is evidence to support assertions that this era contributed much to our planning theory for many years, it is equally evident that planning moved forward in those years along a broad functional front. Yet, writing from the perspective of the 1970's, one is able to take advantage of numerous studies which have examined the period. From these studies, then, as well as from direct reference to documents of the period, it becomes a manageable task to identify the origins of much of our planning heritage and the roots of many of our planning tensions.

---

<sup>2</sup>Robert Morris and Robert H. Binstock, Feasible Planning for Social Change (New York: Columbia University Press, 1966), pp. 14-15.

Charles A. Reich, for example, has described how in the economic sphere the public role in influencing the production and distribution of natural resources came not through planning, but rather through regulation:

Every development in the field of planning has taken place in characteristically ad hoc fashion. Usually it was necessary to fight powerful and vocal defenders of unregulated corporate power. Consequently Congress never adopted any general approach to planning; quite the contrary, the very idea was shunned and planning and allocation came disguised as regulation and justified either as machinery to aid the smooth functioning of free enterprise or as an exception to the general rule of laissez faire.<sup>3</sup>

Reich's contention is that we have a tradition of moving backward into planning, and that when we have sought to plan, we have done so under many varied mechanisms. He would add that it is only recently that we have supported planning as planning. His is an apt characterization of our planning heritage.

Reich's observations show the missionary zeal of the progressives fighting at the national level for institutionalization in regulatory agencies of our earliest centralized health and resources decision-making, while at the same time, their allies at the local level fought for changes in local government. Our earliest planning efforts in this century are found in the political context of "trust-busting" and attacks on city machines.<sup>4</sup>

---

<sup>3</sup>Charles A. Reich, "The Law of the Planned Society," Yale Law Journal, LXXV (8, July, 1966), 1932.

<sup>4</sup>Richard Hofstadter's The Age of Reform (New York: Vintage Books, 1955) presents an excellent history of the progressive era, and while he does not explicitly address the topic of planning, he does provide a comparison of the moral tone of progressivism and the economic experimentation of the New Deal (Chapter VII, pp. 317-318). Albert Lepawsky, "The Progressives and the Planners," Public Administration Review, XXXI

Two landmark review articles of early yet dominant textbooks in public administration and city government help to portray the theories from which early planning approaches grew. Wallace S. Sayre has summarized the "codification" of concepts stressed in 1926-27 public administration textbooks:

- [1] The politics-administration dichotomy was assumed both as a self-evident truth and as a desirable goal; administration was perceived as a self-contained world of its own, with its own separate values, rules, and methods.
- [2] Organization theory was stated in "scientific management" terms; that is it was seen largely as a problem in organization technology --the necessities of hierarchy, the uses of staff agencies, a limited span of control, sub-division of work by such "scientific" principles as purpose, process, place, or clientele.
- [3] The executive budget was emphasized as an instrument of rationality, of coordination, planning and control.
- [4] Personnel management was stressed as an additional element of rationality (jobs were to be described "scientifically," employees were to be selected, paid, advanced by "scientific" methods).
- [5] A "neutral" or "impartial" career service was required to insure competence, expertise, rationality.
- [6] A body of administrative law was needed to prescribe standards of due process in administrative conduct.<sup>5</sup>

One might subsume planning within the above listing, or treat it independently. What is significant is the spirit with which our early planning theories were advanced. Early planning was justified, within a

---

(May/June, 1971), 297-303, presents a comparative characterization of progressive and New Deal planning thought. Lepawsky notes the growth of the model city planning movement under Hoover, and the resources and regional planning projects of the same period, but finds that it was the New Deal that represented the advent of major public planning under presidential leadership. David C. Ranney, Planning and Politics in the Metropolis (Columbus: Charles E. Merrill, 1969), summarizes the history of physical planning, including the rise of city planning.

<sup>5</sup>Wallace S. Sayre, "Premises of Public Administration: Past and Emerging," Public Administration Review, XVIII (Spring, 1958), 102-105. The textbooks reviewed are Leonard D. White's Introduction to the Study of Public Administration, and W. F. Willoughby's Principles of Public Administration.

tradition which opposed public controls and centralized direction, on grounds of an emerging scientific and administrative expertness preferable to undesirable elements of politics.

A similar characterization of early theory in city government was made by Lawrence J. R. Herson. He observed that the textbooks would begin with a discussion of democratic ideals, "but no sooner are these commitments to democracy launched, than they sink immediately from sight; and the text turns its attention to constructing a world of municipal government in which the expert is supreme."<sup>6</sup> Although he did not discuss planning per se, Herson's indictment of early urban government literature also applies to planning studies of the same era.

The consistency of planning with democratic theory and governmental reform was a theme found in many social studies of the 1930's and early 1940's. In Planning for America, George Galloway wrote:

"... each particular area of planning is in the process of developing its own special body of guiding principles. The nature of these principles, in the fields where they have been developed, is indicated in the following chapters of this symposium. In the fields of industrial and public administration, for example, the principles of scientific management are applicable. In the field of public control of economic enterprise, some of the principles of policy are (1) that "what touches all must be decided by all," which implies that there must be national power to prescribe national remedies for national problems; (2) that the state may determine the plane of competitive action; (3) that the state may realize for society the benefits of monopoly; and (4) that social harmony may be restored by extending the duties of the state."<sup>7</sup>

---

<sup>6</sup>Lawrence J. R. Herson, "The Lost World of Municipal Government," The American Political Science Review, LI (June, 1957), 330-345, 341.

<sup>7</sup>George B. Galloway, "American Planning," in Planning for America, by George Galloway and Associates, (New York: Henry Holt and Company, 1941), p. 12.



A similar optimistic view, published in 1942, is further indication of the paramount role assigned to planning in the government reform movement:

Planning is not only here but it is here to stay, for it is a practical necessity. The individual and social costs of not planning are so heavy that they can no longer be borne. We have tried in our cities, in our counties, in our states, in the nation, and in the world the amiable assumption that the good things of life will come of themselves if only government will avoid meddling outside its "proper" realm, and the assumption simply has not worked well enough for enough of our people to justify further trial. The logic of planning, like that of budgeting, is inescapable. There was a time not so long ago when many people regarded budgeting as expensive and impractical; but, as the editors of Public Management said recently in discussing "The Common Sense of City Planning," "If someone were to say today that his city cannot yet afford budgeting, he would be laughed at." So, some day, it will be with planning.<sup>8</sup>

Implicit in the above passages are three major dominant themes found in our early planning theory: (1) planning is consistent with the ideals of a democratic society; (2) principles of planning can be established; and, (3) planning is essential for our complex society. The first two themes originated in the reform movements which, as noted above, set the stage for our early planning through their espousal of what were essentially regulatory mechanisms as in trade and land use. It was the New Deal experience with planning, however, which led to the expanded statement of the first two themes, and which raised the level of debate on the third.

#### New Deal Contributions to Planning Theory

George Galloway, writing in 1941, noted that ". . . from the viewpoint of national planning, the New Deal has been like Don Quixote who

---

<sup>8</sup>John A. Veig, "Developments in Government Planning," in The Future of Government in the United States: Essays in Honor of Charles E. Merriam, edited by Leonard D. White (Chicago: The University of Chicago Press, 1942), p. 64.

mounted his horse and rode off in all directions at once."<sup>9</sup> Writing thirty years later, Albert Lepawsky noted that "In style and form, the New Deal system was a melange of planning, policy making, political improvising, and administrative programming without much concern for the academic distinctions between these various subprocesses of politics and administration."<sup>10</sup> The variety of planning theory and substance of the New Deal is suggested in both passages noted above. What, then, were some of the principal contributions of the New Deal to American planning theory?

The following review of the New Deal's contributions to American planning theory will center upon three areas: (1) the reconciliation of planning and democratic theory; (2) conceptual models and planning ideals; and, (3) acceptance of planning as an essential public function at all governmental levels. While these categories are not mutually exclusive, they do serve as a framework for a brief outline of the role of the New Deal as a transition period in planning theory and practice.

### Planning and Democratic Theory

The tension between planning and democratic ideals has been a concern of many commentators in American political thought. In some instances, planning has been equated with regimented power in the centralized control of the state, and hence incompatible with democratic

---

<sup>9</sup>George Galloway, "The Climate of Opinion," in Planning for America, op. cit., p. 46.

<sup>10</sup>Lepawsky, op. cit., p. 299.

ideals.<sup>11</sup> In the 1930's and early 1940's, events in Russia, Germany, and Italy contributed to the apparent widespread association by many Americans of centralized planning as a function of totalitarian states.

It is not surprising, therefore, to find a considerable spirit of defensiveness on the part of New Deal era planners of their efforts as within the democratic consensus. Of particular note is the essay "In Defense of Democratic Planning" presented by Charles Merriam as an appendage to a discussion of the National Resources Planning Board.

Merriam wrote:

The basis of democratic planning is not autocracy, totalitarianism, or violence, but is intelligent cooperation. The common good is best promoted when the community has something to say about it, when the community has power to determine what is the general good and how that shall be discussed, decided, and administered. Planning involves the exercise of foresight, it involves cooperation, it involves a general understanding of long-time policy, and a general determination to advance the common good as understood by the majority of the community. Planning is not helped but hindered by becoming totalitarian.<sup>12</sup>

The range of New Deal programs which provide examples of cooperative or participative planning is extensive. The net effect of the New Deal, however, was to extend both the range of functions available for citizen participation and the role of experts.<sup>13</sup>

---

<sup>11</sup>For the classic presentation of this view, see F. A. Hayek, The Road to Serfdom (Chicago: University of Chicago Press, 1944). For a rebuttal, see Herman Finer, Road to Reaction (Boston: Little, Brown and Company, 1945).

<sup>12</sup>Charles E. Merriam, "The National Resources Planning Board," in Galloway, op. cit., pp. 503-506. See also Chapter 3 in the same work, written by Galloway, and titled "Psychological Obstacles to Planning."

<sup>13</sup>Albert Lepawsky has noted that the New Deal represented, for the first time in American history, planning linkages of Congress, state legislatures, and cities, as well as newly created or newly nationally

New Deal planning was in large part planning by agencies established by and responsible to representative institutions, with emphasis placed on citizen and/or group representation. This style of planning set a precedent for future planning in the United States. It introduced the complex question of how best to define what constitutes "the public interest," and offered several approaches for resolving the issue. Some would argue that the lasting contribution of New Deal planning to American planning thought is to be found in the New Deal emphasis on approaching and defining the "public interest" through the harmonizing of many competing groups within regulatory or participatory planning institutions.<sup>14</sup>

A final note on the relationship between New Deal planning and democratic planning concerns the state-federal tradition in American planning theory. Benjamin H. Kizer, writing on "State Planning" in

---

subsidized regional and sub-regional planning agencies. He found "an unprecedented amount of citizen activity in the process of participatory, not mere advisory, planning, and of democratic, if not direct, policy making." While recognizing that most citizens participated in agricultural and other non-urban settings, Lepawsky concluded that ". . . they contributed valuable proposals and plans and engaged widely in programmatic and administrative decision making at the interest-group and local community level." Lepawsky, op. cit., p. 299. Galloway, op. cit., offers in its 33 chapters an inclusive overview of the range and scope of the planning activities of the New Deal.

<sup>14</sup>This is an important theme which will be examined later in the discussion of practical objections to rational planning, and in discussion on interpreting the statewide planning approach. Reich, op. cit., pp. 1230-1240, identifies the New Deal as the birth period of what he considers to be the central myth in American planning theory: "The belief that decisions concerning planning and allocation can be, and are, made on an objective basis."

For a view that indicates that Charles Merriam and other pioneers of the National Resources Planning Board were not unaware of these difficulties as they worked to establish institutions to help the



Planning for America, notes that "State planning, as we now know it, had its inception with the appointment by the President in 1933 of the National Planning Board . . ."<sup>15</sup> This comment referred to a state-federal planning relationship whereby the federal role involved furnishing consultants on a part-time basis to state planning boards. The states were encouraged to enact legislation establishing planning boards to survey public works, land use, transportation, housing, governmental organization, and in some instances, social welfare programs. In most states, citizens were appointed as members of the planning boards while the staff included full or part-time state employees and the federal consultants. It would be difficult to show a direct line in any given state from New Deal era planning efforts to present state-federal partnerships in planning. Yet, this beginning under the National Planning Board must be recognized as the typecasting for numerous planning ventures that followed.<sup>16</sup>

---

president identify policy alternatives, see Byrd L. Jones, "A Plan for Planning in the New Deal," in Planned Social Intervention, edited by Louis A. Zurcher and Charles M. Bonjean (Scranton: Chandler Publishing Company, 1970), pp. 128-137. Jones' discussion indicates that as they prepared an approach for planning, the New Deal planners attempted to draw upon history to show that planning was acceptable in American thought. They utilized prestigious organizations to build a quantitative base for planning, and to balance competing interests in planning. Jones' essay suggests that while analysis of the New Deal plan for planning reveals hesitation by the planners on the role of experts, recognition by the planners of this tension area did not diminish their enthusiasm for recruiting experts and claiming a new level of objectivity in policy making.

<sup>15</sup> Benjamin H. Kizer, "State Planning," in Galloway, op. cit., p. 525.

<sup>16</sup> Ibid. For representative summaries of state planning board activity see U.S. National Resources Committee, The Future of State Planning (Washington: Government Printing Office, 1938); U.S. National Resources Board, The States and Planning (Washington: Government Printing Office,

## Principles of Planning in the New Deal

Although New Deal planning preceded by nearly a decade the careful categorization of planning and decision-making theories on a widespread basis, it was the New Deal experience with planning that set in motion alternative planning styles which later theorists would classify. What, then, were some of the New Deal planning elements which merit identification as antecedents of later theories?

Perhaps the most significant New Deal planning elements, measured by the criteria of influence upon later planning theory, were the period's precursors of the rational and incremental planning models. While both of these planning "ideal types" will be discussed in greater detail below, their central themes can be identified at this point in relation to New Deal planning styles.

A review of Galloway's Planning for America, for example, reveals a number of examples of what later emerged as the rational school of planning. Included are examples of the mechanics of how to conduct a state inventory of resources, prepare recommendations, and evaluate projects to implement the plan.<sup>17</sup> At another point, a contributor to the Galloway anthology presents a similar process for sound community planning.<sup>18</sup> Throughout, the Galloway book bears testimony to the

---

1938); and, U.S. National Resources Planning Board, State Planning (Washington: Government Printing Office, 1942).

<sup>17</sup>Galloway, op. cit., p. 31. Additional references on the rationalist-incrementalist debate are presented below. The principal reference is to Charles Lindblom, "The Science of 'Muddling Through'," Public Administration Review, XIX (Spring, 1959), 79-88.

<sup>18</sup>Ladislas Segoe, "City and County Planning," in Galloway, op. cit., pp. 539-558.



apparently prevalent New Deal view that planning elements could be identified, summarized, and utilized to guide policy formation.

The incremental school of planning thought introduces the difficulties of gathering information, resolving value conflict, differentiating among alternatives, gaining the public's and the decision-maker's approval, and a host of similar obstacles that beset the would-be rational planner. Moreover, it has been argued that rather than being an unsatisfactory state of affairs brought about by frustration in attempting rational planning, incrementalism is a widespread style of planning accepted for its positive features. Thus, incrementalism, it is claimed, allows one to carefully choose data, proceed cautiously to avoid value conflict, concentrate on familiar alternatives, and thereby assure favorable reaction to plans. This style of planning allows one to take one step at a time with built in opportunity for retreat, review, and revision.<sup>19</sup>

New Deal planning, despite the examples noted above suggestive of rational planning, presented many techniques later identified by the incrementalists. Galloway's anthology is replete with examples of planning agencies at all levels organized for coordination and provided with little authority for access to decision channels. Dahl and Lindblom have summarized the intrinsically slow and painful political process experienced by the National Resources Planning Board, and which, it might be argued, contributed to the low level of expectancy that many theorists and practitioners alike came to hold for American planning:

---

<sup>19</sup>Lindblom, loc. cit.

The fact is that the NRPB, as should have been expected, was inherently unable to achieve coordinated planning. To be sure, it had slight legal authority, but this explanation for its failure hardly goes to the root of its difficulties. These stemmed from the fact that it had no magic substance to dissolve the American political process and create a new one more congenial to coordination. It did a commendable amount of preplanning: making studies, writing reports, holding conferences. But what little actual planning it accomplished depended upon its ability to secure coordination among the warring regiments in Washington and elsewhere; this ability in turn, depended upon the support it got from politicians. The NRPB could therefore do no more than the authority of the President enabled it to do; and, because it lacked support from politicians centered in Congress and in other parts of the Executive branch, in practice it could accomplish very much less than could the President himself.<sup>20</sup>

### Planning Bureaucratized

The third major contribution of the New Deal to American planning theory is the extent to which the many and varied governmental planning agencies of the period incorporated planning into regular practice at all levels. Planning agencies and specialized staff scattered in diverse roles from the presidential staff outward to state planning boards and special planning districts. Public planning slowly became an accepted and routine government function.

This bureaucratization came slowly, and not without direct assaults at times by critics. An example would be the congressional dissolution of the National Resources Planning Board in 1943, although even in that instance, the mandate seemed to be to address such planning functions within existing agency structures.

Yet, because the New Deal presented opportunity for numerous new

---

<sup>20</sup>Robert A. Dahl and Charles E. Lindblom, Politics, Economics, and Welfare (New York: Harper and Row, 1953), p. 350.

settings for similarly numerous new planning techniques and strategies, its net contribution to our planning heritage may be likened to a spawning ground for styles of planning that continue today.

A summation by Byrd Jones of the contribution of the National Resources Planning Board finds in its conflict-prone existence and demise the beginning of much of American planning:

Neither the National Planning Board nor its successors revolutionized government through their systematic appraisal of the long-run national interest; but the Board had shown how such a function could fit into the federal government. That lesson kept its successors going and indicated how to establish a Council of Economic Advisors which could both function with expertise and maintain responsibility in the President. In time the Council would use sophisticated tools of forecasting and specific targets for various components. It would gain power and prestige in the executive establishment. But Americans would accept planning only after it demonstrated its usefulness. Thus the quiescence of political debate over planning ideals during the late New Deal did not indicate their final defeat, but reflected a shift from propaganda to the hard tasks of planning. Far from abandoning its use of expert advice to balance its goals in an efficient administration, the New Deal assimilated that function into the bureaucracy.<sup>21</sup>

The bureaucratization of planning set the stage for a higher level of dialogue in academic analysis of planning functions. Principles of public administration and planning succumbed in the face of new theories of the planning process. Academics did not readily agree, however, on the directions of the new planning theories. As the 1940's gave way to the 1950's, proponents of rational planning styles, and critics of rationality who saw themselves as realists of planning practice, emerged. This discussion will now turn to the dimensions of these debates and their importance in the growth of American planning theory.

---

<sup>21</sup>Jones, op. cit., p. 137.

Planning Models: Rationality  
versus Practicality<sup>22</sup>

Often, social scientists will attempt to clarify the meaning of a broad or abstract concept through use of an ideal type or model.<sup>23</sup> Several ideal types for the public planning process emerged in the 1950's; the discussion to follow will examine two major and quite opposite interpretations of planning. The rational model, as noted briefly above, implies the comprehensive examination of all alternatives as a basis for future action. By way of contrast, the incremental interpretation portrays a process of ordering future programs and policies which, to facilitate action, is intentionally noncomprehensive. Conditions which have been seen as deterministic in the stimulation of planning efforts which strive toward one or the other extreme will be the object of discussion here.

Rational Models as Planning Ideals

Academic efforts in the 1940's and 1950's to conceptualize the essentials of planning were greatly influenced by classical economic

---

<sup>22</sup>The discussion in this section draws extensively upon an earlier discussion by the author in The Massachusetts Mental Health and Mental Retardation Planning Projects, 1963-1967: Practicality and Rationality in the Planning Process, unpublished Master of Arts thesis, University of Massachusetts, June, 1968.

<sup>23</sup>Max Weber was the first social scientist to utilize "ideal types." Talcott Parsons has summarized Weber's use of the device; see "Weber's Methodology of Social Science," Max Weber: The Theory of Social and Economic Organization, edited by Talcott Parsons, translated by A. M. Henderson and Talcott Parsons (New York: The Free Press, 1964), pp. 8-29.



theory which held that man could act rationally and thereby improve his position. Components of rationality such as the systematic evaluation and ranking of alternatives to reach the best possible or "optimal choice" were borrowed from economics and used to describe planning as an improved kind of decision-making.<sup>24</sup>

Several models or "ideal types" have been put forth by students of decision-making to represent the essential components of rationality as it originated and came to dominate discussions of planning. Charles E. Lindblom's model is a representative example: (1) planning proceeds from distinct values and objectives; (2) means-ends analysis is comprehensive as goals are formulated and then methods to reach goals are sought; (3) alternatives recommended are of proven merit; (4) there is complete analysis of all variables; and (5) theory is relied on significantly.<sup>25</sup>

The key characteristic of rational planning is the demand that is made for complete knowledge. Exacting informational requirements

---

<sup>24</sup>For an excellent review article which traces the relationship of economic theory to decision theory, see John W. Dyckman, "Planning and Decision Theory," Journal of the American Institute of Planners, XXVII (November, 1961), 335-345. Bertram M. Gross places great emphasis on the contributions of corporate technological planning and military operations planning to the dominance of rational planning theories; see "Planning in an Era of Social Revolution," Public Administration Review, XXXI (May/June, 1971), 259-297.

<sup>25</sup>Lindblom, op. cit., p. 81. For additional discussion of the rational model, see David Braybrooke and Charles E. Lindblom, A Strategy of Decision (New York: Free Press of Glencoe, 1963); Roger Hilsman, Strategic Intelligence and National Decisions (Glencoe, Ill.: The Free Press, 1956), pp. 144-161; James G. March and Herbert A. Simon, Organizations (New York: John Wiley, 1958), pp. 136-138; and Martin Meyerson and Edward C. Banfield, Politics, Planning, and the Public Interest (Glencoe, Ill.: The Free Press, 1955), pp. 316-330.

are suggested in each of Lindblom's first four steps. Hilsman portrays a process in which facts are sought, evaluated, and reevaluated to the point that constant reassessment alerts investigators to all possible alternatives.<sup>26</sup> The stringent requirements of the rational planning model clearly establish it as the most demanding of decision-making schemata and as an ideal for decision-makers to achieve. These same characteristics, however, have been challenged as unrealistic.

#### Practical Objections to the Rational Planning Model

Objectors to the rational planning ideal contended that the model oversimplified the planning process, set impossible information requirements, and was an impractical guide within the complex administrative and political setting of public planning. Objections such as these discredited the rational model of planning; although the ideal of rationality was not abandoned as a goal, conceptions of public planning shifted away from rational models.<sup>27</sup>

Charles Lindblom has presented a description of planning that serves a twofold purpose: it illustrates specific objections to utilizing the rational ideal in planning, and it offers an alternative method of conceptualizing the practice of planning. Lindblom first proposed his decision-making model in an article entitled "The Science

---

<sup>26</sup>Hilsman, op. cit., pp. 144-161.

<sup>27</sup>Objections to the "rational ideal" may be found in all of the references in note 25 above. The Meyerson-Banfield study of housing policy in Chicago presents a particularly incisive case. See also William Petersen, "On Some Meanings of Planning." Journal of the American Institute of Planners, XXXII (May, 1966), 130-141.



of 'Muddling Through'; later, this article was the basis for an expanded discussion in a book coauthored with David Braybrooke.

Lindblom's description of "muddling through" included five major points that contrast with the rational model: (1) empirical and value analysis are intertwined, as values are an integral part of policy formation at all stages; (2) ends and means are not differentiated; (3) consensus, rather than merit, determines the choices from among alternatives; (4) analysis of variables is limited, resulting in neglected alternatives and uncertain results; and (5) there is a reduced role for theory.<sup>28</sup> In his later effort with Braybrooke, this approach was described as "disjointed incrementalism":

It is decision-making through small or incremental moves on particular problems rather than through a comprehensive reform program. It is also endless; it takes the form of an indefinite sequence of policy moves. . . . In any case, it is policy-making that chooses those goals that draw policies forward in the light of what recent policy steps have shown to be probably realizable; the utopian goal, chosen for its attractiveness without thought of its feasibility, is not a heavy influence on this kind of policy-making. In the frequency with which past moves are found wanting and new moves debated, it reveals both man's limited capacities to understand and solve complex problems and an unsettled, shifting compromise of conflicting values.<sup>29</sup>

Lindblom's "incrementalism" is a sharp contrast to ideal rationality. It emphasizes "man's limited capacities" rather than man's ability to achieve ideal solutions. It is more a withdrawal from models of planning than a guide for decision-making. It is, as Lindblom suggests, at the opposite end of a spectrum that extends to comprehensiveness in planning.

---

<sup>28</sup>Lindblom, op. cit., p. 81.

<sup>29</sup>Braybrooke and Lindblom, op. cit., p. 71.

The rational ideal and incrementalism represent extremes of rationality and practicality in planning. One approach claims comprehensiveness, the other realism, but neither is a satisfactory prototype for planning that combines systematic problem-solving methods with feasibility. Planner William Petersen captured what is perhaps the most useful function the two extremes have served when he stated that "those who have been working for the past dozen years in reaction against the two earlier traditions have provided enough to start one thinking on how these several strands can be brought together."<sup>30</sup>

The Rediscovery of the Planning Process:  
Recent Explanative Attempts

Actually, the roots of a basis for adjusting the rational ideal to administrative reality and thus providing an improved conceptual framework for the study and effectuation of planning predate Petersen's observation. Recent studies have emphasized decision-making aspects of planning; planners have been conceptualized as "actors" in a decision-making "environment" and methods of increasing the amount and quality of data available for improved (although not necessarily ideal) policies have been stressed. Thus, it is in the decision-making literature of the 1940's and 1950's that a foundation for a middle-range approach to planning is to be found.

The Decision-making Contribution to  
Recent Planning Analysis

Although "decision-making" is a broad term that is applicable

---

<sup>30</sup>Peterson, op. cit., p. 81.

to a large body of literature encompassing all of the social sciences, the contribution of decision-making studies to the study and effectuation of planning may be illustrated by several key references. Specifically, contributions of Chester Barnard, Herbert A. Simon, Harold Lasswell, and Richard Snyder that focused on the environment and determinants of public decision-making provided a foundation for similar inquiries into the planning process.

Chester Barnard, in his work The Functions of the Executive, introduced a number of concepts that helped to shape the decision-making influence under analysis here. Barnard emphasized the "environment of decision," "purpose," and "strategic factors" as key personal and organizational determinants of decision.<sup>31</sup> Of significance for this analysis is the realization that Barnard was among the first to propose that key conditions and components of actual decision-making processes might be isolated and interpreted. It is noteworthy, for example, that students of decision-making after Barnard acknowledged his influence and expanded upon his generalizations.

Herbert A. Simon, in his Administrative Behavior, illustrates the further extension of inquiry into the decision-making process along lines suggested by Barnard. Simon's important contribution is his

---

<sup>31</sup>Chapter XIII of The Functions of the Executive is entitled "The Environment of Decision." In this chapter, Barnard is concerned with environment in the sense of conditions, circumstances, and influences of and upon decisions. "Purpose" is part of the environment of decision and is "a basis for discrimination, for picking out this and that as pertinent, relevant, interesting." "Strategic factors," introduced in Chapter XIV, are individual and organizational limiting factors in relation to decisions. Chester Barnard, The Functions of the Executive (Cambridge: Harvard University Press, 1947), chaps. xiii-xiv.

treatment of the limits of rationality within the environment of decision-making. Simon focuses on the primacy of choice. On one hand, organizational factors including time, knowledge, and values are suggested as determinants of choice. On the other hand, psychological factors are introduced:

The pattern of human choice is often more nearly a stimulus-response pattern than a choice among alternatives. Human rationality operates, then, within the limits of a psychological environment. This environment imposes on the individual as "givens" a selection of factors upon which he must base his decision. However, the stimuli of decision can themselves be controlled so as to serve broader ends, and a sequence of individual decisions can be integrated into a well conceived plan.<sup>32</sup>

Thus, although Simon discounts ideal rationality in decision-making, and although in his concept of "administrative man's" propensity to "satisfice" he is suggestive of incrementalism, nevertheless, Simon does offer the possibility that organizational and individual features might be understood to the extent that an improved decision-making would result.<sup>33</sup>

The final examples illustrative of the decision-making foundation for alternative concepts of the planning process share a concern for improving methods of explaining organizational and psychological facets of decision processes. Harold Lasswell and Richard Snyder both advocate the systematic study of three primary determinants of decisions. For Lasswell, the key components are "arenas," "participants," and "preferred events or values"; for Snyder, the "crucial structures" are "situation,"

---

<sup>32</sup>Herbert A. Simon, Administrative Behavior, Free Press Paperback (2nd ed.; New York: The Free Press, 1965), pp. 108-109.

<sup>33</sup>Simon's explanation of "satisficing" may be found in his "Introduction to the Second Edition" of Administrative Behavior, pp. xxiv-xxv.



"actors," and "standards of acceptability."<sup>34</sup>

For both Lasswell and Snyder, these determinants must be related to the key element of decision: choice. The environment of decision for both men is shaped by institutional features (availability of information, tactics, precedent, degree of crisis, discretion given to decision-makers, etc.) and by the wider social setting (culture, public opinion, widespread beliefs and values, etc.). Both men are concerned with the impact of personal characteristics of decision-makers--in part, skill, reasons for participation, and expectations. Finally, individual preferences or values (including the intensity of feeling and conflict over goals) concern both men. Although it is difficult to present the full range of the Lasswell-Snyder approach in capsule form, it is accurate to say that both men attempt to list specific sources of organizational and individual influences upon choice. Implicit is the belief that, although man does not act in an ideal rational fashion, his actual basis for acting may be discerned to a degree through careful analysis, and the resulting insight into behavior may be utilized in decision-making processes.<sup>35</sup>

#### Determinants of "Middle-range" Planning

In the decision-making discussions summarized above, a steady

---

<sup>34</sup>Harold D. Lasswell, "Current Studies of the Decision Process: Automation versus Creativity," The Western Political Quarterly, VII (September, 1955), 381-399; Richard C. Snyder, "A Decision-making Approach to the Study of Political Phenomena," in Approaches to the Study of Politics, ed. by Roland Young (Evanston, Ill.: Northwestern University Press, 1958), pp. 3-38.

<sup>35</sup>Ibid.

progression toward a broader treatment of the "decision-making environment" is to be noted. Specifically, in the Lasswell-Snyder approach, the aim is to direct analysis to variables or determinants such as individual traits, value preferences, and, of course, organizational and other environmental factors. It is significant that these same variables have been designated by recent observers as the crucial determinants of comprehensiveness and practicality in planning. These recent discussions may be interpreted to imply that if planning is to strike a balance between ideal rationality and political and administrative expediency, then it must be as a result of an increased cognizance of the determinants of planning decisions.

A 1959 discussion by Robert A. Dahl may be cited to introduce the shift to decision-making conceptions of planning:

Like politics, planning has to do, inescapably, with decisions. . . . Planning might be loosely defined as any deliberate effort to increase the proportion of goals attained by increasing awareness and understanding of the factors involved in making the choices that are a part of any decision.<sup>36</sup>

Elsewhere in the same article, Dahl is explicit in linking decisions to "human actors" (whether individuals or in a group) and, in turn, linking "actors" to "value preferences."<sup>37</sup>

Decision-making approaches such as Dahl's, once applied to discussions of public planning, added sophistication to conceptual frameworks for planning analysis. A rediscovery of the planning process is to be found in a number of planning "theories" that originated

---

<sup>36</sup>Robert A. Dahl, "The Politics of Planning," International Social Science Journal, XI, No. 3 (1959), 340.

<sup>37</sup>Ibid., pp. 341-342. Dahl acknowledges Simon as an influence on his thoughts.



in the 1960's and utilized decision-making variables to identify crucial steps in planning.

In "A Theory of Two Functions in Planning," Edmund A. Smith conceptualized two basic purposes of planning and stressed the significance of decisions related to the two functions. Smith's two functions are suggestive of, in the first instance, rationality and, in the second instance, practicality:

The task-oriented, deformatizing function seeks the divesting of biases arising from social structure, biases of the specialist, biases of the profession, and biases of bureaucratic position or status. It seeks this through concentration upon the specific task, through unrelenting evaluation of the planner's behavior by reference to the task, and by bringing the behaviors of the various specializations into direct interaction so that mutual hostilities can be expressed and mutual adjustments made.<sup>38</sup>

The structure-oriented, reformatizing function seeks to fit the rational solution of the planning problem (as it appears from the reality of the action-demand) to the structure of the administrative units and professions involved.<sup>39</sup>

Smith suggests the suitability of the task force approach as a method of adjusting the value and personality conflicts inherent in planning and as a means of increasing the quality of ideas and information.<sup>40</sup>

It is significant that, as values gained recognition as an element of decision-making, efforts increased to give a more precise meaning to both the term and its use in conceptualizing decision-making. Philip Jacob and James Flink defined "values" in their May, 1962, discussion as "normative standards by which human beings are influenced in their

---

<sup>38</sup>Edmund A. Smith, "A Theory of Two Functions in Planning," in Public Policy, ed. by Carl J. Friedrich and Seymour E. Harris (Cambridge: Graduate School of Public Administration, Harvard University, 1960), pp. 197-198.

<sup>39</sup>Ibid., p. 201.

<sup>40</sup>Ibid., p. 204.

choice among the alternative courses of action which they perceive."<sup>41</sup> Jacob and Flink emphasized the close relationship between values and the roles individuals fulfill or desire. Thus, in decision-making analysis, it was their conclusion that roles and interests (or in Smith's words, biases) determine preferences among alternatives, and that these should be identified.<sup>42</sup>

In a similar vein, Planners Davidoff and Reiner, also writing in May, 1962, emphasized the need to identify values in planning:

Values are inescapable elements of any rational decision-making process, or any exercise of choice. Since choice permeates the whole planning sequence, a clear notion of the ways in which choices are made, and of the ends pursued, must lie at the heart of the planner's task.<sup>43</sup>

The Davidoff-Reiner "choice theory" did not intend to present a law of the way planning has, does, or will operate"; it did intend--and succeed in offering--a cogent argument that understanding of key determinants of choice in the planning process will contribute to greater rationality in planning.<sup>44</sup>

A similar view is presented by Yehezkel Dror (1963), Neil W. Chamberlain (1965), and Robert Morris and Robert Binstock (1966) in their recent discussions of planning. Dror's "facet design" represents

---

<sup>41</sup>Philip E. Jacob and James J. Flink, "Values and Their Function in Decision-making," The American Behavioral Scientist, V, supplement (May, 1962), 10.

<sup>42</sup>Ibid., pp. 31-33.

<sup>43</sup>Paul Davidoff and Thomas Reiner, "A Choice Theory of Planning," Journal of the American Institute of Planners, XXVIII (May, 1962), 103.

<sup>44</sup>See John Dakin, "An Evaluation of the 'Choice' Theory of Planning," ibid., XXIX (February, 1963), 19-27; and for the statement quoted above, see Davidoff and Reiner, "A Reply to Dakin," which follows directly.

in his words an attempt "to identify the main factors and variables composing the planning process and shaping it."<sup>45</sup> Dror emphasizes four primary facets which, in turn, are composed of secondary facets: (1) the general environment of the planning process; (2) the subject matter of the planning process; (3) the planning unit; and (4) the form of the plan arrived at. Dror's facet approach lists twenty-four secondary facets overall; each facet may be viewed as a question about the planning process. The approach may be favorably compared to Lasswell's twenty questions for indicating pertinent data in studies of decision-making.<sup>46</sup>

Chamberlain's analysis is somewhat prescriptive in tone; what he prescribes, however, is the need for coordination in the planning process of both techniques and people. His concept of resolution of problems in the planning process through an "internal bargaining process" and value-related "inducements" is clearly yet another example of concern for the realistic appraisal of the dynamics of planning.<sup>47</sup>

The final study to be mentioned here as an example of the extension of planning analysis to variables or determinants of planning decisions is also the most extensive of those examined. Planner Robert Morris and Political Scientist Robert Binstock are clearly concerned with the environment of planning, the dynamics of personality and leadership in planning, and the impact of value preferences. In contrast to

---

<sup>45</sup>Yehezkel Dror, "The Planning Process: A Facet Design," International Review of Administrative Sciences, XXIX (1963), 47.

<sup>46</sup>Ibid.; see Lasswell, "Current Studies of the Decision Process."

<sup>47</sup>Neil W. Chamberlain, Private and Public Planning (New York: McGraw-Hill, Inc., 1965), pp. 7-8

the other studies, however, the Morris-Binstock analysis also includes observations on several planning case studies. It is a well-balanced treatment of conceptual and empirical observations.<sup>48</sup>

Morris and Binstock offer a two-pronged attack upon the problem of rationality and practicality in planning. On one hand, they urge identification of the influence possessed by "the planner" and an estimate of the "organizational resistance" that the planner must overcome if goals are to be achieved. This process is described as determining "feasibility." On the other hand, they urge development of "tools" to be used by the planner for increasing "resources" and thus enhancing his position as an authoritative source of what should be done. The essence of successful planning, in their analysis, is the ability to "match resources" to "open pathways." They indicate that planning will usually require many compromises and adjustments by "the planner" and "organizations."<sup>49</sup>

#### Tension Areas in Contemporary Planning Theory

Overall, the discussions outlined above avoid simplified listings of planned components, emphasizing instead the adjustment of planning strategies to the environment of planning. However, these approaches to planning are not to be confused with the incremental model discussed earlier. In the above examples, adjustments or strategies are suggested

---

<sup>48</sup>Morris and Binstock, Feasible Planning for Social Change, op. cit.

<sup>49</sup>Ibid., pp. 30-31, 118-127. See Harold L. Wilensky, Organizational Intelligence (New York: Basic Books, 1967), chap. iv, for a similar view.



as steps toward comprehensive planning rather than toward political or administrative expediency. For this reason, some of the basic characteristics of the type of planning suggested by the above discussions may be outlined as a "middle-range" approach to planning.

The following seem particularly significant as characteristics of middle-range approaches to planning:

1. Value conflict is recognized as inevitable. The aim of the planner or administrator is to mitigate its detrimental influence on the formulation and evaluation of objectives by using and devising methods of clarifying objections, and converting them to alternatives that may be weighed.
2. Techniques and devices are used to overcome to some degree the problems of data accumulation. The fact that data have not been assembled in useable form is not acceptable as justification for proceeding without such data.
3. The "middle-range" approach strives to be objective in formulating feasible alternatives. Formal resources for planning are at least sufficient to allow some in-depth analysis as outlined above, but proposals are also subjected to criteria of feasibility.
4. The end result of the "middle-range" approach is a series of recommendations that are felt to be as comprehensive as possible (by the planners). The recommendations are not necessarily "a plan," but rather, upon legislative or administrative action, they may become the basis of future programs and policies.

In short, aspects of both the rational and "muddling-through" models are appreciated in the "middle-range" of planning. Yet,



significant differences from the two extremes are present. It is because middle-range planning theory does seek to resolve basic planning dilemmas of who should plan, to what extent to attempt rigorous planning, and how one should justify alternatives emphasized or ignored in planning, that the theory is fraught with tension.

Tension is used here in both an interpersonal sense, that is planning decisions on which planning participants are likely to disagree, and in a goal achievement sense, that is planning factors which redirect or modify middle-range planning toward rational or incremental approaches. In short, all planning is a give and take process. However, some elements of the middle-range planning process should be thought of as particularly subject to stress and strain. What, then, are some of the major tension areas within contemporary planning in the United States? How can the myriad examples of planning and studies of planning of recent years be distilled to identify points of stress within the practice of middle-range planning?

#### Who is to Plan?--Citizen Participation in Planning

The legacy of the 1930's is still with us today in the issue of "democratic planning." This issue cross-cuts all forms of planning. It is not usually posed in the defensive fashion of the New Deal where democratic planning was defended in the face of authoritarian central planning. Rather, citizen participation is an accepted practice in American public administration today, a feature that one expects to encounter in nearly all facets of legislative and administrative processes. Tension areas are found in debate over citizen power or

control, as opposed to citizen consultation, and in the many conflicting viewpoints of to whom we are referring when we speak of "citizen" participation.

Sherry R. Arnstein has conceptualized different levels of citizen participation as a ladder on which the bottom rungs represent "manipulation" and "therapy," that is involving people so they can be changed through education or treatment, and the top rungs represent citizen control or actual decision authority.<sup>50</sup> Definitions of citizen participation will necessarily vary from study to study. The Arnstein approach is valuable for it offers, no matter how one chooses to identify the ladder rungs, the realization that we must be alert to the components and intended purpose of citizen participation.

Studies of community organization have made significant contributions showing the importance of identifying varying concepts and applications of citizen participation. Peter Marris and Martin Rein examined the experience of the Ford Foundation's sponsorship of experimental community action programs in the early and mid 1960's, and offered these observations:

Community organization could, then, be interpreted with a very different emphasis, according to the standpoint of the organizer. It could be used to encourage the residents of a neighbourhood to come to terms with the demands of a wider society, or conversely to force the institutions of that society to adapt more sympathetically to the special needs of a neighbourhood. Or it could be seen rather as a form of therapy, to treat apathy and social disintegration. And it might take an individual bias--promoting the social mobility of potential leaders, championing cases of personal injustice--or a communal bias more concerned with the

---

<sup>50</sup>Sherry R. Arnstein, "A Ladder of Citizen Participation," Journal of the American Institute of Planners, XXXV (July, 1969), 216-224.

neighbourhood as a mutually supportive community.<sup>51</sup>

Citizen participation could easily be substituted for community organization in the passage above. What is implicit in the Marris and Rein analysis is that community organization experiments addressed modes of participation as targets for change. Their analysis highlights the dilemma faced by community organizers of cherishing both increased direct citizen power and control, and achieving progress in services and administrative reform. This dichotomy continues to be a problem area for planning theory. Case illustrations of Marris and Rein suggest the inherent difficulties in reconciling broad based participation strategies and what seem to be omnipresent professionally dominated administrative structures.<sup>52</sup>

For some students of planning and citizen participation, a major problem is seen in an administrative structure which has adapted all too well to ideals of participation. Charles A. Reich has criticized the conscious balancing of competing views to the detriment of forceful leadership and significant change:

The whole concept of "the good" as representing a compromise of interests is thus at variance with planning. Fashioning values and goals out of existing interests prevents any real long range policy making with satisfying the majority or the most powerful interests although the country might benefit more from policies which favor weaker or minority interests, or interests not yet in existence. . . . All too often choice becomes a compromise among powerful private interests in which more general but less immediate interests are neglected. In short, the most fundamental

---

<sup>51</sup>Peter Marris and Martin Rein, Dilemmas of Social Reform (New York: Atherton Press, 1967), p. 169.

<sup>52</sup>Ibid., p. 227, and passim. See also, Daniel P. Moynihan, Maximum Feasible Misunderstanding (New York: The Free Press, 1969). See also the Special Issue of the Public Administration Review, XXXII (October, 1972) on "Curriculum Essays on Citizens, Politics, and Administration in Urban Neighborhoods," with particular note for the essays by Schmandt, Cunningham, Hart, Herbert, and Rein.

infirmity of the present concept of the public interest as a guide for planning is that it defeats planning by responding only to immediate pressures.<sup>53</sup>

There can be little doubt that this is a major, if not the major, tension area in democratic planning theory. How may a variety of interests be represented in the planning process, yet safeguards maintained to prevent premature foreclosure of the scope of planning?

Theodore J. Lowi has emerged as perhaps the leading proponent of the view expressed above by Charles Reich. Lowi, a political scientist, has attempted to explain how issues of "who should plan" have become more important than, and determinants of, "what to plan." No longer Lowi argues, are we primarily concerned with questions of what impact we wish public policy to have, or methods of evaluating one policy alternative over another. Instead, Lowi observes:

Out of the emerging crisis in public authority has developed an ersatz political formula that bears no relation to those questions. The guidance it offers to policy formulation is a set of sentiments that elevate a particular view of the political process above everything else. The ends of government and the justification of one policy or procedure over another are not to be discussed, according to the new view. The process of formulation is justification in itself.<sup>54</sup>

Lowi goes on to say that the "political formula" he describes is "interest-group liberalism." In his view, interest-group liberalism elevates the concept of group involvement in the political and administrative process to an end in itself. When the proponent of interest-group liberalism answers the question of "who should participate" in planning, he does so by calling upon organized groups which he sees as

---

<sup>53</sup>Reich, op. cit., p. 1239.

<sup>54</sup>Theodore J. Lowi, The End of Liberalism: Ideology, Policy, and the Crisis of Public Authority (New York: W. W. Norton & Company, Inc., 1969), p. 70.



adequately filling the political spectrum.<sup>55</sup>

Lowi provides a useful perspective in the analysis of citizen participation and planning, for he forces one to examine and seek the basis for group participation in decision-making. His orientation is that group-based representation is likely to ignore or underrepresent viewpoints which are not well organized or which do not have access to the decision process. He identifies group representation as a potential tension area in planning, both for its demands on decision-makers who must organize the plan of representation, and for its challenge to complexities of rational planning which are poorly adapted to group process.

Lowi's observations provide further support for the premise that recognition and mitigation of value conflict is a primary function of citizen participation in planning. If the task force approach is indeed to be justified for its ability to "divest biases" of experts, then, based on Lowi's warnings, care must also be taken to avoid in group approaches such as task forces the "balancing" or interest-group liberalism approach because of its likely effect of reducing the "structure-oriented, reformalizing function" of the planning process.<sup>56</sup>

There can be no conclusive observations on the one best way to resolve this problem. It is a tension area which requires examination on many levels. The issues of citizen participation are a part of the wider issue of who is to plan. Yet, the seeming inevitability of citizen

---

<sup>55</sup>Ibid., pp. 71-72.

<sup>56</sup>Smith, op. cit., pp. 197-198.

participation in middle-range planning assures that the issue of value conflict will be openly or latently present.

If, as Frederick C. Mosher has argued, we live in the "professional state," and professionals dominate many government agencies, then it becomes even more important for recognition to be given to conflict or potential conflict between professionals and citizen participants in planning. Mosher's broad definition of a "profession" includes "(1) a reasonably clear-cut occupational field, (2) which ordinarily requires higher education at least through the bachelor's level, and (3) which offers a lifetime career to its members."<sup>57</sup> He sees professionals as striving to elevate their stature and position as a profession, often by exercising tight control over entrance standards, and by expanding the boundaries for practice of the profession. Mosher also sees professionals as vitally concerned with the work substance of their field, placing emphasis on gradations in its practice, and distinguishing the practice of the profession from other work or from work of a non-professional nature in the same field. Given the widespread dispersion of professionals in government, one can appreciate the potential for tension between "professionals" and other planning participants.<sup>58</sup>

It may be that, as a step toward value clarification and objectivity in planning, students and practitioners of planning should be encouraged to strive for introspective analysis of beliefs and values brought to planning, and how these may be openly addressed in the

---

<sup>57</sup>Frederick C. Mosher, Democracy and the Public Service (New York: Oxford University Press, 1968), pp. 99-133, 106.

<sup>58</sup>Ibid.

planning process. In social research, a valid question to ask is the degree to which an investigator is influenced by preexisting beliefs or assumptions which shape research design, description, conclusions, and evaluation. William Connolly has argued:

The investigator comes to political inquiry predisposed to describe and explain the environment in certain ways; he is equipped with an incipient interpretation which appears plausible to him and which tends to receive the support of those reference groups to which he is linked by ties of origin, conceptual organization, beliefs, and values.<sup>59</sup>

While the above discussion was framed for use in social research, the procedure has applicability for identifying processes which lead to planning social decisions. The approach is significant for investigating middle-range planning, for while a social science treatise produced in an academic setting will in all likelihood conform to a recognizable research format which may be subjected to analysis by critics, planning guidelines of national scope may emphatically assert highly questionable social research without qualification or disclaimer. Professionals, as identified above by Mosher, may reenforce such ideas. It is only by careful examination of the forces who participate in planning that conclusions can be offered on middle-range planning's creditability.<sup>60</sup>

---

<sup>59</sup>William E. Connolly, Political Science and Ideology (New York: Atherton Press, 1967), p. 48. Connolly drew upon the work of Karl Mannheim and Karl Marx in presenting a detailed discussion of the arguments that are summarized here. Connolly recognizes that conceptual selectivity occurs at various levels or recognition. A high level of selectivity consciousness would strive for precision and specify rigid criteria for the use of language. A second level might attempt to develop such criteria, but fail in explicitly presenting guidance for their application or for adjudicating disputes. At a third, base level, one might be significantly influenced by concepts or perceptions which one would not explicitly recognize. Connolly notes that a basic problem of political analysis is the predominance of many key concepts at the second level of awareness (p. 108).

<sup>60</sup>See Daniel P. Moynihan, op. cit., especially Chapter Eight,

### How to Plan: The Issue of Rigorous Planning

A second major tension area in middle-range planning centers about the techniques and devices--the methodological approach--of the planning process. Problems may arise from a number of different junctures. Will the planning over-emphasize information demands, tasks beyond the time and expertise available, and hence set a standard of rationality that cannot be achieved? Or will the planning theory deemphasize methodology and its execution, tending toward the incremental? Will a middle-range approach be attempted through a measured planning process that extends from one bureaucratic or governmental level to another, with internal organizational reporting and evaluation? Will a recognized conceptual approach be used, such as the "Program Evaluation and Review Technique" (PERT), the "Planning-Programming-Budgeting System" (PPB), or "Management By Objective" (MBO)?

Issues of methodology should not be thought of as insignificant planning issues. For a bureaucratic organization, the extensive examination of program practices and potential alternatives may represent a major threat to program discretion. Observers have noted that organizations will risk specific statements of desired results only reluctantly, for fear of stimulating conflict damaging to their primary goals or destructive to the organization. This has been a budgetary

---

"Social Science and Social Policy," for a warning against premature acceptance of new theories or ideas as a basis for comprehensive planning or programs. Moynihan's analysis of the anti-poverty action programs, while addressing citizen participation per se, is more directly applicable to the observations above on the tension in planning surrounding the issue of who should plan and value conflict. For a detailed discussion on this tension area, see Joseph P. Fitzpatrick's review essay on Moynihan's book, "Poverty, Politics, and Social Studies," America, May 10, 1969, pp. 558-561.



strategy utilized by many agencies, and is equally applicable to planning.<sup>61</sup>

If planning is to involve more than one organization, or several levels of one large organization, the necessity of transmitting instructions for planning methods is introduced. This can easily be a potential trouble-spot in planning. Conflict may occur between organizational levels, or as a result of misinterpretation in the transmittal process.<sup>62</sup> An area worthy of examination when planning methods are examined is the actual planning agency commitment to planning techniques or approaches promoted from above. This can be determined in part from staff assignments, qualifications of staff, organizational allocation of the planning unit, and similar variables.<sup>63</sup> Similarly, one can examine training of planning staff in the desired planning methodology, and the availability of quality instructions, case materials, outlines, technical assistance, and reporting requirements.

Finally, one can posit the potential tension in evaluation of the planning methods chosen and the results achieved. Louis A. Ferman has captured the essence of evaluation:

The primary interest in evaluation is not to arrive at certain findings, as in pure sciences, but rather to make judgments about the value of a technique, process, or activity. The end-product of an evaluation is a series of statements about the desirability and worth-whileness of a program activity, specifying the criteria

---

<sup>61</sup>Aaron Wildavsky, The Politics of the Budgetary Process (Boston: Little, Brown and Co., 1964), passim.

<sup>62</sup>Wilensky, op. cit., Chapter IV.

<sup>63</sup>An analysis of PPBS in the Johnson Administration used this approach. See Edwin Harper, Fred A. Kramer, and Andrew M. Rouse, "Implementation and Use of PPB in Sixteen Federal Agencies," Public Administration Review, XXIX (November/December, 1969), 623-632.

which formed the basis on which this judgment was made and the operational steps that should logically follow.<sup>64</sup>

Evaluation cannot be isolated from political realities. It should be presented as an integral part of the planning process, but it must recognize the tension which lies near to the surface when organizational responsibilities are studied. Some would argue that this facet of evaluation has not been sufficiently recognized by evaluators in the past:

Evaluators in the past have been too willing to accept neat, over-simplified decision-making models in designing their evaluations. It is here that the decision-makers' and program managers' criticism of current evaluation is most relevant. Evaluators have always recognized the need to understand the programs being evaluated. Rarely, if ever, have they perceived the need to understand the decision-making process and the constraints on options open to the program managers for whom the study is being designed.<sup>65</sup>

#### What to Plan: Issue Definition for Planning

A third tension area in public planning concerns the delineation of the scope of planning. It has already been noted that citizen participation is likely to be a tension area in planning, and that issues in that area are likely to center on control over planning decisions. Likewise, methodology will to some extent determine what is examined in the planning process. Nevertheless, the identification of what specific, topical areas will be studied, and what alternative approaches will be evaluated, is an important facet of planning activity.

---

<sup>64</sup>Louis A. Ferman, "Some Perspectives on Evaluating Social Welfare Programs," The Annals, CCCLXXXV (September, 1969), 153.

<sup>65</sup>Garth N. Buchanan and Joseph S. Wholey, "Federal Level Evaluation," Evaluation, I (Number 1, Fall, 1972), 22.

Moreover, major determinants of what is to be included in planning activities reside outside the control of planners. Discretion often lies in supervisory public officials or in the mandate of law. As John Dakin has noted, " . . . the planner is frequently not the person who makes the choice to plan or not to plan."<sup>66</sup>

That the locus of decision-making on what should be considered in planning may vary, even among planning activities in the same field, and may be beyond the control of planners, is not reason to remove this concern from a review of tension areas in middle-range planning. Rather, this distribution of responsibility for determining the actual focus of planning suggests the complexity of the task facing the would-be analyst of the content of planning guidelines or "plans for planning." At a minimum, the analytical task includes identification of the factors setting planning in motion. These include: (1) laws establishing authority for planning; (2) regulations derived from the law; (3) action steps implementing planning, and, (4) guidelines or standards of expectation. An extended treatment might well delve deeper into the elements leading to and shaping the law, thereby setting in motion the chain of events ultimately reflected in delineation of what should and what should not be emphasized or ignored in planning.

The above confirms the importance of examining "choices" made in the planning process concerning the ultimate ends of planning and criteria to be applied in evaluating attainment of planning purposes.<sup>67</sup>

---

<sup>66</sup>Dakin, "An Evaluation of the 'Choice' Theory of Planning," op. cit., p. 21.

<sup>67</sup>Davidoff and Reiner, op. cit., p. 103.

In particular, analysis of "choices" of what to plan should extend to all major determinants of the planning process. As many determinants of what is to be planned are found in the earliest stages of the genesis of planning and persist to direct or constrain the planner, it is in the earliest stages that analysis must begin. This observation is applicable to all tension areas in planning, but is particularly appropriate for examination of guidelines on planning substance.

In planning one encounters pressures of special claims of expertise or position expressed by planners, citizens, and interest groups. If the planning mandate is silent or vague on basic ingredients of what alternative ends and criteria to stress, one can posit that the decision will be passed on to the various elements who are contesting with one another in the planning process. This chain of events can set the stage for the interest group liberalism environment noted by Lowi and Reich. The processes cannot easily be simulated or identified for they vary from planning location to location as well as overtime in any planning venture. All in all, however, exploration of these tensions in determining what should be planned is a worthy task.

### Summary

In this chapter, it has been shown that planning has evolved in many directions over an extended period in the United States. Since the New Deal, planning has encompassed numerous methods, disciplines, and subject areas at all levels in the public sector. The study of planning has kept pace with these developments, with increasing utilization of conceptual constructs such as the rational and incremental planning models.



It was noted, however, that the concepts of rational and incremental planning, while useful for illustrating planning extremes, were not easily utilized to shape or explain the dynamics of planning. Recent explanative attempts in planning theory which focus on decision-making aspects of the planning process do offer a "middle-range" planning approach, however.

A characteristic of decision-oriented or "middle-range" planning is its focus on identifying "trouble-spots" or "tension-areas" in the planning process. Tension areas are organizational considerations which tend to dominate and shape both planning auspices and substance. Three principal tension areas identified were: (1) Who is to Plan?--Citizen Participation in Planning; (2) How to Plan--The Issue of Rigorous Planning; and, (3) What to Plan--Issue Definition for Planning.

In the remainder of this study, the statewide planning approach as it emerged in four health-related programs in the early 1960's will be examined. Action-implications of SWP will be reviewed, with emphasis placed on identification of the extent to which the tension areas introduced above as characteristic of middle-range planning were associated with the national implementation of statewide planning.

## C H A P T E R   I I

## HEALTH-RELATED STATEWIDE PLANNING: ORIGINS AND COMPONENTS

A number of common demoninators form the rationale for the selection of the four health-related statewide planning (SWP) efforts examined in this study. Examined individually, any one of the four areas would offer many significant topics for conceptual interpretation. It is because a pattern can be discerned, however, because cross-fertilization of programs and policy did occur, that a rationale exists for focusing upon SWP efforts in mental health, mental retardation, vocational rehabilitation, and comprehensive health planning. It is in the time period under consideration, in the levels and agencies of government, in the rhetoric of planning guidelines, in the "populations-at-risk" and "target conditions," in the sociopolitical nature of the organizational systems and sub-systems involved, and in some common basic assumptions about "good" public administration that the common denominators exist which determined the focus of this investigation. It is because the delivery of health services, particularly services to handicapped persons, is a major and rapidly growing area of public investment and debate, and a highly professionalized, "intellectualized" segment of contemporary American society, that conceptual and operational analysis of the planning of these services is warranted.

The aim is to emphasize the conceptual constancy of health-related SWP, show how significant aspects of this homogeneity are missing in other human resource planning activities of the same period, and set

the scene for analysis later in the study of questions of why particular concepts were emphasized and with what results.

The chapter is organized into three sub-groupings. First, changes in planning theory and practice that evolved between the mid 1950's and the mid 1960's are reviewed. This discussion is followed by a review of the steps which led to enactment of legislation authorizing federal grants to the states for health-related statewide planning. The chapter concludes with a summary of what can be gained from systematic analysis of the SWP approach.

#### A Transitional Decade in Planning

The decade extending from the mid 1950's to the mid 1960's was the formative period for the health-related SWP approach. During this period, social scientists and others refined concepts and methods of public planning. Also during this period governmental planning experimented with emerging planning approaches. Planning became a catchword for study commissions, conferences, legislative commissions, and similar task-oriented units. Statewide planning in mental health emerged in 1962 as a part of these calls for new applications of planning. Thus, this study will turn first to this transitional decade in planning.

#### Advances in Federal-State Planning

The planning theories and techniques surveyed in Chapter One indicated increased interest in planning in many settings. Of particular concern to this analysis, however, is the interest that evolved between

the mid 1950's and the mid 1960's in the planning capability of state governments. It appears that no single agency, committee, council, commission, or similar unit can be credited with having provided overall leadership directed to improving the quality of planning at the state level. Yet, the combined effect of numerous reports, laws, and directives was increased attention to this topic. The emergence of statewide planning for the handicapped in the early 1960's, and comprehensive health planning in the mid 1960's, represents a small but significant part of this broad change in American intergovernmental relations.

There is considerable evidence to suggest that incrementalism or "muddling through" was the prevailing mode of policy-making at the state level in the mid 1950's. Planning, either in the comprehensive sense of forming explicit goals and objectives and assembling data to facilitate weighing alternatives among all programs, or in the narrower sense of establishing objectives and priorities within functional areas (such as mental health), was virtually non-existent. Where planning was used in reference to a state program, the topic was likely to be public works or conservation of natural resources--in the tradition of state planning of the 1930's.<sup>1</sup>

---

<sup>1</sup>Council of State Governments, State Planning and Federal Grants, pp. 12-24. An extended discussion of this point would be an unwarranted digression. For additional insight into the environment of state planning, specifically constraints on gubernatorial leadership in policy formulation and implementation, see Joseph A. Schlesinger, "The Politics of the Executive," in Herbert Jacob and Kenneth N. Vines, Politics in the American States, pp. 207-237. While planning in health-related areas will be discussed later in this study, an overview which draws upon the administrative management theories of the early 1950's in evaluating state mental health services is to be found in Raymond G. Fuller's "A Study of Administration of State Psychiatric Services," Mental Hygiene, XXXVIII (No. 2, April, 1954), 177-235.



A dominant concern in the 1950's was the interrelation of federal, state, and local governments, particularly through functional grant-in-aid programs. These programs did not stress process planning, however, in the sense outlined above. Rather, major intergovernmental issues turned upon questions such as "justifying federal aid," "federal control," and "equalization and apportionment of funds."<sup>2</sup> Between 1951 and 1954, for example, proposed substantial revisions in the vocational rehabilitation grant-in-aid mechanism apparently bogged down over the administration's and congress' reluctance to expand a program suggestive of "socialized medicine" and over conflicts on the equalization formula for distribution of funds to the states.<sup>3</sup>

The rehabilitation program also illustrates a second aspect of the predominant pattern in health and welfare programs of the period: requiring a "state plan" specifying details of state compliance with federal grant-in-aid controls. State plans were an administrative control device, however, and although they have been confused with decision-oriented planning, their requirements were quite non-projective, unrelated to program priorities, and not really a means of forecasting and preparing to cope with future conditions.<sup>4</sup>

---

<sup>2</sup>See the Final Report of the Commission on Intergovernmental Relations (The Kestnbaum Commission), 84th Cong., 1st sess., House Document No. 198, 1955. The Commission's report did not touch upon any aspects of planning, but did examine at length arguments and specific issues devolving from the above quoted questions of function and control.

<sup>3</sup>Mary E. Switzer, "Legislative Considerations," Chapter Three in David Malikin and David Rusalem, Vocational Rehabilitation of the Disabled: An Overview, (New York: New York University Press, 1969), pp. 45-51. Miss Switzer was Director of the Office of Vocational Rehabilitation at that time.

<sup>4</sup>Observation based upon examination in the Region I Office of the

By the late 1950's, however, a concern with federal and state planning capability began to emerge. This concern may be reviewed in the proceedings and reports of such organizations as the American Institute of Planners, the Council of State Governments, and the Housing and Home Finance Agency (whose 701 Comprehensive Planning Grants were first extended to states in 1959).<sup>5</sup> Nelson A. Rockefeller's testimony before congress in 1967 provides an indication of the tenor of this period:

When I became Governor in 1959, it was apparent to me that a sound planning program required three specific elements of deliberate action.

First, we had to initiate improvements in the planning capacity of individual state departments and agencies.

Second, we had to establish a mechanism for coordinating functional planning among the departments and agencies.

Third, we had to relate the long-range planning of all government levels--local, state, and federal--to the external forces that act upon the state's social, economic, and physical environment.<sup>6</sup>

---

Rehabilitation Services Administration of the Approved State Plans for the Provision of Vocational Rehabilitation Services of the six New England States. A long-time federal administrator of rehabilitation services agreed with these observations, noting that many complex administrative issues often arose out of plan requirements, but that there was little "planning" associated with "state plans." See also State Planning and Federal Grants, pp. 25-31.

<sup>5</sup>For a general review and references, see John W. Dyckman, "State Development Planning: The California Case," Journal of the American Institute of Planners, XXX (May, 1964), 144-152. "701" grants were first authorized as "Urban Planning" grants under the Housing Act of 1954 (P.L. 560, 83rd Cong., 68 Stat. 590, 640, 40 U.S.C. 461). P.L. 90-448, approved August 1, 1968, 82 Stat. 476, 526 substituted "Comprehensive Planning" for "Urban Planning."

<sup>6</sup>U.S. Senate, Committee on Government Operations, Creative Federalism, Hearings before the Committee on Improving Intergovernmental Cooperation in the Management of Federal Assistance Programs, 90th Cong., 1st sess., January and February, 1967, Part 2-A, p. 551. See also the testimony and communications in Joint Hearings before the Subcommittees on Intergovernmental Relations of the Senate and House

The early 1960's reflected the three elements noted by Governor Rockefeller. In an outburst of study panel reports, legislative proposals, conferences, and addresses, national and state political leaders, interest groups, agencies, and students of planning all turned their attention to planning requirements and roles.<sup>7</sup> Charles I. Schottland, in a paper presented to the National Conference on Social Welfare in 1963, summarized the background of this planning explosion, and then went on to suggest that the burgeoning federal influence on state, local, and voluntary health mechanisms be examined in depth.<sup>8</sup>

By the mid 1960's, spurred on by the escalation of national concern for poverty and social equality of opportunity, and by the advent of new planning theories and techniques, Schottland's hope for analysis of new interorganizational patterns in planning was being fulfilled. In general discussions of Federalism, attention was paid to the dynamics of national goal setting and the mushrooming of mechanisms for planning and programming.<sup>9</sup> In congressional hearings, the distinction between "state plans" and "planning" became a topic for elaboration.<sup>10</sup> And specific studies of state

---

Committees on Government Operations, Five Year Record of the Advisory Committee on Intergovernmental Relations and its Future Role, 89th Cong., 1st sess., May, 1965.

<sup>7</sup>The events and groups related to the introduction of the statewide planning approach will be identified below.

<sup>8</sup>Charles I. Schottland, "Federal Planning for Health and Welfare," The Social Welfare Forum, 1963, (New York: The National Conference, by Columbia University Press, 1963).

<sup>9</sup>See, for example, Daniel P. Moynihan, "The Relationship of Federal to Local Authorities," Daedalus, XVIC (No. 3, 1967), 801-808.

<sup>10</sup>Senator Muskie (D., Maine) asked: "What is a State Plan, Sir, for hospitals, school aid, or welfare services? Is it a map of the state

and federal planning examined such topics as how planners conceived their roles, the dynamics of planning, the environment of planning, and the effectiveness of planners as agents of change.<sup>11</sup>

Escaping the attention of students of planning, however, were the federally sponsored planning projects which occurred in every state between 1963 and 1968 in mental health, mental retardation, and vocational rehabilitation. Although planning requirements were nearly identical for the projects in each of these areas, and although considerable overlap in organizational systems, goals, and objectives could easily be identified, and although each area involved thousands of citizens with nearly the fervor of a mass movement, these planning thrusts were not and have not been subjected to careful comparative analysis. When comprehensive health planning legislation was enacted in 1966, with similar SWP requirements, the potential for analysis expanded accordingly. Nevertheless, to date there have been few studies of the origins and components of this legislation. Overall, SWP in these health-related

---

showing each needed facility and the priority of the need or is it a description of projects to be funded in order of priority? Or is it broader than that?" U.S. Senate, Committee on Government Operations, Subcommittee on Intergovernmental Relations, Creative Federalism, Hearings, Part I, pp. 282-284. See also, U.S. Senate, Committee on Government Operations, Subcommittee on Intergovernmental Relations, Intergovernmental Cooperation Act of 1967 and Related Legislation, Hearings, May, 1968.

<sup>11</sup>See Thad L. Beyle et al, "New Directions in State Planning," Journal of the American Institute of Planners, XXXV (September, 1969), 334-339. At the Florence Heller Graduate School for Advanced Studies in Social Welfare, a course was introduced in 1969 on "Comprehensive Planning for the Handicapped" with its objective "to introduce the student to the realities of state planning with particular reference to the new approaches aiming at comprehensive statewide planning," (basis of conversation with Brandeis officials).



fields still remains a relatively untouched subject.<sup>12</sup>

### The Steps to Statewide Planning

Prior to the mid 1950's, little indication can be found of sustained interest or capability at any governmental level for comprehensive health-related planning.<sup>13</sup> Then, in a short period, a host of planning ventures emerged. Federal laws enacted between 1962 and 1966 set SWP in motion in mental health, mental retardation, vocational rehabilitation, and comprehensive health. The activities which helped to bring about this shift represent a significant topic for analysis, and a necessary prerequisite for the conceptual interpretation of statewide planning.

Figure I provides a guide to the type of activities, the groups and individuals, and the products of resolutions which will be discussed. Later, these activities will be examined in a more systematic fashion for interrelationships and ideas which contributed to the framing of conceptual components of the health-related SWP approach.

In Chapter One, it was noted that a key period in planning is

---

<sup>12</sup>In June, 1970, the Florence Heller School of Brandeis University received a research grant from the Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, to study "The Roles and Functions of State Planning Systems" over the next five years.

<sup>13</sup>It is recognized that the trend toward a nationalization of health policy has been long and gradual, and that planning was a component of some early state and federal laws. However, planning such as that associated with the Hill-Burton Hospital Construction and Survey Program is viewed here as an antecedent, rather than an example, of the type of planning under discussion. See Philip R. Lee, "Role of the Federal Government in Health and Medical Affairs," New England Journal of Medicine, CCLXXIX (November 21, 1968), 1139-1147.

often the stage during which the subject matter for planning is defined through identification of desired ends and design of criteria for evaluating a program area. It was noted that this problem definition stage may precede legal authority for planning and the actual designation of a planner. Yet, it is during this stage that attention is focused on basic substantive topics, and ideas are packaged for delivery in the planning process. In Figure I, the "Assessment Stage" represents this vital period in middle-range planning.

In the "Legislative Stage," the authoritative mandate for planning is presented. While this analysis refers to legislation, in other settings the mandate for planning might be an executive order, an administrative delegation, or some other legitimizing device. What is significant is that the mandate itself, and the process leading to its issuance, further defines the planning venture in terms of subject area, participants, methods to be used, and other key variables. Again, tension areas often may be identified by studying the genesis of the planning in its legislative base.

The "Guidelines Stage" of middle-range planning must be broadly conceptualized as the period during which the mandate to plan is translated into "action words" and actually delegated to a planner. Laws usually require explanation, and the guidelines provide such a commentary. There is wide latitude at this juncture to translate general authorities into specific directions of what to plan, who should plan, and how to plan.

FIGURE I.--Stages in the Development of Health-Related Statewide Planning

Activities, Actors and Results	Development Stages of Health-Related Statewide Planning		
	Assessment Stage	Legislative Stage	Guidelines Stage
Key Activities	<p>Problem task forces</p> <p>National Commissions</p> <p>Conferences</p> <p>Individual Research</p> <p>Public debate</p>	<p>strategy meetings</p> <p>bill drafting</p> <p>Executive proposals</p> <p>Hearings</p> <p>lobbying</p>	<p>drafting regulations</p> <p>solicitation of comments</p> <p>agency task forces</p> <p>drawing up of instructions</p> <p>conferences with state agencies</p>
Key Actors	<p>agency officials</p> <p>elected officials</p> <p>lobbyists for professional groups</p> <p>lobbyists for advocate groups</p> <p>professors, planners, researchers</p>	<p>legislative sponsors</p> <p>committee members</p> <p>lobbyists for professional groups</p> <p>agency officials</p> <p>lobbyists for advocate groups</p>	<p>Federal agency officials</p> <p>State agency officials</p> <p>Planning Project Staffs</p> <p>lobbyists for professionals</p> <p>lobbyists for advocate groups</p>
Key Results	<p>Reports and data</p> <p>Resolutions</p> <p>Recommendations</p> <p>New group alliances</p> <p>Increased public understanding</p> <p>Increased political supports</p> <p>Development of national consensus</p>	<p>Committee Reports</p> <p>Laws</p> <p>Mandates and supports for agency programs</p> <p>Increased program knowledge among legislators</p>	<p>Planning regulations and guidelines</p> <p>State decisions on organization of planning agencies</p> <p>Applications and grant awards</p> <p>Start of planning activities</p>

### The Assessment Stage

James L. Sundquist reached the conclusion in Politics and Policy: The Eisenhower, Kennedy, and Johnson Years that few substantial bills become law without passing through an "expert assessment" stage of organization, factual analysis, and pre-legislative recommendations.<sup>14</sup> Adam Yarmolinsky drew upon his experiences during the same years and observed that "the preconditions of a program" are "existence of a genuine national need" and the means for transforming ideas into "a program that would produce visible results within a limited period of time."<sup>15</sup> In the "Professionalization of Reform," Daniel Moynihan described the special knowledge of professionals and the influence of professionals as the generators of new programs and policies.<sup>16</sup> All of these studies point to a significant stage in policy-making; with specific reference to social legislation of the 1960's they argue that an information and intelligence process pinpointed social problems, and that problem identification led to executive and legislative action.

The areas of mental health, mental retardation, vocational rehabilitation, and public health illustrate for the late 1950's and early 1960's the concerns of the above authors. In each area a distinct

---

<sup>14</sup>James L. Sundquist, Politics and Policy: The Eisenhower, Kennedy, and Johnson Years (Washington, D.C.: The Brookings Institution, 1968), pp. 489-509. See also Thomas E. Cronin and Sanford D. Greenberg, editors, The Presidential Advisory System (New York: Harper and Row, 1969).

<sup>15</sup>Adam Yarmolinsky, "Ideas into Programs," in Cronin and Greenberg, editors, The Presidential Advisory System, pp. 91-100.

<sup>16</sup>Daniel P. Moynihan, "The Professionalization of Reform," The Public Interest, I (Fall, 1965), 6-16. Moynihan uses the Mental Retardation Facilities and Community Mental Health Centers Act of 1963, P.L. 88-164, as an example.



process of national program and policy assessment, carried out through the activities listed in Figure I with extensive special interest involvement, led to programs aimed at the type of direct, short-term visible results discussed by Yarmolinsky. The processes drew upon many of the same resources and participants, used similar methods, and reenforced each other's recommendations and legislative proposals. Planning proponents claimed that the overlap actually reflected "comprehensive planning" for the coordination of health policy, and for improved services to handicapped persons. The SWP approach in these health-related areas is perhaps the best example of a program which arose from these assessment activities.<sup>17</sup>

While SWP did come into being as a result of similar assessment processes, compilation and analysis of these activities is not a simple task.<sup>18</sup> In mental health and mental retardation, the activities were part of a national trend toward a new federal role in what had been principally state and voluntary agency responsibilities. In these areas activity was thus directed to justifying the need for a significant shift to a national policy and national programs.<sup>19</sup> The justification was argued through a

---

<sup>17</sup> Other examples would be the Mental Retardation Facilities and Community Mental Health Centers Act of 1963, P.L. 88-164, and the other provisions (aside from statewide planning) of the 1965 Amendments to the Vocational Rehabilitation Act, P.L. 89-333.

<sup>18</sup> A summary chart of the basic references of "Statutory and Administrative Origins of Health-Related Statewide Planning" is presented in Appendix I.

<sup>19</sup> Most studies of the origins of mental health and mental retardation policies of this period have focused on the background to P.L. 88-164, the Mental Retardation Facilities and Community Mental Health Centers Act. As will be noted, mental health planning originated through an appropriations "slight of hand," while retardation planning was tied to a Social Security

variety of fact-finding and assessment methods--national "blue-ribbon" commissions; governors' conferences; White House Conferences; agency ad hoc committees.<sup>20</sup> In vocational rehabilitation, the federal-state program was well established (it began in 1920), and consequently assessment activities centered in in-house agency sponsored studies.<sup>21</sup> The objectives were the same as in mental health and retardation, however, that is to draw attention to the need for direction and planning at the state level. In health, the early 1960's saw a flurry of activity directed to describing the need for comprehensive health planning. The precedents of mental health and mental retardation helped to stimulate interest in such concepts as community health, state planning, regionalization, citizen participation, and manpower resources. By 1965, health planning was an integral component of the Public Health Service's response to the emerging approaches of "Creative Federalism" and "Planning-

---

title amendment. Their enactment did not spur legislative commentary. See John Stretch, "Community Mental Health: The Evolution of a Concept in Social Policy," Community Mental Health Journal, III (Spring, 1967), 5-12; Bertram Brown and H. P. Cain, "The Many Meanings of Comprehensive," American Journal of Orthopsychiatry, XXXIV (1964), 834-839; Alfred M. Freedman, "Historical and Political Roots of the Community Mental Health Centers Act," American Journal of Orthopsychiatry, XXXVII (April, 1967), 487-494; and Robert H. Connery, ed. The Politics of Mental Health (New York: Columbia University Press, 1968), Chapters I-III.

<sup>20</sup>See Appendix I, Part A, Statewide Mental Health Planning, and Part B, Statewide Mental Retardation Planning.

<sup>21</sup>For a discussion of the lobbying of the Office of Vocational Rehabilitation in its efforts to expand the vocational rehabilitation program, see Mary E. Switzer, "Legislative Considerations," Chapter Three in Makikin and Rusalem, Vocational Rehabilitation of the Disabled: An Overview (New York: New York University Press, 1969), pp. 39-55. For the key agency assessment of the rehabilitation program through the 1950's, and goals for the 1960's, see Vocational Rehabilitation Administration, Report of the Task Force on Goals for the 1960's (Washington: Vocational Rehabilitation Administration, 1960). Mimeographed, limited distribution.

Programming-Budgeting."<sup>22</sup>

As indicated in Figure I, the assessment activities may be seen as instrumental in the development of SWP in a number of ways. Reports and conferences provided justification for national action. Recommendations in each area called for specific program thrusts, including planning. And in the manner of Moynihan's "Professionalization of Reform," these activities created the alliances, public support, problem identification, and access to leadership needed to initiate national action in the absence of mass demands.<sup>23</sup>

### The Legislative Stage

Each of the SWP approaches under analysis here has a distinct legislative history. Bill-drafting, presidential messages, hearings, committee reports--all of these activities were part of the specific processes by which the recommendations of the studies and commissions described above led to legislation for statewide planning. The distinctive characteristics of the SWP approach become increasingly evident as one examines the legislative history of each of the four planning areas.

---

<sup>22</sup>See the Proceedings of the Annual Conferences of the Surgeon General with State and Territorial Health Officers for the early 1960's, particularly 1964, for an overview of developments related to health services and legislation; Also, the Report of the National Commission on Community Health Services, Health is a Community Affair (Cambridge: Harvard University Press, 1966) describes the activity which led to changes in the organization of health services programs at the state and federal levels.

<sup>23</sup>Moynihan, "The Professionalization of Reform," op. cit., pp. 6-16.

Both chronologically and organizationally, the legislative stages of SWP fall within compact dimensions. Legislative action followed in rapid succession in mental health (1962), mental retardation (1963), vocational rehabilitation (1965), and comprehensive health (1966). Organizationally, a relatively small leadership group consisting of advisors to the President, Department of Health, Education, and Welfare officials, legislators and their staffs, and interest group spokesmen collaborated to frame the legislation. The events which led to amendment of the Fiscal Year 1963 appropriations bill for HEW to include authorization and funds for mental health SWP initiated the pattern. Mental health then became the precedent for SWP in the other health-related fields.<sup>24</sup>

Mental Health Planning--Legislative action leading to mental health planning was part of the action-oriented momentum that accompanied release of the Final Report of the Joint Commission on Mental Illness and Health in 1960. In anticipation of the Commission's report, the Surgeon General in HEW had begun in 1959 and 1960 to act through meetings and task forces to examine the federal role in mental health and to propose alternatives.<sup>25</sup> When the Joint Commission's report was presented on December 31, 1960, efforts were already underway to provide pragmatic steps to implementing

---

<sup>24</sup>See Appendix I for citations and references on the legislative authorizations and appropriations for statewide planning in these areas. Although the charts in Appendix I can only touch upon the overlap in chronology and organizational responsibility, the references cited do present substantiation of the interface between these planning authorizations.

<sup>25</sup>See the remarks of Assistant Surgeon General Jack C. Haldeman to the 1959 Annual Conference, Surgeon General, With State and Territorial Mental Health Authorities, March, 1959 (Washington: Govt. Printing Office, 1959).



a new national mental health program.<sup>26</sup>

The Kennedy Administration, which took office in 1961, encouraged efforts of pre-legislative planning for mental health. Secretary of HEW Abraham Ribicoff reported to the 1962 Conference of the Surgeon General with State and Territorial Mental Health Authorities in January, 1962, that the President had issued to the Department "the responsibility of studying the Joint Commission's Report on Mental Illness, to analyze it, and make recommendations for a new method of federal cooperation."<sup>27</sup> Within HEW, these divergent studies echoed one overriding theme--planning should be implemented in all states under national guidelines to establish community oriented mental health programs.<sup>28</sup>

However, although the Kennedy administration was favorably inclined toward national action for mental health, an equally strong presidential

---

<sup>26</sup>See the Report of the Surgeon General's Ad Hoc Committee on Planning for Mental Health Facilities, Planning of Facilities for Mental Health Services (Washington, D.C.: Govt. Printing Office, January, 1961), and the Report of the Surgeon General's Ad Hoc Committee on Mental Health Activities, Mental Health Activities AND the Development of Comprehensive Health Programs in the Community (Washington: Govt. Printing Office, August, 1962).

<sup>27</sup>Proceedings of the 1962 Annual Conference, Surgeon General, with State and Territorial Mental Health Authorities (Washington, D.C.: Govt. Printing Office, 1962), pp. 1-2. The work in HEW was to be tied to the work of a "Cabinet Committee on the Joint Commission Report" which included the secretaries of HEW, Labor, and the Administrator of Veterans Affairs. Staff of the Council of Economic Advisors and the Bureau of the Budget were to assist the Committee.

<sup>28</sup>Specific recommendations calling for planning may be found on pages 30-34 in Planning Facilities for Mental Health; pages 7 and 14 in Mental Health Activities and the Development of Comprehensive Health Programs in the Community; and in the 1959, 1960, 1961, and 1962 resolutions framed by Conferences of the Surgeon General with State and Territorial Mental Health Authorities.

level concern for mental retardation contributed to delay in the presentation of an executive message on recommendations of the Joint Commission on Mental Illness and Health. Instead of an immediate thrust in mental health, the decision was made at the presidential level to appoint a national panel on mental retardation analogous to the Joint Commission, await its recommendations, and only then present a presidential message. This strategy would give equal endorsement to both mental health and retardation, and given the widespread state level organization of Departments of Mental Health with responsibility for both mental health and retardation, assure that retardation did not become lost and forgotten as it was evidently felt would be the case if clear policy leadership and programs were not advanced.<sup>29</sup>

Thus, within HEW, 1962 was viewed as a period of preparation for recommendations to be presented in the president's 1963 legislative program. Mental health action would await the report of the President's Panel on Mental Retardation, appointed in late 1961. However, in early 1962 events occurred that advanced the time schedule for initiating legislative action in response to the Joint Commission on Mental Illness and Health.

In early March, 1962, the National Association for Mental Health held a "National Leadership Conference for Action for Mental Health" in

---

<sup>29</sup>This explanation was provided to the author by Mr. Mike Gorman, Executive Director, National Committee Against Mental Illness, in December, 1970, in a personal conversation. Mr. Gorman participated in negotiations concerning the recommendations of the Joint Commission during the period under discussion. These points will be explored further in the conceptual analysis in Chapter IV as communications networks are related to the perspectives which shaped statewide planning.

Washington, D.C. Secretary Ribicoff addressed the group and reported on HEW's staff work in mental health, and expressed his hope that planning efforts at the state level could be begun with federal support. These statements were quoted shortly thereafter before the House Appropriations Committee by a leading member of the Joint Commission, Mike Gorman. Moreover, Gorman argued that planning could be authorized through the appropriations process without additional legislative action under existing grant authorities. This testimony is explicit and indicates Gorman's displeasure that the Administration did not press for planning in the budget.<sup>30</sup>

These proposals were received sympathetically by John Fogarty, the House Appropriations Committee Labor--HEW Subcommittee Chairman, and by Lister Hill, the Senate Appropriations Committee Labor--HEW Subcommittee Chairman.<sup>31</sup> The final appropriations bill, signed into law August 14, 1962, included 4.2 million for mental health planning in fiscal year 1963. The funds were to be distributed to states on a formula basis, with a minimum grant of \$50,000.<sup>32</sup> The funds were subject to existing Public Health Service grant regulations, and the PHS was left the task of preparing the guidelines for the two year planning efforts.

Mental Retardation Planning--Legislative action authorizing mental retardation planning followed mental health planning by a year, and came through the regular legislative process of enactment of a statutory authority

---

<sup>30</sup>Ibid.

<sup>31</sup>U.S. Senate, Committee on Appropriations, Subcommittee on Labor and HEW, Hearings for Fiscal Year 1963 (87th Cong., 2nd sess.), pp. 1614-1615.

<sup>32</sup>P.L. 87-852, signed August 14, 1962.

rather than utilization of an existing project grants appropriations mechanism. In addition to the precedent of the mental health planning appropriations, a number of favorable circumstances helped to speed enactment of retardation planning.

As in mental health, there was intense legislative, executive, and interest group agitation for action steps toward a national mental retardation program. In October, 1961, President Kennedy had appointed the President's Panel on Mental Retardation and charged it with responsibility for presenting a program of national objectives within a year.<sup>33</sup> When the President's Panel issued its report a year later, the pressure process began, calling for implementation of recommendations in the report. The White House, which had delayed action on mental health while waiting for a retardation report, contributed to the pressure. In January, 1963, President Kennedy appointed Dr. Stafford L. Warren as his Special Assistant for Retardation.<sup>34</sup> The stage was set in early 1963 for a presidential legislative message.

Legislative consideration of mental retardation planning followed President Kennedy's "Special Message on Mental Illness and Mental Retardation," presented February 5, 1963. The President's message set the scene, and legislation calling for planning quickly followed. An omnibus bill,

---

<sup>33</sup>"Statement by the President Regarding the Need for a National Plan in Mental Retardation, October 11, 1961," Appendix A in A Proposed Program to Combat Mental Retardation, The Report of the President's Panel on Mental Retardation, October, 1962. (Washington: Govt. Printing Office, 1962).

<sup>34</sup>U.S. Department of Health, Education, and Welfare, Health, Education, and Welfare Indicators (November, 1963).



co-sponsored by House Ways and Means Committee Chairman Wilbur Mills and former HEW Secretary and now Senator Abraham Ribicoff, proposed grants to the states for planning community-based retardation programs. This planning proposal, following a legislative path cleared by mental health planning, sailed through the Congress, and bearing a striking resemblance to mental health planning, was enacted into law on October 24, 1963.<sup>35</sup>

Vocational Rehabilitation Planning--Planning in mental health and mental retardation established a distinct, new approach in intergovernmental relations. Statewide planning became an identifiable, short-term, pragmatic phenomenon within the emerging lexicon of both planning and the cooperative federalism of the 1960's. Although SWP began in the newer areas of federal action--mental health and retardation--, its favor in Congress and the states soon attracted the attention of administrators and constituencies of established health programs.

---

<sup>35</sup>Dr. Elizabeth Boggs, a member of the President's Panel, and legislative representative for the National Association for Retarded Children, has described the history of this legislation on many occasions, as she has also described the passage in 1963 of the Mental Retardation Facilities and Community Mental Health Construction Act. Dr. Boggs has pointed out that the decision was made at the Presidential level to combine the retardation and mental health construction bills in an effort to give increased visibility to retardation. It would seem that the smooth legislative path of retardation statewide planning legislation was also a part of the strong White House concern that "no less attention be given mental retardation than that given mental health." A briefing by Boggs on these topics was delivered to a retardation training conference at the New England Center for Continuing Education, Durham, New Hampshire, in September, 1970, and was recorded and transcribed. See also her article, "Federal Legislation," pp. 103-127 in Mental Retardation, Vol. III, ed. by Joseph Wortis, M.D., and published by Grune and Stratton, Inc., in 1971. Dr. Boggs presents an intimate perspective on the delicate topic of President Kennedy's retarded sister, Rosemary, and the bearing of that relationship to presidential leadership in this area.

Vocational rehabilitation in the mid 1960's was an established federal-state program with many similarities to the newer intergovernmental thrusts in mental health and mental retardation. Rehabilitation had been serving both the mentally ill and the retarded for a number of years, and in addition, its service system of workshops, state agencies, and medically oriented facilities overlapped the service systems of the two mental handicaps. In the mid-1960's, vocational rehabilitation was a program interested in expansion and in search of strategies for improving its organizational position at both the federal and state levels.

Mary Switzer, Commissioner of the Vocational Rehabilitation Administration during the period, has written of her agency's efforts to expand its program at that time.<sup>36</sup> Commissioner Switzer was candid in playing to favorable congressional audiences, presenting the argument that the agency serving all the handicapped--vocational rehabilitation--should engage in SWP in a leadership role. This philosophy is particularly evident in her testimony on the 1965 Amendments to the Vocational Rehabilitation Act:

This amendment also makes provision for a comprehensive statewide planning effort on the part of State rehabilitation agencies. At the present time, there are a number of specific planning efforts going on. . . . Now, I am all in favor of this special categorical approach where the need is so great, and where highlighting what you can do is all important, to get a program established. But I think the time has come for the State rehabilitation agency to have an opportunity to plan across the board, to tie in with these special emphasis plannings, of course, but to make their own long-range plans, say for the next 10 years. Just because a special planning effort is not authorized for this disability, or that disability, should never mean that proper attention is denied to a group.<sup>37</sup>

---

<sup>36</sup>Switzer, "Legislative Considerations," Passim.

<sup>37</sup>Testimony of Miss Mary E. Switzer, Commissioner of Vocational

Thus, the legislative stage of SWP for vocational rehabilitation passed smoothly and quickly, incorporated within wider revisions in the total vocational rehabilitation program. The precedent of special categorical project grants for planning in areas where the federal role was new facilitated acceptance of the idea that planning was appropriate for an established federal-state program serving a broad spectrum of disabilities.<sup>38</sup>

Comprehensive Health Planning--By 1965, planning was the catchword of the public bureaucracy. In August, 1965, President Johnson issued his famous directive to cabinet agencies for a government-wide planning-programming-budgeting (PPB) system. 1965 saw more than a dozen major pieces of domestic legislation enacted into law, each stressing to various degrees the rhetoric of goals, objectives, systems, and planning.<sup>39</sup>

All of this activity created a maze of federal-state "cooperative" programs, each purporting to be planning for a health or health-related purpose. New laws closely related to social welfare planning provided for the following: numerous state and local programs of construction and facilities planning; support for demonstrations, research, and training; medical insurance and cash payments for the poor; new emphases for environmental protection; and, expanded programs for the disabled and disadvantaged.<sup>40</sup>

---

Rehabilitation, before the U.S. Senate Committee on Labor and Public Welfare, Subcommittee on Health, Hearings on S. 1525, Amendments to the Vocational Rehabilitation Act, March 29 and 30, 1965, 89th Cong., 1st. sess., p. 41.

<sup>38</sup>Section 4 (2) (A) (B) of P.L. 89-33, Vocational Rehabilitation Act Amendments of 1965.

<sup>39</sup>See Edward H. Forgotson, "1965: The Turning Point in Health Law--1966 Reflections," American Journal of Public Health LVII (No. 6, June, 1967), 934-946, for a listing and summary of some of the major acts of the 1st session of the 89th Congress.

<sup>40</sup>Ibid.



Likewise, comprehensive state planning under the Housing and Urban Development "701" approach was gaining momentum. This emphasis on SWP contributed to the deemphasis of categorical programs and related functional planning efforts, while drawing attention to comprehensive or overview planning.

This trend may be seen in the testimony before congress on the administration's 1966 Comprehensive Health Planning proposals. Just as Mary Switzer had argued in 1965 that vocational rehabilitation SWP would be non-categorical and comprehensive, health officials argued in 1966 that the time had come for coordinated state health planning. The administration's proposal thus tied consolidation of federal grant programs to the wider issue of improved planning for the use of health funds. The proposal offered a formula grant mechanism to distribute funds to the states, and a planning requirement for utilization of the funds and citizen involvement. A key HEW official explained:

Now, no one fixed pattern of planning or composition of State agency would be required. Our idea there is that the States should have possibilities as broad as it wants, consistent with its tradition and its experience. But it is our hope that this would bring all kinds of people concerned with health together in the state, including all of the State agencies that are involved--the mental health agency, the mental retardation agency, the rehabilitation agency, the local health departments, the medical, dental, and nursing school people in the states, the medical and nursing societies, people from the hospital field, the voluntary health agencies, the lay public--so that each state could now begin to really lay the groundwork for comprehensive review. To ascertain where the State is today, what it wants to do, what the program should be, where it will get the money, what the local financing will be, what the state financing will be, what money can be obtained from voluntary agencies, and then how additional Federal money will be used as a supplement to expand programing.<sup>41</sup>

---

<sup>41</sup>Testimony of Wilbur J. Cohen, Undersecretary of the Department of Health, Education, and Welfare, before the U.S. Senate Committee on Labor



The "Comprehensive Health Planning and Public Health Service Amendments of 1966" became law on November 3, 1966.<sup>42</sup> Section 314-A, "Grants to the States for Comprehensive Planning," was a direct outgrowth of the SWP approach that first began in 1962 in mental health. Within the relatively short period of four years, SWP had progressed from mental health to mental retardation to vocational rehabilitation to comprehensive health planning. The record shows that the journey required approval by several different congresses, HEW Secretaries, and Presidents Kennedy and Johnson. Thus, when P.L. 89-749 was signed, in some ways it marked the conclusion of a procession begun four years earlier.

#### Guidelines Stage

Analysis of the principal federal planning requirements of all four SWP guidelines--mental health, mental retardation, vocational rehabilitation, and 314-A Comprehensive Health--reveals that the same basic concepts were stressed in each. All of the planning efforts were to be carried out at the state level by a single state agency, federally funded, with citizen participation, for the purpose of carrying out a comprehensive review of health-related problems and to devise alternative solutions.<sup>43</sup>

These similarities are due to the cumulative process through which the guides first devised for mental health planning became the policy for

---

and Public Welfare, Subcommittee on Health, Hearings on S. 3008, March 16-17, 1966, 89th Cong., 2nd sess., 1966, pp. 50-51. In the same discussion, Mr. Cohen answered questions on previous health planning efforts.

<sup>42</sup>P.L. 89-749.

<sup>43</sup>The Appendix contains a comparative listing of the guidelines. Chapter Three presents a content analysis of the guidelines.

other planning areas. In each instance, the actual regulations were the work of a closely related group of HEW officials, interest groups, state agencies, and legislative spokesmen. The participants and records of these activities are a prime resource for interpreting the aims and ideas of the framers of the SWP efforts.

This drawing of interest group and bureaucratic communication lines during the guideline formulation process also helps in the interpretation of the legislative and assessment stages of statewide planning. During the writing of regulations, questions which were by-passed, deliberately left vague, or overlooked in legislation, emerge as matters for decision. Concepts such as citizen participation or community-based programs must be translated into program instructions. Necessarily, these processes cast interpretative light on the evolution of ideas and concepts that may have emerged in earlier assessment or legislative processes. In short, one finds in the guideline writing process, in microcosm, the range of communication facilitators which contributed to the rapid implementation of planning in each SWP area, and to the dissemination of SWP concepts from one health sub-area to another.

One primary observation to be offered concerning the processes that shaped statewide ideas is the extent to which in each SWP area, individuals with similar credentials of professionalism and position, shaped the basic planning principles. This suggestion may be validated by turning to primary and secondary data which illustrates the communications among these groups and individuals.

The primary communications lines in HEW during the formative period of SWP were: (1) from program bureaus such as mental health, public health,

or vocational rehabilitation, outward to state and local agencies administering counterpart programs; (2) from program bureaus to their professional constituencies such as the American Psychiatric Association, the National Rehabilitation Association, and similar groups; and, (3) among the program bureaus where overlapping authorities and target populations prompted intradepartmental committees and a measure of bureaucratic competition. These linkages facilitated the growth of SWP in the four health-related areas.

In mental health and in mental retardation, for instance, when the necessity arose of writing guidelines for the newly enacted SWP authorities, Public Health Service officials quite naturally turned to the recommendations of recent agency sponsored study groups.<sup>44</sup> Moreover, at that time, HEW did not have a specialized staff located in the Office of the Secretary and responsible for overseeing the Department's planning and evaluation activities.<sup>45</sup> There was no one to challenge their choice of methods.

Speaking in 1973, HEW Secretary Elliot Richardson outlined the characteristic that more than any other factor contributed to the rapid completion of SWP guidelines in each planning area, and indirectly to

---

<sup>44</sup>A table, "A Summary of the Principal Formative SWP Assessment Activities," is presented in the Appendix. A number of committees and study groups are identified which fed material to the guidelines process for statewide planning.

<sup>45</sup>The Office of the Assistant Secretary for Planning and Evaluation was established in 1968. Today, this office would have a major say in any legislative proposal for state planning, and in writing any guidelines for planning grants. See Laurence E. Lynn, Jr., "Notes From HEW," Evaluation, I (Fall, 1972), 24-28. See also Alice M. Rivlin, Systematic Thinking for Social Action, (Washington, D.C.: The Brookings Institution, 1971), for a review of the planning oversight role in HEW.

the spread of SWP from one health sub-area to another. Richardson was not, of course, referring directly to the planning of ten years earlier, but his comments are applicable:

You've got to get away from the notion that the federal system is three horizontal layers--federal, state, local. Much more important in terms of what HEW does is a series of vertical strands. The federal level people in maternal and child health feel more closely to, work more closely with their counterparts in state and local agencies--governmental or voluntary--than they do anybody else at HEW. They don't think of themselves as feds in dealing with their counterparts. The vertical strand connection is much stronger. It's like you had a three-layer cake with a nail driven down through it. They are a part of the nail. The categorical nail.<sup>46</sup>

Richardson's concept of the "categorical nail" can be illustrated through a brief overview of common patterns in interbureaucratic inter-governmental organization. In the years preceeding SWP in mental health, and continuing through the planning years, it was the common practice for the Surgeon General to meet annually with State and Territorial Mental Health Officials. The proceedings of these meetings reveal a close-knit working group, with shared concerns of legislation, appropriations, program organization, and related topics. Other groups, such as the State and Territorial Public Health Officials, and the Council of State Administrators of Vocational Rehabilitation, perform analagous roles in their program areas, meeting periodically with their federal counterparts. In the formative stages of SWP, these groups played key roles by consulting with federal officials, thereby providing an imprimatur for planning guidelines.<sup>47</sup>

---

<sup>46</sup>John K. Iglehart, William Lilley III, and Timothy B. Clark, "New Federalism Report/HEW Department Advances Sweeping Proposal to Overhaul its Programs," National Journal, January 6, 1973, 1-10, 9.

<sup>47</sup>This discussion will be continued in Chapter Four. The publications documenting the meetings of the various state administrators'



The prevailing HEW agency procedure of the 1960's in involving state counterpart officials in policy formation may be seen in the following excerpts from the transmittal memo for proposed regulations on the 1965 amendments to the Vocational Rehabilitation Act from the Commissioner of Vocational Rehabilitation to the Secretary of HEW. The excerpt also indicates the importance assigned to the role of public interest groups:

In the development of these Regulations, the Vocational Rehabilitation Administration has worked very closely with committees representing the State directors of vocational rehabilitation and individuals representing the workshops and rehabilitation facilities in the United States. Several formal meetings have been held with these groups in Washington and elsewhere, starting with a preliminary meeting in July when the Regulations were in the process of being drafted and ending with a final review meeting on November 18 and 19. Practically all of the changes recommended by this advisory group have been incorporated in these proposed Regulations. In addition to the foregoing formal review, we have given an opportunity to interested organizations such as the American Association for Retarded Children [sic] to review and comment on the Regulations. Here again, most changes recommended have been incorporated.

We feel that in the drafting of these Regulations the views expressed by all the interested parties have been thoroughly considered and their recommendations incorporated in one way or another.<sup>48</sup>

Other evidence of the close relationship between public and private

---

organizations are listed in the bibliography. The Rehabilitation Services Administration has particularly well documented minutes of meetings of the Council of State Administrators of Vocational Rehabilitation held in conjunction with federal briefings. The CSAVR, as do other organizations of its type, also meets without a federal presence in private closed sessions.

Frederick C. Mosher's work, Democracy and the Public Service (New York: Oxford University Press, 1968), provides a useful overview of the extent to which concepts of professionalization support what Richardson calls the "categorical nail." See Chapter Four especially.

<sup>48</sup>Briefing memorandum from Mary E. Switzer, Commissioner, Office of Vocational Rehabilitation to the Secretary, December 16, 1965.

private agencies and the assessment, legislative, and guideline activities which shaped SWP may be found in statements of individuals who participated actively in the processes. Elizabeth Boggs has written extensively on the "appropriate and productive interaction" between the President's Panel on Mental Retardation and Agencies in HEW, nongovernmental sources including the National Association for Retarded Children and the American Association for Mental Deficiency, and other voluntary associations. Dr. Boggs also summarizes the depth and extent of Administrative Actions within the Executive Department as a whole during the Kennedy Years in Mental Retardation. Her recollection of those years identifies a close knit interaction of highly motivated actors whose constant work on a variety of fronts resulted in not only the ideology reflected in SWP, but also dramatic initiatives for retarded persons and other categorical handicapping conditions.<sup>49</sup>

Statements of other principal actors in the assessment activities which formed the SWP approach would no doubt further develop this picture of interaction among state, university, medical, and non-governmental association officials. Some additional observations on this topic will be presented in Chapter Four. The objective at this point has been to introduce the method by which SWP was transmitted to the states and from one planning area to another. Clearly, the path of communication to the states was the "categorical nail" summarized so well by Secretary Richardson. Evidence in legislative testimony and HEW intracommittee files indicates that ongoing bureaucratic surveillance practices as an

---

<sup>49</sup>Elizabeth M. Boggs, "Federal Legislation," Mental Retardation, op. cit., pp. 103-127.

element of bureaucratic competition assured that each HEW program kept informed of developing grant approaches. What would have been surprising, given the pattern of formation of SWP in mental health and mental retardation through cooperation with state authorities and interest groups, would have been a lack of interest and an absence of bids by vocational rehabilitation and public health for similar authorities.

### Conclusion

This Chapter has sought to discuss the origins of the SWP approach. It has utilized both primary sources and secondary sources in identifying legislative and bureaucratic factors which led to the substance of the SWP idea. This discussion was viewed as essential for presenting the variety of factors which combined to stimulate planning in the four health-related areas of mental health, mental retardation, vocational rehabilitation, and public health in the early 1960's. One could not overlook the value of a traditional analysis of legislative and administrative elements.

In the next Chapter, however, a somewhat different method will be used as the content of SWP guidelines is reviewed. Taken together with this discussion, a broad and complete composite of SWP will have been presented.

## C H A P T E R   I I I

## STATEWIDE PLANNING:   A CONTENT ANALYSIS

A key premise of conceptual analysis is that language constitutes a specialized social product, and that language patterns over a period of time constitute a valuable index to an individual's or a group's assertions. Language, it is argued, may be studied objectively to identify recurring examples, analogies, degrees of emphasis, patterns of arrangement, and other manifestations which in the aggregate suggest an implicit model or perspective on the part of its creator. Over time the model or perspective framed becomes a crucial part of selectivity in building new vocabularies, in examining alternatives to this perspective, and in fixing the limits of discussion.<sup>1</sup>

Identifying Basic Statewide Planning Themes

The major point to be examined in this discussion is that the primary concepts of federal guidelines for SWP in mental health, mental retardation, vocational rehabilitation, and comprehensive health constitute a "statewide planning perspective."

This discussion will utilize content analysis as a technique for identifying specific SWP themes.<sup>2</sup> This effort will further contribute to the view outlined in Chapter One that SWP offers a distinct approach

---

<sup>1</sup>This writer was influenced by the work of William E. Connolly, Political Science and Ideology (New York: Atherton Press, 1967).

<sup>2</sup>Ole R. Holsti, Content Analysis for the Social Sciences and Humanities (Reading: Addison-Wesley, 1969) served as the basic point of reference for the use of content analysis. Holsti's work emphasizes several basic steps for accurate, replicable content analysis, while recognizing that the techniques he summarizes may be used in elaborate



to social change advanced in the early and mid 1960's. Then, after this chapter sets forth the structure of the SWP "perspective," drawn from a composite analysis of the actual planning themes, further analysis will focus on why the perspective emerged.

The guidelines issued for SWP comprise in the aggregate some 63 pages and an estimated 28,000 words. A key argument of this paper is that these relatively few pages of federal instructions are intrinsically related. It is proposed to explore the origins, sponsors, and impact of these guides. How, then, can the diversity of four separate documents be overcome and the assertion of one single SWP perspective be established?

Content analysis is a technique useful to both the reader and the investigator by forcing specificity in framing subject matter categories, identification variables, thematic units, and enumeration. When viewed not as a digression of word-counting and theme-coding, but rather as a reference for conceptual intuition, it becomes an indispensable tool for an exercise such as this.<sup>3</sup>

This procedure may be explained through a brief description of four key components of content analysis as used in this study.

1. Subjects--Federal guidelines are usually both expositive and directive. They invite analysis of their statement of both the purposes and the requirements of the legislation they seek to implement. As a legal document, they undergo considerable scrutiny in bureaucratic

---

aggregate studies of mass communications, or simple classification of items within a limited data universe. While Holsti's suggestions have been followed closely on categorization, recording units, content units, and systems of enumeration, what follows remains a simplified use of content analysis.

<sup>3</sup>Ibid., p. 9.

adversary processes prior to publication. These characteristics of guidelines facilitate comparative content analysis. In the present study the objective is to clarify the purpose and instructions set forth in four closely related sets of guidelines on SWP.<sup>4</sup>

2. Operational Indicators--Identifying "purpose" and "instructional" statements may be accomplished by the researcher through the same methods as analysis is undertaken in the bureaucratic process--by identifying key subject-verb-object phrases. Thus, in the analysis of SWP guidelines, purpose statements are identified by the presence of phrases which begin with: "The objective is" or "The goal is," or "The meaning is." For instructional statements, verbs are accompanied by auxiliaries such as "must," "shall," or "should" indicating compulsion, suggestion, or obligation.

3. Recording Units--For the four SWP documents, the above two steps result in identification of 44 "purpose" statements and 222 "instructional" statements. Arranging these items, each of which may be said to represent a SWP theme, is less easily reduced to a specific formula. It is possible, however, to group assertions by common elements--such as requirements which are administrative, or purpose statements which specify "planning" (as distinct from services or administration) as the purpose of SWP grants. This coding of themes becomes the heart of content analysis; in the present instance the process forms the basis for aggregating both purpose and instructional statements so that in devising a system of enumeration of thematic assertions one also constructs a profile of the SWP approach.

---

<sup>4</sup>For a detailed discussion of these principal aspects of federal legislation and guidelines, see James M. Landis, The Administrative Process (New Haven: Yale University Press, 1938), particularly Chapter Two.

4. System of Enumeration--Four common measures of thematic units in content analysis are: (a) appearance of the attribute (yes/no); (b) frequency; (c) space; and, (d) intensity.<sup>5</sup> The first three allow simple comparison of easily quantifiable characteristics--a given theme does or does not appear in the documents, is presented one or x number of times, and is given x number of words or printed lines. The final measure, intensity, calls for interpretation of value placed on the entry by its author, and may require formation of a rating scale for comparison. In this study, the first two items (and not coincidentally the most simple measures) are the measures used. It then becomes possible not only to group themes based on their appearance in the four planning areas, but (based on appearance and frequency of appearance) it is possible to construct an aggregate picture or model of the SWP approach.

In the following section, this SWP composite will be presented. As are all composites, the SWP model will have characteristics of the four areas, but will be synonymous with none. It will be based upon the most commonly shared themes of the four SWP guidelines. Brief explanations will be offered of key divergencies identified in each of the four areas from the basic SWP approach.

#### SWP--Purpose Themes

The purpose of health-related SWP may be presented under five major topical headings identified through analysis of a universe of 44 purpose statements identified in the four planning guidelines. Figure I presents a summary of the distribution of the SWP themes identified through the use

---

<sup>5</sup>Holsti, op. cit., pp. 119-123.



FIGURE I

Distribution of SWP Purpose Themes by SWP Area

Purpose Theme <sup>1/</sup>	SWP Guideline Document <sup>2/</sup>				Totals
	Mental Health	Mental Retardation	Vocational Rehabilitation	Comprehensive Health	
Espouse specific categorical planning	4	4	3	4	15
Encourage coordination at State & local levels	1	3	4	1	9
Strengthened community programs & support	1	5	1	1	8
Improve the Data-Information available	-	1	3	2	6
Assist in implementing national goals	1	1	1	3	6
T O T A L S	7	14	12	11	44

<sup>1/</sup>Purpose statements were identified through word combinations consisting of a SWP subject, an identifier, and a purpose object. The subjects in the formula usually took the form of "the planning," "the planning agency," or "the program." The identifiers were arbitrarily and intuitively set as future oriented verb phrases such as "goals are," "are designed to," "are viewed as" or "are directed to." The object phrases, representing purpose theme assertions, ranged over several broad areas, as will be shown. In general, however, the object phrases were easily identified by "key" phrases such as "the development of planning," "the planning, organization, and coordination of services," and the like. This coding procedure was selectively tested using independent observers. The results were similar to those obtained by the investigator.

<sup>2/</sup>SWP guideline documents are the planning guidelines cited in Chapter Two and the Appendix.



of content analysis. If ranked by frequency of appearance, the principle reason for SWP grants stands out as encouragement by the federal government of specific planning mechanisms for a categorical purpose (mental health, rehabilitation, for example). This goal is found in 15 of 44 purpose statements identified. Furthermore, these purpose statements are prominently featured in preambles or introductory sections to each of the four SWP guidelines.

Three major sub-aspects of this broad purpose of promoting state planning capacity are also evident when these themes are studied. These corollary purpose themes emphasize need for a prominent organizational location for planning at the state level, the advantages of producing a "plan" for state-local governmental and non-governmental action, and, particularly in vocational rehabilitation and comprehensive health, the desirability of following-up on previous planning efforts.

Again turning to frequency of appearance of purpose themes in SWP guides, the second most evident objective would appear to be federal encouragement of intra-agency, public-private, and intergovernmental cooperation and coordination in the planning and provision of services. This goal is found in 9 of the 44 purpose statements. While 4 of the 9 statements are to be found in vocational rehabilitation planning, this theme is also common to all four areas.

The third most frequent purpose theme, found in 8 of the 44 statements, may be summarized as strengthened community services and community support. It was directed to "increasing community awareness" of retardation and mental health, to augmenting "geographic coverage," and to "development of community actions."

The final two purpose thematic categories both consist of six statements. One, which may be stated as strengthening the informational base nationally and at state and community levels on the incidence and characteristics of health-related problems, appears in all of the SWP guidelines except mental health.<sup>6</sup> The other, also less direct than the earlier identified purpose themes, may be summarized as assisting toward the implementation of national goals and priorities of improving to the greatest extent possible the health or functioning of all persons. This goal, as will be shown, should be considered in relation to the legislative histories and special studies which preceded SWP mandates.

Reviewing the purpose of SWP grants, one finds a composite, optimistic viewpoint that special "seed money" would and could make a difference nationally by redirecting state and community activities in mental health, mental retardation, vocational rehabilitation, and comprehensive health. A decidedly optimistic tone is evident in these goals. In each individual area the same theme is echoed--that proper planning would not or could not be undertaken by states without federal help. Hence, first in mental health, later in the other areas, the SWP answer was proposed. What began as a single planning grant program grew to a conceptual perspective for solving major social problems. The composite sketched above outlines the purpose dimension of that perspective--its raison d'etre. Before exploring the structural networks that

---

<sup>6</sup>It is perhaps an indication of growing sophistication in the SWP approach that vocational rehabilitation and comprehensive health SWP emphasized this purpose while the earlier mental health and retardation guidelines included it as a planning task, but did not highlight it as a purpose of the total effort. Interpretation of this and other concepts emphasized or ignored will follow in Chapter Four.

created these views, however, it is necessary to set forth a second set of themes which comprise the SWP perspective--those instructions put forth on how to do statewide planning.

#### SWP--Instructional Themes

The 222 instructional statements identified may be grouped under six major topical headings. Figure II presents a summary of the distribution of these instructional themes according to SWP area. While the groupings are broad, instructional statements were intended in the guidelines to set forth activities to be completed within a specific time. Hence, the requirements often were presented in the groupings used here. This tendency became more prominent as SWP moved from mental health to comprehensive health between 1962 and 1966. Increases in the number of administrative, planning, and data gathering instructional statements under vocational rehabilitation and comprehensive health planning shown in Figure II illustrate this point. The significant increase in the number of instructional statements shown in the progression of SWP may be explained in part by a broadening of planning to additional target populations, and by the intention of creating lasting state planning efforts. This trend is also partially explained by the close relationship of mental health and mental retardation planning to community construction programs which also stressed complex data, planning, and administrative directives. What is intended to be shown here, however, is that despite evolution in sophistication of SWP instructions, overall the approach called for the same basic structure and activities in each health-related area.

FIGURE II  
Distribution of SWP Instructional Themes  
by SWP Areas

Instructional Theme <sup>1/</sup>	SWP Guideline Document <sup>2/</sup>				Totals
	Mental Health	Mental Retard.	Voc Rehab	Comprehensive Health Planning	
Administrative	5	3	10	20	38
Coordination	6	8	6	11	31
Citizen Participation	3	4	8	6	21
Community Programs	3	6	1	8	18
Planning Emphasis	7	5	9	19	40
Data Gathering	9	5	35	25	74
	33	31	69	89	222
T O T A L S	15%	14%	31%	40%	100%

<sup>1/</sup>Instructional statements were identified by word combinations of subject, verb identifier, and instructional object. The subjects and objects varied considerably within the group of 222 units. The verbs, however, reflected uniformity as identifiers. The most common phrases were "shall include," "must consider," and similar combinations indicating the directive nature of the instruction. The universe of 222 statements was compiled by including all statements in the guidelines which included a subject-identifier-object combination. The procedure was tested by asking several independent observers to compile a list of instructional themes from sample guideline pages. Results confirmed the simplicity and accuracy of this method of identifying units of analysis.

<sup>2/</sup>The SWP guidelines are the planning guidelines cited in Chapter Two and the Appendix.



SWP was built on administrative premises of allowing states flexibility to designate the planning body, requiring interagency policy boards with citizen representation, directing that planning staff meet minimum professional standards, and specifying periodic substantive and procedural reporting. Special emphasis in the instructions was placed upon choice of the proper organizational location for planning, the suggested criteria being authority to make and implement recommendations, relationship to the governor's office, and building upon ongoing or previous planning. The latter point became more significant as the SWP approach moved into new health-related fields.

Designation of an overall policy board, a component of all SWP areas, may be seen first as an administrative device, and second as a model for citizen involvement. The need for a policy group was related to building support for planning among state policy and bureaucratic constituencies--the legislature, agencies, professional groups, and, after the anti-poverty impulses of the mid 1960's, representatives of the poor and minority groups.

Overall, SWP was intended to be administered with a minimum of emphasis on structure. The approach recognized differences among the states in political ethos and organization of services for handicapped people and health services.

This optimistic view of states finding the best organizational position for planning also extended to SWP instructions for planning coordination among agencies for the provision of services. The instructions stressed interagency involvement in the planning; opening channels of communication to public, private, and voluntary groups;

coordination with previous planning; and, depending on the specific area, increased interagency referrals, joint projects, ongoing liaison, and so forth. Particularly in the areas of mental retardation and comprehensive health, SWP instructions for coordination reflected the view that the nature of problems and characteristics of the target population required multi-agency solutions. The SWP approach in all four areas was a vehicle for instructing planning agencies to look horizontally across agency lines (mental retardation is the best example, with its components in health, rehabilitation, law, education, etc.) while also examining relations with citizen groups and local service providers.

Citizen participation is a concept which touched on all of the basic instructional themes of statewide planning. As noted above, it was an extension of both coordination and administration themes. As will be explained, it often was linked as an adjunct to basic requirements for community programs, planning as a distinct process, and information gathering. The SWP definition of "citizen" varied; phrases identified include "consumer representatives," "representatives of non-governmental organizations or groups," "key members of the public," "all groups having a significant concern," and, "the handicapped themselves." This listing illustrates the lack of specificity in the use of the phrase, although with the onset of health planning in the mid 1960's, "consumer" was differentiated from organizational or professional group representation.

Likewise, "participation" was presented in SWP instructions in relation to organizational dimensions of the planning, such as membership

of the policy board, task forces, dissemination of planning reports, and information programs at the community level. Health planning presented specific criteria for terms of office, majority representation for consumers, and conflict of interest for its policy board citizen members. Overall, citizen participation SWP instructions all pointed in one direction--the strengthening of community programs through involvement of representatives of community organizations or members of what was perceived as the community leadership structure in the planning process.

The community-based programs thrust of SWP may be found in instructional statements in the SWP guidelines, as well as in references to the guidelines for related federally sponsored service and construction programs. The former are easily identified by their emphasis upon provision of a regional approach to planning, program development in planning service areas, acceptance of community-based care models, and acknowledgement of a need for state action to promote statewide community resources parity. The latter, while less explicitly stated as instructional statements, formed a pervasive setting within which SWP occurred. There was simply little need in mental health and mental retardation SWP guidelines, for example, to belabor the community mental health center approach and emphasize alternatives to institutionalization. These approaches were written into the Mental Retardation Facilities and Community Mental Health Centers Act, P.L. 88-164. Also, SWP in rehabilitation and comprehensive health was authorized by amendments which added new authorities for community oriented services and facilities.

Statewide planning shows a distinct soft-sell approach in requirements for state delineation of catchment areas for planning purposes. The

catchment approach was not mandated in any SWP area. Yet, either through reference to construction programs based on the area concept, or through instructions for information gathering based on regional considerations within states, SWP did require at least perfunctory planning attention to community services within sub-state areas. To divide a state, or not to divide, for the purpose of planning districts was left for states to decide. But SWP did pose the question.

While in the areas of administration, coordination, citizen participation, and community programs, the SWP approach presents a model of flexibility in instructional themes, in two final categories of instructional guidelines, SWP presents a uniform and unyielding character. These two areas are: (1) planning as a distinct and ongoing process; and, (2) data and evaluation components. The two categories account for over 50% of all the instructional statements identified; while proportionally the themes are significant in relation to the total instruction themes in all SWP areas, there is a distinct numerical growth of these themes in rehabilitation and health statewide planning.

Planning as a distinct process is a broad grouping of instructional statements on the following topics:

- SWP grants are made available to states for planning activities only; services are prohibited;

- administrative reports must detail planning as a specific activity of the grantee;

- planning must include setting goals, establishing priorities, and presenting short and long term objectives;



--planning must culminate in a specific, identifiable report or state plan composed of planning recommendations;

--planning must consider steps for implementation of its recommendations, including methods of continuing planning beyond the initial period.

Data and evaluation is a broad grouping of instructional statements on the following topics:

--planning should utilize existing data wherever possible and not duplicate past efforts;

--planning should be empirical and build upon epidemiological techniques;

--surveys and inventories of existing service resources should be undertaken;

--the manpower necessary for implementing planning recommendations should be estimated and recommendations for increasing specific categories of manpower should be presented;

--criteria used in evaluating the ongoing planning effort should be specified;

--special populations such as disability groups should receive special planning attention, and recommendations on such groups should be easily identifiable.

### Conclusion

What has been reiterated in this chapter is that a distinct, identifiable approach to influencing public policy-making at the state level emerged in four related areas between 1963 and 1966. In Chapter Two ,

historical dimensions of this phenomenon were traced. In this discussion, language analysis was used to show that the same concepts were emphasized in four areas to such a degree that a common label may be used to describe them--The SWP Approach.

In the previous chapter, legislative testimony, the observations of participants in the framing of planning guidelines, and planning documents formed the basis for piecing together the four planning areas. In this chapter, the themes of the planning instructions, written by federal officials for state planners, formed the basis for linking the planning areas. Both in its origins and in its content, SWP should be viewed as a cohesive planning approach.

## C H A P T E R   I V

## INTERPRETING THE STATEWIDE PLANNING APPROACH

A background to SWP has been presented in the discussion up to this point. SWP has been placed in the context of social planning, it has been analyzed to identify its basic components, and its framers have been identified and described. It is now appropriate to utilize these observations and interpret why SWP developed as it did.

The administrative and legislative background of SWP, as well as the guidelines and instructions for SWP, leave little doubt that SWP is suggestive of the middle-range planning theory discussed in Chapter One. Statewide planning represented a new departure in each of its four health-related areas. The legislative history for each SWP area presents ample examples of testimony that the states had only limited, or what might be characterized as incremental, planning capacity in the area. SWP was, taken as a whole, a national strategy to mitigate some of the inherent value conflict associated in the past with policy choices in such areas as mental health and mental retardation. Statewide planning was to be the action basis in each state for following-up on the recommendations of prestige laden national commissions and presidential messages. Its primary role was to provide a vehicle for addressing within each state the goals which had been set at the national level, and to convert these values or choices offered nationally to acceptable and feasible state and local options.

Statewide planning seemingly illustrates the characteristics of middle-range planning in other ways. It offered guidelines on data

accumulation and research techniques aimed at increasing the level of rationality in the planning. It offered instructions on who should participate in planning, with emphasis placed on the participation of groups and individuals whose support would tend to increase the feasibility of the planning recommendations. Statewide planning guidelines stressed the importance of drawing recommendations which, upon legislative or administrative action, would become the basis of future programs and policies. A lasting contribution of SWP was to be the institutionalization of continuing middle-range planning in state agencies responsible for mental health, mental retardation, vocational rehabilitation, and public health programs.

It was noted in Chapter One, however, that middle-range planning can also be thought of in terms of tension areas in its execution. A number of potential tension areas were identified, with particular emphasis placed on difficulties encountered in answering the questions of who is to plan, how to plan, and what to plan. It was observed that the key characteristic of middle-range planning was its willingness to recognize and attempt to directly negotiate planning challenges. How, then, might the SWP approach be interpreted in terms of its negotiation of the potential trouble spots in planning?

#### Who is to Plan?--Citizen Participation in Statewide Planning

Statewide planning guidelines addressed the question of who is to plan in two ways. First, SWP guidelines provided administrative requirements of what state agencies could qualify as SWP grantees. Second, SWP guidelines called for citizen participation in planning task forces, on



planning boards, and, generally, through wide dissemination of planning recommendations.

The administrative requirements of SWP allowed states flexibility in designating the organizational context for the planning. In each area of SWP, states were free to designate an agency responsible for operating programs as the planning agency. In Comprehensive Health Planning, a requirement specified that a state agency be designated. In vocational rehabilitation, the guideline read:

In those states where the organization designated to conduct the comprehensive statewide planning for vocational rehabilitation services is other than the state vocational rehabilitation agency, the designated organization shall significantly involve the state vocational rehabilitation agency or agencies in the conduct of the study.<sup>1</sup>

These guidelines clearly presented little challenge to existing state agencies in mental health, mental retardation, vocational rehabilitation, and public health. Decisions in the guideline making process to avoid the option of requiring SWP to be outside of the control of existing state line agencies, perhaps in a governor's office or an independent functioning commission, left SWP available for control by line agencies.<sup>2</sup>

If SWP guidelines had called for location of the SWP unit independent of the line agency providing state services, such as the mental health department or vocational rehabilitation agency, serious opposition to SWP might have been encountered at the outset. In Chapter One, Frederick Mosher's concept of the professional state was discussed. In

---

<sup>1</sup>Guidelines for Statewide Planning for Vocational Rehabilitation Services, p. 4. Underscoring in the original.

<sup>2</sup>See Herman E. Hilleboe and Morris Schaefer, "Comprehensive Health Planning: Conceptual and Political Elements," Medical Times, LXXXVI (November, 1968), 1072-1080, for a characterization of the "mild" requirements of CHP.

the areas of mental health, mental retardation, vocational rehabilitation, and public health, services at the state level have been professionally dominated in state and local agencies.<sup>3</sup> In the early and mid 1960's, few states had comprehensive governor's level planning staffs in a position to assert a policy planning stance over the activities of line health-related agencies. It can be concluded that if SWP guidelines had called for locating the planning outside of the line agencies, with the implication of avoiding the direct control of the planning by the professionals in the agencies, the professionals would have reacted as if their special areas of competence were being breached.

In vocational rehabilitation, for example, the federal task force with responsibility for drawing regulations for SWP initially recommended that the SWP unit in each state be designated by the governor and directed by a policy board of all groups in the state concerned with vocational rehabilitation. Before the regulations were issued, however, the States Council of Vocational Rehabilitation Directors recommended that the regulations specifically require the governor to designate the state rehabilitation agency. The regulations task force commented on this recommendation:

If this were done, the question arises as to how effective the statewide planning would be. For one thing, state agencies would be studying themselves.

The task force recommended that the original version not be modified. The final result however, was presented as quoted earlier--in

---

<sup>3</sup>See Frederick C. Mosher, Democracy and the Public Service (New York: Oxford University Press, 1968), Chapter Four, for a discussion, and several references, which discuss professional dominance generally. See Amitai Etzioni, A Comparative Analysis of Complex Organizations (New York: The Free Press, 1961), pp. 248-261, for a discussion of professionals in health institutions.

states where the vocational rehabilitation agency was not designated, it should be significantly involved.<sup>4</sup>

Guidelines favoring designation of existing operating agencies to undertake planning reviews of operating processes suggest a bias to the status quo. When such guidelines are complemented by instructions that all additional agencies having programs that impact in the area under study participate in planning, the conservative bias is even more evident. Coordination and cooperation are moderating themes. This is not to say that designation of existing state agencies, or coordination among agencies in a field, implies that no change will result. It is to suggest that these techniques shape from the outset the environment of analysis. They do not threaten; rather, they identify the planning thrust as a commitment to build incrementally upon existing foundations. This was the primary conservative bias of SWP.<sup>5</sup>

The conservative bias of SWP may be seen in another significant facet, its version of group representation. Statewide planning guidelines on coordination and citizen participation are particularly relevant as examples of what Theodore Lowi has termed "interest group liberalism." Interpretation of SWP guidelines within the framework offered by Lowi goes far toward identifying many consensus oriented features. Judgments

---

<sup>4</sup>Memorandum from Joseph M. LaRocca, Chairman, Regulations Task Force, Vocational Rehabilitation Administration, to Mary E. Switzer, Commissioner, "Policy Questions Involved in Regulations, for Further Discussion at a Meeting in Miss Switzer's Office, November 5, 1965."

<sup>5</sup>A contrast may be made to programs of the war on poverty, which with their emphasis on community action programs outside local political control, were perceived by local officials as a threat. See Daniel P. Moynihan, Maximum Feasible Misunderstanding (New York: Free Press, 1969).

on Lowi's theories of the impact of his group construct in American policy-making will not be attempted. Many of his basic descriptors will be drawn upon, however, to show their interpretative value in this specific area.<sup>6</sup>

Interest-group liberalism, according to Lowi, is a philosophy which has as its basic tenets a belief in organized interests and their positive contributions to public policy-making:

It assumes: (1) Organized interests are homogeneous and easy to define, sometimes monolithic. Any "duly elected" spokesman for any interest is taken as speaking in close approximation for each and every member. (2) Organized interests pretty much fill up and adequately represent most of the sectors of our lives, so that one organized group can be found answering and checking some other organized group as it seeks to prosecute its claims against society. And (3) The role of government is one of ensuring access particularly to the most effectively organized, and of ratifying the agreements and adjustments worked out among the competing leaders and their claims.<sup>7</sup>

To what extent did SWP guidelines emphasize groups as homogeneous, easy to define, with leaders as spokesmen for group positions? Evidence of this outlook may be found in all the SWP areas. It is particularly marked in mental health, mental retardation, and vocational rehabilitation where the phrases "lay leadership," "key people," "civic and professional leadership," and "top personnel" are often encountered in guidelines calling for broad group representation on SWP policy and advisory boards. The tendency in SWP to see interests in Lowi's homogeneous characterization

---

<sup>6</sup>Lowi's concept was discussed in Chapter One, it will be recalled, as an aspect of the issue of "who will plan."

<sup>7</sup>Lowi, "The Public Philosophy: Interest Group Liberalism," American Political Science Review, LXI (March, 1967), 12. See also Theodore J. Lowi, The End of Liberalism: Ideology, Policy, and the Crisis of Public Authority (New York: W. W. Norton and Company, Inc., 1969), Part I.



may be seen in one citizen participation guideline from vocational rehabilitation:

In statewide planning, all groups having a significant concern about vocational rehabilitation services should be represented. This can be accomplished through a large advisory committee representative of the State legislature, organized labor, management, medical and health related organizations; the public programs which have a major role in rehabilitation of handicapped individuals. . . .<sup>8</sup>

Missing from this and other SWP guidelines is any indication that there might be significant differences within the groups specified, and that any problems might be encountered in defining or identifying labor, management, medical, or any other such interests.

The guideline quoted above also indicates an implicit acceptance of Lowi's second interest group liberalism assumption, that is the counter-balancing effects of interests. A basic definition of a comprehensive program in SWP seems to be involvement of all "legitimate" groups. One frequently finds the suggestion that special interests must be pulled together into a broad program. In comprehensive health planning, an adversary process is suggested in guidelines specifying majority consumer representation on policy councils, reflective of geographic, socio-economic, and minority divisions, as well as through limitation on terms of membership "to ensure widespread participation and representation on the Council."<sup>9</sup> However, despite the greater emphasis in comprehensive health guidelines on methods of consumer involvement, and defined proportions of groups, the net impact still remains within the interest group liberalism concept. The specification

---

<sup>8</sup>Vocational Rehabilitation Statewide Planning Guidelines, pp. 4-5.

<sup>9</sup>Comprehensive Health Planning Guidelines, p. 14.

of ratios of the groups participating, for example of minorities based on income, seems to be more an extension of, rather than a departure from, interest group liberalism.

Lowi's third interest-group liberalism assumption addresses the role of government in ensuring access of competing groups. This point is the essence of the SWP approach. The claim is advanced in each SWP area that the end goal is to "provide channels of communication" and "ensure involvement and participation" of all interested groups. Interest spokesmen are seen as filling roles of "alerting agencies" of needs and preferences in the community. Planning is seen as the process by which groups may be brought together so that consensus may emerge. This is particularly evident in guidelines that call for SWP recommendations, priorities, and plans for implementation by the same interests that participated in the planning.

It is not surprising that SWP may be characterized so neatly within Lowi's schema. Statewide planning was designed by processes which may generally be characterized as interest-group liberalism. The members of the various task forces on planning in mental health and mental retardation were representatives of states' agencies, medical/research interests, and voluntary organizations. They worked to devise planning procedures that would allow the interests they associated with opportunity to influence state planning. They succeeded in influencing guidelines that placed a premium on the opportunity they cherished, and in the process, they ensured that SWP would be oriented to consensus.<sup>10</sup>

---

<sup>10</sup>See Lowi, pp. 18-22, for a discussion of the "Costs of Interest-Group Liberalism." Lowi presents a detailed analysis of the conservative features of interest-group liberalism, many of which would apply here.

These comments on SWP interest-group liberalism are not intended as a refutation of any claims that citizen participation and coordination guidelines were significant departures from existing group representation practices in mental health, retardation, rehabilitation, and health planning. On the contrary, there is ample evidence that the interest-group liberalism approach was a significant new development for state systems which previously had little in the way of formalized interest representation processes. Nevertheless, the choice in SWP to emphasize an interest-group liberalism approach set important perimeters on substantive areas of planning. A number of these effects will be explored below.

The interest-group liberalism thrust may also be considered at the roots of SWP's apolitical tone. While the citizen participation guidelines emphasized group interests, consensus, and cooperation, they did so at the expense of options such as exposing alternative issues to political debate. It is not surprising that HEW chose to avoid espousing planning methods which would have challenged the fiscal, patronage, and value stands of incumbent officials at state and local levels. The reasons are obvious for this tact, rooted in the national congress as well as state legislatures and counterpart agencies. In short, although SWP guidelines offered new avenues for expression of views and input to policy-making, they ignored alternatives which would have offered sharp alternatives in political settings.

The SWP approach did not attempt to choose in answering the question "who will plan" between the professionals and constituency groups. Rather, it was assumed by the framers of SWP that an approach that placed the

responsibility for planning in the hands of professionals in state line agencies, with substantial opportunity for planning roles by members of constituency groups, would be ideal. Presumably, they assumed that this arrangement would maximize sources of information, experience, professionalization, and hence, concern.

In Chapter One, several views of citizen participation as an end in itself were discussed.<sup>11</sup> It was noted that in a community organization orientation, the method or degree of participation is the target of change. As one student of community planning observed:

The process tends to become the product. It is not uncommon to hear community lay leaders express amazement and concern at the seemingly unending number of meetings and conferences attended by social workers, especially community organizers, with little evidence of specific outcomes other than satisfaction with the process.<sup>12</sup>

The framers of SWP may very well have had as a partial basis for their support of citizen participation a concern that more individuals and groups be involved in setting the direction for state programs. In this sense, the process may have been a desired product. There is little evidence to suggest, however, that deep dissatisfaction with existing processes or levels or methods of participation prompted the guidelines presented for statewide planning. On the contrary, while there is evidence, such as Mr. Gorman's testimony cited in Chapter Two on mental health programs, that at least some constituency groups were asking for far greater roles in determining state policies, the planning guidelines

---

<sup>11</sup>Particularly Marris and Rein, in Dilemmas of Social Reform, op. cit., and Moynihan, in Maximum Feasible Misunderstanding, op. cit.

<sup>12</sup>Peter G. Gaupp, "Community Organization and the Public Interest," Community Mental Health Journal, V (June, 1969), 233-239, 237.



present a somewhat mild, interest group liberalism role for consumers.

By side-stepping issues of who should plan, SWP guidelines passed on to the states the responsibility to examine, or to ignore, the various biases or vested positions held by representatives of organizations on SWP boards, and by SWP staff. Consensus was implied, and any suggestions of conflict avoided. It may well be that guidelines offering special cautions, or more detailed instructions, on who should plan would not have been easily implemented by the states. It is clear, however, that SWP could have chosen to place greater or lesser emphasis on issues of citizen participation. The guidelines presented deferred addressing the question of value conflict in planning, while not rejecting the middle-range planning view that some value conflict is inevitable. Instead of trying to suggest what to do about value conflict, the planning guidelines assumed that groups participating in planning would balance each other's demands, contributing over the course of planning to a consensus oriented product.

#### How to Plan--The Issue of Rigorous Planning

In addition to the questions of who is responsible for planning, and who is to participate, middle-range planning must resolve the question of how planning efforts are to be carried out and judged. This question may be broadly stated to include not only evaluation components of the planning, but also the standards and techniques required to ensure uniformity, accuracy, and thoroughness.

In Chapter Two, 45 SWP guidelines were identified as requiring specific activities in data gathering, information or evaluation. A

common element of these guidelines is their non-rigorous demands upon the state planners. Each area of SWP required service inventories, needs and resources determinations, manpower assessments, target population specification, and evaluation components. Yet, few guidelines directed that specific classifications, minimum standards, or similar uniform criteria be used in data accumulation. In the area of manpower, SWP guidelines avoided issues of what professional credentials were needed for specific areas of service. Alternative training options for meeting manpower needs were ignored. Basic manpower considerations such as training, certification, and salaries were also ignored. The omission of these features is interpreted here as an indication of the non-rigorous nature of SWP. The opportunity was present in each area when SWP guidelines were written to indicate uniform directions in manpower. This was not done, most likely because of the interest group influence upon SWP, and the desire of Washington to avoid divisive issues even at the sacrifice of attempting new national directions.

The same observations may be applied to the inventories and needs/resources assessments required by SWP guidelines. Basic criteria for defining and rating services were not provided from Washington. The guidelines in each SWP area asked states to undertake these tasks. Here, qualifications must be made. Facilities planning, separate from SWP, did direct somewhat more systematic data collection. Yet, even in these facilities' plans emphasis was upon counting what existed, not judging it according to national standards. This approach avoided basic issues such as evaluating quality of services, challenging public versus private auspices of services, utilizing predetermined core services as

measures of distribution of resources, and similar questions.<sup>13</sup>

Another area where SWP data requirements were far less than rigorous is the specification and description of target populations.

Mental health guidelines said in part:

... consideration should be given to methods of ascertaining the numbers and location of mentally disabled people in the state, as well as the location, adequacy, and types of services available to the mentally disabled.<sup>14</sup>

This statement is indicative of how SWP guidelines avoided definitional problems, particularly dimensions of disability and illness. The task of developing procedures to identify individuals in need of service was left entirely to the states. There were no national data supports mentioned in SWP guidelines; nor were national standards for quantification of distribution and prevalence set. Each SWP area alluded to problems of special groups and the poor, mentioning relationships between isolation, low education, mobility, and other factors in estimating service patterns, outreach and demand. Yet, SWP guidelines neither specified characteristics of such groups and their special problems, nor specified that this area be rigorously investigated according to set methodologies.

Perhaps the most damning indictment to be raised against SWP is the degree to which it ignored common evaluation procedures. Comprehensive health planning is the most specific in reaching toward this

---

<sup>13</sup>For a discussion of these and other issues of organization of state and local social services, see Harold W. Demone, Jr., "Human Services At State and Local Levels and the Integration of Mental Health," to be published in the American Handbook of Psychiatry, Volume III, Gerald Caplan, Ed., Little, Brown and Company, forthcoming, 1972.

<sup>14</sup>Mental Health SWP Guidelines, p. 185.

goal. The comprehensive health planning guideline on the subject reads:

The development of criteria for evaluating the effectiveness of plans must be an aspect of planning. In many cases, criteria for evaluation will be implicit in the objectives stated in the plan, particularly if objectives are quantified and related to specific time periods. In other cases, criteria must be developed using other bases of judgment. Evaluation is not complete merely with the determination of whether objectives have been attained; the objectives must be repeatedly examined for their validity and the goal kept in sight. The attainment of an objective may simply mean that a new objective toward the goal must be set.<sup>15</sup>

While the comprehensive health planning guideline is much more explicit than any other SWP guidelines on evaluation, it ignores several major areas. First, evaluation is left to the planners, and outside evaluation of the planning effort (perhaps by another state component) is not addressed. Second, specific evaluation criteria for all SWP efforts were not set. The contribution of SWP to national policy is not specified, nor is the federal threshold of expectation set. Finally, the possibility of alternative substantive positions being identified during an ongoing independent evaluation is foreclosed if the evaluation component is generally stated or non-existent. Given the interest group liberalism tone of SWP guidelines, it is not surprising to find evaluation models which could threaten consensus avoided.

#### What to Plan: Issue Definition in Statewide Planning

In Chapter One, the importance of examining "choices" of what to plan was noted. The observation was made that many determinants of what is to be planned are found in the earliest stages of planning, and persist to direct or constrain the "planner." In SWP it is true that planning

---

<sup>15</sup>Comprehensive Health Planning Guidelines, p. 7.



guidelines, framed before planning began at the state level and scarcely modified thereafter, shaped the direction of planning efforts.

A construct is offered at this point to assist in interpreting the extent to which SWP guidelines grappled with basic issues in the treatment of disease and disability. These issues are discussed under the heading of therapeutic planning, for it is the way that individual health and rehabilitation problems were perceived, and the way that specific remedies for diseases and impairments were proposed, that will be addressed.

It was noted above in the discussion of needs/resources surveys and target populations that SWP guidelines avoided specificity in those areas. It is not surprising therefore to find that SWP guidelines also avoided examining or defining in any detail alternative approaches to treating mentally ill persons, to habilitating mentally retarded persons, to rehabilitating handicapped persons, or to regulating and improving health care for specific conditions or the general population.

Each area of SWP was target population oriented. That is to say special population groups were designated for special attention, as with the aging, blind, or juvenile offenders. Discussion of these populations did not usually extend to treatment modalities, however. Statewide planning was not used as a vehicle for attempting to set new national policies--for example, that regional spinal cord injury centers should be established with certain core service components.

It may well be that pragmatic considerations such as avoiding mandating cost items to states controlled the lack of attention to therapeutic issues. Another possibility is that the framers of SWP

wished to avoid the potential conflicts involved in specifying regulatory or treatment approaches in exploding areas of health and rehabilitation. Also, manpower and resources varied considerably across the country. The appropriateness of planning guidelines for communicating basic therapeutic instructions may also have been a factor. Basic questions of responsibility and control would probably have been raised if SWP attempted to mandate "certificate of need" authorities, or deinstitutionalization for mentally ill and mentally retarded persons, for example.

The question remains, however, why SWP did not explicitly direct states to consider and debate what it was unwilling to mandate. State-wide planning failed to pose therapeutic issues and their planning implications. States were not challenged to undertake this task. There can be no question that the entire context of SWP included countless subsets of therapeutic issues. Many, such as regulatory provisions, would be the special agenda of groups that would be participating in SWP. Perhaps with these realities in mind, SWP framers chose not to further heighten the inevitable debates.

In each area of SWP, planning efforts were designed to be complementary to other programs specifically aimed at providing community-based services. In mental health and mental retardation, SWP was to plan with community mental health and retardation centers as the keystone of community services. In vocational rehabilitation, workshops, clinics, and rehabilitation centers were to be orchestrated through both the SWP and a facilities plan. In comprehensive health planning, the SWP unit would have responsibility for promoting the development of areawide health planning, for delineating planning regions, and for

coordinating local and regional health agency programs.

To the extent that these planning initiatives reenforced trends toward geographic coverage of catchment service areas, and toward broadened functional activities to be included in the definition of each SWP area, they contributed basic elements of therapeutic approaches to health-related problems. The catchment concept, offered to the entire country through both SWP and related service/facility programs, provided an impetus for new patterns of services on a geographic basis. A catchment area is a defined geographical region, often delineated in terms of population size and the social characteristics of the residents, which is utilized as a unit in planning and delivering services. In mental health, for example, a catchment area might encompass a number of communities with an aggregate population of 75,000 persons to perhaps 200,000 persons. The population within the catchment area would then be served by an area community mental health center. Service providers and other resources, and identified persons in need of mental health services, as well as referral sources of additional persons in need would be linked together in the ideal catchment area.

Statewide planning, however, did not mandate uniform catchment areas for all states, with specific services patterns to be planned. Statewide planning guidelines did not discuss implications of the catchment area approach. The catchment concept, for example suggests decentralization, with responsibility for planning and directing services for the defined catchment area vested in an area director. It suggests the possibility for conflict over the apportionment of resources among catchment areas, and over the delineation of area boundaries. Planning for a

distinct area introduces many possibilities for increased citizen participation and direct contact of service recipients, professionals, and citizens of the area. Yet, the potential is also present for a powerful faction or organization--a workshop for disabled persons, the professional staff of a state mental retardation institution, of a hospital, or of a medical insurance carrier--to become the dominant force in shaping the programs of the catchment area.<sup>16</sup>

The tasks of prodding states and localities to accept new geographic arrangements for services, and to accept SWP data-gathering activities designed to enlarge definitions of basic health, habilitation, and rehabilitation services, were perhaps viewed by the framers of SWP

---

<sup>16</sup>See Demone, op. cit., pp. 19-23, for a discussion of service areas and organizational problems in mental health. This problem is particularly evident in the Area-wide or 314(b) agencies of comprehensive health planning. In the area of capital expenditure regulation, as in control over the burgeoning proprietary hospital and extended care industry, planning agencies are likely to find themselves charged with "regulating" organizations which have a direct role in providing funds, professional expertise, and advisory board members. The question of a legislatively mandated role for planning agencies in providing a "certificate of need" in health construction dates back to the enactment of the comprehensive health planning legislation in 1966. The legislative history of "certificate of need" legislation is to be traced at the federal level in the Social Security Amendments of 1967, 1969, 1970, and particularly, the enactment of section 221 of H.R. 1 in 1972 (P.L. 92-603). In the earlier years, similar provisions were introduced to make it mandatory for health facilities expansion or renovation to be approved by the area planning agency if the facility was to claim depreciation, interest, and other write-offs under federal reimbursement provisions of the Social Security Act (Titles V, XVIII, and XIX). The proposal's enactment in 1972 may prove to bring about the confrontation of comprehensive health planning health factors within catchment areas that SWP fastidiously avoided.

See U.S. Senate, Committee on Finance, Social Security Amendments of 1967, Report to Accompany H.R. 12080, 90th Cong., 1st sess., November 14, 1967, pp. 18 and 91; U.S. Senate, Committee on Finance, Medicare and Medicaid, Hearings, 91st Cong., 1st sess., July 1 and 2, 1969, pp. 54-56; U.S. Senate, Committee on Finance, Social Security Amendments of 1970, Hearings, 91st Cong., 2nd sess., Part 1, June 17 and July 14 and 15, 1970.



as sufficiently challenging to existing organizational modes. In any case, SWP provided organizational settings for the development of new therapeutic methods in areas such as mental health, retardation, and chronic disease or impairment. Direct challenge to institutionally based services was not, however, set forth. SWP left this to the states.

### Summary

This discussion has characterized SWP through examination of concepts both emphasized and ignored in its guidelines. The picture that has emerged is that of a cautious, dispersed, vehicle for planning new directions. SWP was found to be in its guidelines very much a reflection of the groups which came together in its framing. The conceptual construct of interest-group liberalism was introduced and used to characterize SWP as shaped by the American planning tradition.

A number of observers have seen characteristics noted above in specific areas within SWP, while failing to characterize the phenomenon of SWP itself as it existed in the 1960's. Hilleboe and Schaefer, for example, writing in 1968 about comprehensive health planning, characterized that effort in classic interest-group liberalism terms:

By espousing the concept of comprehensiveness, without prescription of what comprehensive health services must or should consist of, and even without explicit definition of the term, the law moves within the "grand tradition" of American political ideas. Much of the durability and responsiveness of the American political system derives from its reliance on stating ground rules and processes by which policy can be developed, instead of postulating Utopian schemes and ideologies. This characteristic is dominant, indeed striking in the comprehensive health planning law.<sup>17</sup>

---

<sup>17</sup>Hilleboe and Schaefer, op. cit., p. 1079.

The above quote touches all of the basic elements of SWP--its conservatism, interest-group liberalism, non-rigorous, and non-therapeutic guideline requirements. It implies that these elements were inevitable, and that the consensus they represent is the only sure road to progress. A major shortcoming of this argument, however, is its failure to address the policy implications of ignoring basic organizational and substantive issues.

It may be that existing organizational configurations in mental health, mental retardation, vocational rehabilitation, and public health offered few alternatives for the setting of SWP divorced from the context of interest group-liberalism. Lowi would "push direct group access back one giant step in the political process" as a way of limiting the group influence upon policy.<sup>18</sup> To accomplish this goal, in his view, would require both a building-up of the competence and resources available for civil service, and the revitalization of group competition before a legislature willing to listen and act upon such an expression of views.<sup>19</sup> The available evidence would suggest that states in the early 1960's were unlikely candidates to upgrade health agency staff, or, to raise the level of discussion and group involvement in the legislative process surrounding disability and health. In each of the areas of SWP, organizational responsibility for administration of programs was diffused to numerous public, quasi-public, and private groups. The existing organizational pattern was perhaps not so much direct group access of private and semi-public (indirectly supported by public funds, for example) groups

---

<sup>18</sup>Low, op. cit., pp. 22-23.

<sup>19</sup>Ibid.

to line state health agencies, as it was a mutual dependence and professional linkage of these groups in mental health, or mental retardation, or rehabilitation, or public health systems.

Statewide planning need not be maligned because of its interest group liberalism emphasis. Few other alternatives existed. The guidelines for SWP can be criticized, however, for their lack of attention to the dynamics of the interest group liberalism approach. If there is a "sinful" connotation to be attributed to interest group liberalism in SWP, the sin is perhaps one of omission rather than commission. If the observation is correct that middle-range planning includes several tension areas, then, it follows that planning instructions should attempt to identify and discuss these potential trouble spots. The interest group liberalism example, as an aspect of the question "who should plan?", should have been address in SWP guidelines. The omission of such a discussion suggests aspects of the incremental mode of decision-making, with its tendency to minimize value conflict.

In Chapter Five, observations will be presented on how the tension areas of SWP may be viewed in retrospect. Observations will also be presented on the content and context of SWP in the early 1970's.

## C H A P T E R V

THE NEW FOCUS OF PLANNING: FROM HEALTH PROFESSIONALS TO POLITICAL  
EXECUTIVES

The objective of this study has been to identify and explain the dimensions of the SWP approach in health-related planning. Explanation is used in the sense of laying bare the conceptual components of SWP and offering working hypotheses of how the concepts came to be emphasized while others were ignored.

Analysis of the conceptual components of the SWP approach has shown that planning guidelines comprise an important index for commenting on national and state policies. This study must be limited to the aggregate impact of SWP efforts, however. Although SWP in mental health, mental retardation, vocational rehabilitation and comprehensive health has been shown here to be a cohesive planning approach, comparative analyses of the cumulative SWP impact in the states is not to be found in HEW or elsewhere. Even the undertaking of a comparative study of planning impact across the SWP areas in one or several states would be substantial.

With these considerations in mind, this concluding chapter will focus on the implications SWP has had for its programs as best this may be determined from overview and national summary sources. Few studies have been made of SWP from this national perspective. The several that have been made were limited to one substantive area, for example mental retardation, vocational rehabilitation, and comprehensive health. None examined the cumulative impact of SWP across the four health-related areas.



This analysis will primarily rely on the areas of mental retardation, vocational rehabilitation, and comprehensive health in illustrating program examples of the implications of SWP. This selectivity is based on the availability of data in these areas to the investigator. These illustrations will be qualified where their applicability is primarily to one of the four SWP areas studied.

Inferences about SWP will be offered under three major sub-headings. The first will suggest some practical political consequences which resulted from SWP's posture on basic organizational and substantive issues. The second will suggest dimensions of the changing SWP scene, including observations on the extent to which implications identified under the first sub-heading have been recognized by the principal actors in SWP. The conclusion will review SWP in retrospect, offering observations on both substantive and policy analysis topics.

### The Politics of Statewide Planning

What have been the effects of the lack of challenge in SWP guidelines relating to the organization of SWP, to the auspices under which services are provided, and the therapeutic components of services? While these areas could be addressed individually, the overall answer is clear. In each of its substantive areas SWP contributed to the perpetuation of existing power configurations, permitting incremental changes, but forestalling fundamental challenges.

The expectations of SWP's framers may be attributed to a pragmatic view of where power lay in the organization of services, a SWP sense of "real-politik." SWP's emphasis on interest-group participation from

all segments of relevant services and constituencies--state agencies, non-profit agencies, disciplinary associations, parents' groups--was in part a recognition of the diffusion of power over the organization of services.

By accepting the tenets of interest-group liberalism, SWP provided reassuring signals to all that the SWP process was to be existing organizational and distributive politics. Mental health, mental retardation, vocational rehabilitation, and public health all share in a human services network which is only tangentially controlled or influenced through public policy.<sup>1</sup> SWP never came to grips with the parameters or dimensions of issues related to the ways national objectives could be framed and implemented by states, and to a lesser extent local governments, using primarily voluntary non-profit associations and independent professional entrepreneurs as service providers.

One SWP executive director recognized the multiplicity of forces and perspectives brought together by SWP. He wrote:

Everybody has his own ideas on how best to do this job. What are the significant forces? We're hired by the State Department of Mental Health using Federal funds, and that gives us immediately three sets of views. We chose as our target no single group but an ideology. We said we were going to attack the status quo. But there are many additional sets of forces. Medical schools, in many states, present a major force. Can a medical school, with its focus on training and research, be expected to develop a truly community-centered program? Should it be expected to? Should we try to compensate for its biases, and maximize its unique advantages? Can you expect a program, which is a part of a major teaching hospital of a medical school, to serve the total community irrespective of whether the patients meet the research and teaching needs of the institution?<sup>2</sup>

---

<sup>1</sup>For a description of the variety of organizations providing rehabilitation services, see Albert F. Wessen, "The Apparatus of Rehabilitation: An Organizational Analysis," in Sociology and Rehabilitation, ed. by Marvin B. Sussman (Washington: American Sociological Association, no date), pp. 164-170.

<sup>2</sup>Harold W. Demone, Jr., "The Limits of Rationality in Planning,"

The above passage suggests the dilemmas faced by the planner who recognizes the "real-politik" of the organization of social services. The questions outlined above were potentially an aspect of SWP in every state. There was little in SWP guidelines, technical assistance, or evaluation to either encourage asking those questions or providing answers. Instead, the guidelines emphasized what Charles Reich has called "the balancing concept," an approach argued here and by Reich to be biased to the status quo.<sup>3</sup>

What has been described here as the role of practical politics in SWP was discussed in Chapter One as incrementalism. Much as Wildavsky documented examples of administrators who preferred to avoid program budgets and other alternatives which increase debate and conflict on program direction, SWP guidelines left to states the decision of how explicit to be in addressing desired ends. All the incentives, however, seemed to have been toward playing it safe in setting planning goals.<sup>4</sup>

From an agency point of view, SWP must be regarded as a political success. The assumption is that the many possible tension areas of middle-range planning represent potential threats to agency survival. The issue of who should plan may challenge agency competence and procedures. Issues of how to plan may expose agency practices to new public audiences and challenge cherished activities. Debates on what

---

Community Mental Health Journal, I (Winter, 1965), 380.

<sup>3</sup>Reich, op. cit., pp. 1238-1240.

<sup>4</sup>Demone, op. cit., discusses this point, drawing upon Edward Banfield's "Ends and Means in Planning," in Concepts and Issues in Administrative Behavior, ed. by Sidney Mailick and Edward Van Ness (Englewood Cliffs: Prentice-Hall, Inc. 1962).

to plan are potentially as threatening as program budgeting is to those wishing to minimize conflict on policy distinctions.

Yet, within the context of interest group liberalism, emerging emphases on planning, and "blue ribbon" assessment panels pointing to new directions of care, SWP emerged as an essentially traditional force within the firm control of existing federal and state line agencies in health and rehabilitation. This is an important success element of SWP, and of the agencies at the delivery of services level. For SWP, agency control may have been the political reality required if a large-scale national effort was to be undertaken without trauma. For the agencies, SWP represented a successful venture at its outset for it placed additional resources, favorable federal endorsements, and prestige within reach of the state agency, thus enhancing, rather than threatening, its survival.

These observations on the "politics" of SWP have characterized the approach as an extension of, rather than a challenge to, existing policy-making activities, both substantive and procedural. It has been inferred that as a result, SWP's effects were muted. In the following sub-section these arguments will be continued by considering SWP within changing approaches to planning for social services.

#### Evolutionary Modes in SWP

A sufficient period has passed since 1963-1968 when SWP was initiated and implemented in the states for it to be possible to ask of its impact upon planning approaches. Among the purposes of SWP, it will be recalled, were two principal planning goals: (1) encouragement by the federal



government of specific planning mechanisms for a categorical purpose, and, (2) federal encouragement of intra-agency, public-private and inter-governmental cooperation and coordination in the planning and provision of services.

While these purpose statements, and the instructional guidelines on SWP that accompanied them were broadly stated, in the aggregate they comprised a distinct approach to federally supported state planning in major health-related areas. In what ways, it may be asked, have the principal actors of the 1960's in SWP revised their approaches to planning?

Figure I presents a paradigm of use in illustrating in general terms how HEW has changed its emphases in state planning assistance. In the paradigm the SWP approach is shown as evolving into the 1970's allied services approach to state planning assistance.<sup>5</sup>

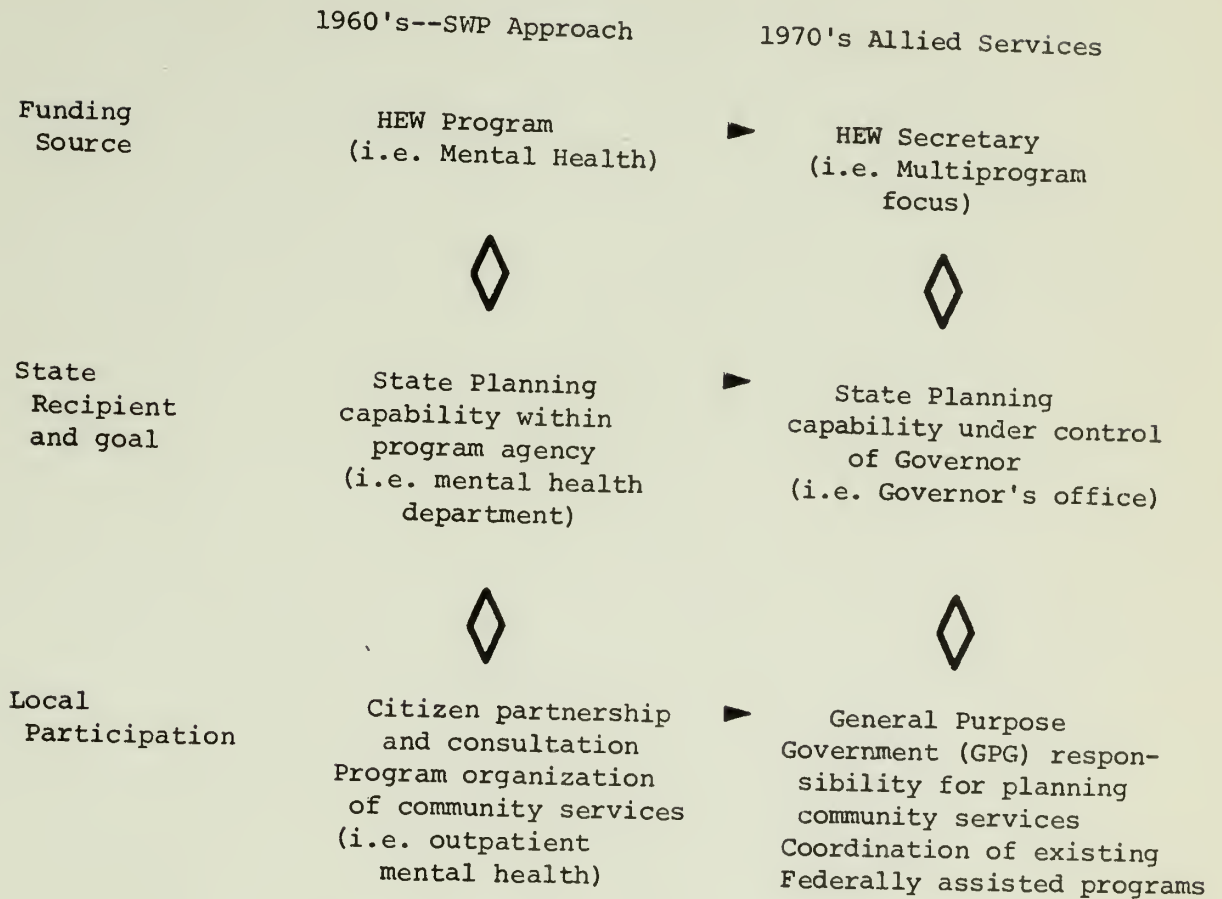
On its horizontal plane, the paradigm shows a shift in the locus of responsibility for initiating and supporting planning activities at the federal, state, and local levels from the auspices of categorical programs to executive control and a multi-program emphasis. On its vertical plane, the contrast between SWP's federal-state-local programmatic linkages and allied services linkage of executive planning agencies may be seen.

---

<sup>5</sup>Components of the Allied Services Approach are to be found in S. 3643 and H.R. 15856, companion Bills introduced in the 92nd Cong., 2nd sess., following President Nixon's message of May 18, 1972 on the planning and organization of human services in the states. Additional characteristics and references to the approach are presented below.

FIGURE I

## Evolutionary Modes in State Planning Assistance



These shifts in emphasis are key indicators of what would appear to be the emerging trend in health-related planning. SWP, it will be recalled, was fashioned by a communications network consisting largely of state health and rehabilitation agency administrators and their federal counterparts at the Bureau levels. In the early 1960's, the organization charts of HEW, and of most states, would not have shown significant staff offices for planning reporting directly to political executives. One consequence of the planning--programming-budgeting movement (as well as other planning initiatives) of the late 1960's has been, however, the marked growth of multi-program planners in the higher bureaucratic echelons.

The allied services concept advanced by the Nixon Administration is a clear contrast to SWP. Figure I indicates a shift from HEW program funding to HEW's Secretary. This contrast is presented to emphasize that in the 1960's when SWP was initiated and implemented, the guidelines were drawn and strategies were shaped primarily by the line agency responsible for the program. One reason that HEW espoused a SWP approach in successive years for related programs, but failed to address many basic planning issues, was simply that as a Department it lacked oversight controls for the planning function. The vacuum was present to be filled by HEW's line programs and their allies in constituency groups and counterpart state agencies.<sup>6</sup>

---

<sup>6</sup>These and the following observations are based on numerous conversations and discussions which this investigator has participated in as an HEW employee during the period 1970-1973. While employed in Washington, access has been routine to developmental materials on allied services, planning, and services integration.

The contrast of the allied services proposal to SWP is as much in its being proposed as in its content, although contrasts are present in both instances. The allied services proposal originated as a staff study of how HEW service programs could more effectively be integrated at the point of delivery. As many programs were involved, the study was in actuality a series of studies, with many draft reports, inter-agency task forces, and other quasi-adversary processes. It is significant that the initiative and control of these studies lay largely in staff offices of HEW's Office of the Secretary, which hardly existed in the early 1960's.

There is no legislation for the allied services approach as of this writing. One must draw upon the Bill which has been introduced, official statements, or background papers for analysis. Allied services may never become law; its effects may be chiefly in the emphasis it has had on HEW research and demonstration programs, and the extent to which it has dominated HEW concerns with planning for the organization of human services at state and local levels.

In simplified terms, the approach would make it possible for states to obtain special HEW planning assistance grants, authority to transfer funds (up to a specified limit) among programs for like purposes, and authority to contract with certain local planning agencies (preferably general purpose governments) for implementing an allied services plan in specified local planning districts.<sup>7</sup>

These components indicate the remaining two areas of change from the SWP approach indicated in Figure I. While the state recipient of

---

<sup>7</sup>H.R. 15856, "Allied Services Act of 1972," 92nd Cong., 2nd sess.



SWP assistance was likely to have been an existing state line agency, or a special commission closely linked to the state agency, the allied services approach calls for the governor to designate a state planning agency. The governor would not be limited in his choice, but emphasis is placed on the agency acting for the governor--an emphasis on increasing state planning capability under the control of the governor as opposed to planning in a line agency perhaps several steps removed from his control.

Under the allied services approach the governor's planning agency would be required to specify sub-state planning districts. The state would determine priorities among sub-state districts and enter into agreements with political executives of those chosen to receive planning assistance.

While exactly how the approach would be implemented under legislation remains difficult to ascertain at this writing, the evolution from SWP is considerable. At the local level, first priority for undertaking planning would fall to local general purpose government. Second priority would be to an instrumentality created by one or more general purpose governments. Third priority would be other voluntary or non-profit agencies with legal standing and approval of the general purpose government to undertake the submission of public plans.

This discussion is not intended to focus on the merits or speculative prospects of the allied services approach. Rather, the point is to emphasize the direction in which federal and state planning is moving. In the movement toward the allied services approach, one finds a fading away of many of the purpose goals of SWP. The HEW goal is no longer

principally one of encouraging specific planning mechanisms for one target population. Instead, the view seems to be that single orientation, or as they often are called, "categorical planning programs" have not resulted in coordinated services, and that a new generation of planning is required:

The task of fitting the roles of service providers into a comprehensive whole will be painstaking and time-consuming even for a limited range of services and in a limited geographical area. As the number and geographic scope of included services both enlarge, the necessary planning will become still more complex. And yet there can be no hope of building service networks without gaps or overlaps yet capable of reaching all those eligible unless we acquire the planning capacity necessary to establish clear definitions of authority, responsibility, and territory. The proposed legislation should help to develop the knowledge and experience needed to undertake this final stage in the creation of a truly adequate human services system.<sup>8</sup>

The above quote indicates a sense of lack of achievement of the second primary goal of SWP, federal encouragement of inter-agency, public-private, and intergovernmental coordination in the planning and provision of services. It was noted earlier that SWP required few specific outcomes, and that evaluation methods and criteria were largely unspecified.

---

<sup>8</sup>U.S. Department of Health, Education, and Welfare. Responsibility and Responsiveness: The HEW Potential for the Seventies, by Elliot L. Richardson. DHEW Publication No. (OS)72-19. (Washington: Government Printing Office, 1972), p. 22. Secretary Richardson's remarks are also indicative that the planning-programming-budgeting system (PPBS) approach of the late 1960's also failed in providing a framework for coordinated services planning. The PPBS approach was introduced to HEW and other domestic agencies by presidential directive in 1965. Its introduction came much too late to be incorporated in the guidelines for statewide planning. PPBS did lead to a strengthened planning capacity in HEW, however, both in numbers of staff available for reviewing bureau planning actions, and in the introduction of systems concepts for evaluating planning. In short, PPBS raised the level of planning expectations.

Recent observers have emphasized that PPBS' real contribution has been in the introduction of program analysis on a widespread basis in the domestic agencies. Secretary Richardson's remarks may reflect the

Hence it is difficult to judge this dimension of SWP. The emphasis on clear definitions of authority, responsibility, and territory in the organization of human services does reflect a significant evolution from SWP rhetoric, however,

While the explicit details of "second generation" SWP in the form of an "allied services" approach cannot be examined at this writing, it is possible to offer some observations on the likely reactions of SWP actors. Resistance to the new planning approach by state agency administrators in mental health, retardation, rehabilitation and comprehensive health is likely. Whereas the politics of SWP left power in the control of line administrators, the new services planning orientation calls for challenges to line agency prerogatives. Such challenges would be perceived in both the incentives for stronger planning by governors' offices and in the provisions for local general purpose government participation in "auspices" questions which traditionally have been the province of line agencies.

In many ways SWP strengthened the bureaucratization of state planning within operating agencies. In vocational rehabilitation, the federal posture was to attempt continued SWP through annual revisions of a state "Program and Financial Plan" (PFP), a component of each

---

experience of both statewide planning and PPBS in observing that we need planning to develop "a truly adequate human services system," while also recognizing that such a development will require attention to "clear definitions of authority, responsibility, and territory."

See Allen Schick, "A Death in the Bureaucracy: The Demise of Federal PPB," Public Administration Review, XXXIII (March/April, 1973), 146-156. The contributions of the PPB effort to improved program analysis in HEW are discussed by Alice Rivlin, Systematic Thinking for Social Action (Washington: The Brookings Institution, 1971).

state's application process to obtain federal formula grant funds. The PFP, together with periodic revision of the states' rehabilitation facilities plan, required continued updating of estimates of numbers to be served, priorities among disabilities and special populations, and manpower needs. Emphasis was placed in the PFP on data needed for preparation of budget estimates; therapeutic questions, issues of auspices, and similar organizational dimensions were not raised by the PFP procedure.<sup>9</sup>

Mental retardation has also seen a continuation of many characteristics of the SWP approach, although the planning function has been significantly broadened and institutionalized. The "Developmental Disabilities Services and Facilities Construction Act" of 1970 (DD Act) provided the continuing mandate for retardation planning, while also directing efforts to additional disability areas.<sup>10</sup> The DD Act is a significant evolution of SWP in retardation for while it carries forth the principal themes of coordination and leadership of multi-agency programs, it places responsibility for implementing these activities under a state planning and advisory council and one or more designated state agencies. The DD Act continued a precedent of SWP by not mandating

---

<sup>9</sup>Personal observations based on experience with the vocational rehabilitation PFP procedure at both the HEW regional office and central office levels.

<sup>10</sup>P.L. 91-517, approved October 30, 1970. Section 102 (b) (5) of the Act defines developmental disability "as a disability attributable to mental retardation, cerebral palsy, epilepsy, or another neurological condition of an individual found by the Secretary to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, which disability originates before such individual attains age eighteen, which has or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual."



a specific organizational locus at the state level for planning. It does begin to address some therapeutic and auspices issues, however, by melding within the Act the assertion of an inherent therapeutic kinship of the developmental disabilities, a kinship requiring a lowering of organizational barriers which have caused separate and divergent auspices for services to the components of the DD populations.

The DD Act may be compared to the comprehensive health approach for both place significant emphasis on review and control of federal formula grant funds to a state. Both also emphasize the use of consumer oriented planning councils. The DD focus on a specific, albeit possibly expansive, target population distinguishes it from comprehensive health planning. However, with its narrower focus, the DD approach presents a challenge to some aspects of traditional organizational practices, such as by potentially allowing a planning agency to direct activities of line agencies insofar as such activities apply to the DD population. Thus a DD agency might be passing approval upon portions of a special education plan or a rehabilitation agency plan.

Missing from the DD Act and its regulations, however, are explicit authorities to act to exercise control in the above manner. These features were noted in one state's DD planning agency's director's observations on the DD guidelines while the guides were still in the formative stages:

As state planners and administrators, we would like to see the final guidelines be truly helpful, providing Federal leadership and guidance which will assist the states in carrying out the requirements for planning, evaluation, administration, organization, development of priorities, and so on. After experience in our own state with the P.L. 88-164 program, we feel it would be particularly helpful for the guidelines to suggest ways in which

the State Council, state agencies, and other bodies might relate to each other in carrying out the activities required of them; ways in which statistical tools might be employed in deriving priorities; information and methodologies which might be employed for evaluating the effectiveness of programs; possible ways for organizing the State Plan materials; and other ways in which the State might accomplish what is required by the regulations. It should be made clear what is a suggestion and what is a requirement in this and all other materials.<sup>11</sup>

The above passage does present a contrast to the apparent state agency posture under SWP, that is tacit approval of non-specific planning guidelines. While the sentiments expressed for clear directives are probably generally reflective of state DD agencies, the endorsement of strong evaluation and other methodological components may be atypical.

It does seem clear at this writing that Congress, HEW, constituency groups, and state agencies have shown in their acceptance of the DD Act a willingness at least to tolerate and try new components, suggestive of stronger political executive leadership over SWP. It has not been demonstrated, however, that these same actors may be moved to accept more drastic changes in state planning, such as the approaches suggested by the Allied Services Act.

### SWP in Retrospect

This analysis has characterized SWP as a distinct planning approach devised and supported by the U.S. Department of Health, Education, and Welfare during the 1960's.

---

<sup>11</sup>Commonwealth of Massachusetts. Executive Office for Administration and Finance. Bureau of Retardation. "Some Comments on the Proposed Regulations Pertaining to P.L. 91-517," Staff Review, reproduced for the Social and Rehabilitation Service's Conference on the Developmental Disabilities Act, Washington, D.C., January 6-7, 1971, p. 7.

SWP's basic concepts have been interpreted as to content, origin, and implications for ongoing planning. In conclusion it may be asked: Why did the nature and thrust of SWP nearly completely escape policy scrutiny during its formation and implementation?

Part of the answer may lie in the manner in which health-related programming is subjected to public policy analysis. At various points in this study, the analytical comments of social scientists and other knowledgeable observers have been applied to the SWP approach. Particularly, the commentaries on identifying issues of substance and process by Harold Demone, Charles Reich, and Theodore Lowi come to mind. Yet, the SWP approach largely escaped critical analysis during its formative stages which might have challenged its conservative tenor. The answer seems to be that only slowly has an interest in the dimensions of developmental policy planning arisen in qualified, informed, detached observers.<sup>12</sup>

For SWP, the slow growth of interest on the part of public policy critics in the health-related planning area meant an abdication of the function of introducing adversary dialogues into the shaping of planning methods. The concerns of the framers of SWP were programmatic, not analytic. Quite naturally their communication linkages, as were outlined in Chapter Two, brought together state agency personnel,

---

<sup>12</sup>See Michael D. Reagan, "Policy Issues: The Interaction of Substance & Process," Polity, I (No. 1, Fall, 1968), 35-51, for a discussion which suggests that political scientists have been reluctant to engage in policy evaluation studies. Reagan offers no definitive conclusions, but his essay does suggest a number of ways that political scientists might contribute to policy studies in substantive areas such as economics, health, and education.

federal bureau level officials, and specialized interest group representatives. The system was not closed to policy analysts, in or out of government, but who was watching?

Might events have been different if SWP had received close scrutiny from knowledgeable policy analysts during its formative stages, as it moved from mental health, ultimately to comprehensive health? This question raises once again the issue of perspective self-clarification and conceptual analysis in public policy areas. It is possible that we have not yet reached the point where administrators and lawmakers are willing to acknowledge the primary goal of planning as basic change. Hence, the administrator may balk at clarifying his perspective, identifying the communication linkages which influenced him, and further explaining how he proposes to consider alternative views and to evaluate his conclusions. In all likelihood, however, an investigator will receive cooperation from the administrator or lawmaker in researching such perspectives. If not, records and multiple participants would usually allow for the reconstruction of the many dimensions of policy-making processes.

It is difficult at this time to construct a "strawman" commentator contemporary to SWP who would have performed the role suggested, and to predict what impact he would have had. It may be postulated that such a commentator would have identified SWP as a developing trend as it moved from mental health to mental retardation to vocational rehabilitation. Challenges might have been expected concerning the points raised in this study of SWP's conservative bias, its interest group liberalism, its non-rigorous instructions, and its



non-therapeutic nature. It is entirely possible that introduction of more directive dimensions would have delayed or forestalled the evolution of the SWP approach. Clearly the attraction of SWP for federal agencies and their state counterparts was its non-divisiveness and its malleable qualities for the principal actors involved. If these elements were threatened, SWP itself would have lost attractiveness.

In retrospect, SWP shows the need for carrying conceptual analysis to organizational and planning activities within health and social services programs. The primary issues devolving from rapid therapeutic and technical advances in service delivery are organizational in nature. These organizational issues include key questions of control over the auspices where services are provided and participation in policy formation. In addition to being planning topics, these issues are distributive or allocative in nature. SWP provides an excellent proof of Reich's contention that the central myth in our planning has been "the belief that decisions concerning planning and allocation can be, and are, made on an objective basis," and that "decisions are not primarily choices between values."<sup>13</sup>

---

<sup>13</sup>Reich, op. cit., pp. 1235-1236. It is interesting to note that the evolution of state and federal "certificate of need" legislation (discussed in Chapter Four) may be bringing to continuing comprehensive health planning a new attempt to form an ethos of objectivity and a sense of regulation. Reich, it was noted earlier, found our earliest planning in regulatory activities. The "certificate of need" process will provide a fertile area for future students of health planning. It remains to be seen how comprehensive health planning area-wide and statewide agencies will resolve the tensions inherent in their dependence upon health care organizations for funding and leadership, while also being charged by state and federal statutes with review and approval authority over health services expansion. For examples of emerging value clashes, see Victor Cohn, "Panel Rejects Hospital Plan for Reston," Washington Post, September 25, 1973, p. C-1.

It should be the job of the responsible commentator to bring to public policy analysis his skills in identifying concepts and perspectives at the root of planning and programmatic proposals. It has been noted that key aspects of policy formation occur in the administrative process--as in the case of guideline preparation for SWP. Thus, it is largely in the review and commentary on Executive Branch activities that much conceptual analysis is needed. While this task should be performed both within and outside government, a number of factors point to the need for independent analysis removed from governmental direction.

Consider what the dimensions of perspective clarification might be. Connolly offers the following process:

The responsible ideology is one in which a serious and continuing effort is made to elucidate publicly all of the factors involved in its formulation and in which a similar effort is made to test the position at strategic points by all available means. A continuous shuttle is established between the levels of self-clarification, formulating and testing beliefs about the environment, recommending appropriate public action and attitudes, and specifying the expected consequences of the proposed action. In this way a maximum effort is made to keep all factors involved in the formulated ideology at the forefront of attention, and every opportunity is grasped to confront these recognized factors with the hard facts of the environment.<sup>14</sup>

The above are strenuous requirements for independent social researchers. They would be even more demanding in the context of the federal bureaucracy. Certainly one might call for social scientists and others in the government to apply such self-examination as they

---

See also Under-Secretary of Health, Education, and Welfare Frank C. Carlucci's communication, "The Hospital Building Frenzy," Washington Post, September 18, 1973.

<sup>14</sup>Connolly, op. cit., pp. 152-153.

press for the acceptance of their cherished theories as public policy.<sup>15</sup> Yet, our public policies in the aggregate are the work of thousands of agencies, each protective of its own prerogatives, and each coping with multiple policy issues. The examination of conceptual considerations as outlined by Connolly, it would seem, is more likely to occur under such conditions as adversary processes where specific policies are spotlighted, than as introspective agency decision-making open to public scrutiny.

It is not clear to this observer how, and with what results, conceptual clarification might be brought to federal policy efforts similar to SWP. In an area such as SWP the developmental stages are often vague. Figure I in Chapter <sup>Two</sup> One outlined the activities, actors, and results that a responsible commentator would want to analyze as a part of his conceptual spadework. SWP showed that evolution in planning for mental health, mental retardation, vocational rehabilitation, and comprehensive health was decidedly incremental and open to observation throughout.

In SWP, the actors directly involved in preparing a planning program for adoption by the states were closely linked to one another. These communication processes revolved around the assessment, legislative, and guidelines activities of SWP. It is these activities that shaped the conceptual fiber of SWP. The answer to how conceptual clarification might be enhanced in the federal policy structure must

---

<sup>15</sup>See the excellent article on this topic by Joseph P. Fitzpatrick, "Poverty Politics and Social Studies," America, May 10, 1969, pp. 558-561. See also Robert K. Merton, "Role of the Intellectual in Public Bureaucracy," Social Forces, XXIII (May, 1945), 405-415.

then begin with these stages in policy development.

One possible result of such efforts might be new communications linkages in the policy development process. In the areas of the environment and transportation safety, perspective clarification and conceptual challenge by consumer advocates such as Ralph Nader are common elements. The acknowledged adversary dialogues of such efforts are in themselves often analyzed. This type of exchange, if brought to SWP formation, might have changed the perspectives of many of the actors involved, perhaps substantially changing SWP after mental health or mental retardation.

One final observation to be made concerns SWP within the context of planning and federalism. It is likely that this study notwithstanding, and despite important topics for research, little attention will be given to SWP in the months and years ahead. In mental health, mental retardation, and vocational rehabilitation it has been all but forgotten--less than three years after some of the final reports were submitted. In comprehensive health, as was intended, the program is an ongoing one, but little remains of the optimism of its birth. Under-Secretary of HEW Carlucci perhaps exemplifies the skepticism with which health planning is now received by HEW:

But we do not pretend to be satisfied with the comprehensive health planning program, and far more than increased funds is needed. Comprehensive health planning's need to be invigorated with a new sense of mission, and endowed with new powers and governmental support at all levels. They must get in there and do a job, rather than just write periodic reports mostly for internal consumption.<sup>16</sup>

---

<sup>16</sup>Carlucci, op. cit.



This anonymity of the SWP approach is unfortunate. Not only does it offer many insights and issues to be examined within the context of policies within its constituent areas,--for example, public health, it also offers distinct parallels and contrasts between efforts of the 1960's and future approaches in federal-state relationships in health-related services. Likewise, for researchers at the state level, there are many fascinating case studies to be explored concerning SWP's impact on the organization of public and private services. Clearly much more could and should be said about SWP. These and other questions must remain beyond the bounds of this study, however, and be reserved for the venturesome.

## APPENDIX

## Statutory and Administrative Origins of Health-Related SWP

## A. Mental Health SWP

Authorization	Appropriations	Federal Agency & Planning Period	Guidelines
<p>Dept. of HEW, Appropriations Acts for FY 1963 and FY 1964</p> <p><u>References:</u></p> <p>U.S. Senate. Appropriations Comm. Sub-Labor and HEW. Hearings on Appropriations for FY 1963. pp. 1585-1589; 1614-1615.</p> <p>U.S. House. Appropriations Comm. Sub-Labor and HEW. Hearings on Appropriations for FY 1963, Statements. pp. 400-401.</p> <p>U.S. House. Appropriations Comm. Sub-Labor and HEW. Hearings on Appropriations for FY 1964. Part 3, National Institute of Health, pp. 473-476.</p>	<p>Appropriations for 2 years: \$8,400,000</p> <p>Approved budgets for 2 years: \$8,234,856</p> <p>Expenditures for 2 years: \$7,363,867</p> <p><u>References:</u></p> <p>Dept. of HEW, Public Health Service. 1966 Final Reports: State Mental Health Planning. PHS pub. no. 1685, 1966.</p> <p>U.S. House. Appropriations Comm. Sub-comm. on Dept. of Labor and HEW. Hearings on Appropriations for FY 1965, Part 3. pp. 252, 324-325.</p> <p>U.S. Senate. Appropriations Comm. Sub-comm. on Dept of Labor and HEW. Hearings for FY 1965, pp. 1144-1145.</p>	<p><u>Federal Agency:</u></p> <p>Dept. of HEW, Public Health Service, National Institute of Mental Health.</p> <p><u>Planning Period:</u></p> <p>Project grants were awarded to designated state agencies under authority of existing State Control Grants of the PHS. Planning was authorized under the supervision of HEW regional offices. As funds were made available through the appropriations process, all planning was done in project approved during FY 1963 and FY 1964. Most projects started in late 1963 and ended by 1965.</p>	<p>First year guidelines were issued in January, 1963; second year guidelines were issued in January, 1964; requirements for final reports were issued November 12, 1964.</p> <p>The planning was also closely related to the guidelines issued for P.L. 88-164, the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963.</p> <p><u>References:</u></p> <p>Dept. of HEW, Public Health Service 1966 Final Reports: State Mental Health Planning. PHS pub. no. 1685, 1966.</p> <p>Federal Register, May 6, 1964.--for construction of mental health centers.</p>

# Statutory and Administrative Origins of Health-Related SWP

## A. Mental Health SWP (continued)

### Key Assessment and Legislative Activities

- . Mental Health Study Act of 1955, P.L. 84-182, provides mandate for establishment of Joint Commission on Mental Illness and Health;
- . 1959 Annual Conference of Surgeon General with State Mental Health Authorities considers need for a major national mental health program; Ad Hoc Committee on Planning of Mental Health Facilities is established as an outgrowth of the Conference;
- . 1960 Annual Conference of Surgeon General with State Mental Health Authorities receives progress report of the Ad Hoc Committee stressing need for planning at the state and community level;
- . December, 1960--Final Report of the Joint Commission on Mental Illness and Health stresses need for planning under a national program;
- . January, 1961--Annual Conference of Surgeon General with State Mental Health Authorities stresses need for planning in accepting report of Ad Hoc committee;
- . November, 1961--Policy Statement of Special Governors' Conference stresses need for mental health planning;
- . January & February, 1962--Mental Health interest groups lobby Administration for legislative proposals to implement Joint Commission Report;
- . March & April, 1962--Funds for mental health SWP requested in Congress.



## Statutory and Administrative Origins of Health-Related SWP

B. Mental Retardation SWP			
Authorization	Appropriations	Federal Agency & Planning Period	Guidelines
<p>Maternal and Child Health and Mental Retardation Planning Amendments of 1963, P.L. 88-156.</p> <p>References:  <u>U.S. Code, Congressional and Administrative News</u>, 1963, pp. 1018-1026.</p>	<p>Dept. of HEW, Appropriations Act for FY 1964.</p> <p>One time only appropriation for 2 years of planning in each state and jurisdiction:  \$2,000,000</p> <p>References:  <u>Dept. of HEW, Public Health Service, Mental Retardation Guidelines for State Interagency Planning</u>, 1964.</p>	<p><u>Federal Agency:</u>  <u>Dept. of HEW, Public Health Service, Division of Chronic Diseases. Mental Retardation Branch.</u></p> <p>(After August 15, 1967, the mental retardation program came under the Social and Rehabilitation Service, Rehabilitation Services Administration, in HEW.)</p> <p><u>Planning Period:</u>  2 years of planning was authorized, and in most states took place between 1965 and 1967.</p>	<p>Dept. of HEW, Public Health Service, Division of Chronic Diseases. Mental Retardation Branch. <u>Mental Retardation Guidelines for State Interagency Planning</u>. Pub. no. 1192, May, 1964.</p> <p>"Regulation for Grants for Constructing Facilities for the Mentally Retarded, as authorized by P.L. 88-164," <u>Federal Register</u>, May 6, 1964.</p>

# Statutory and Administrative Origins of Health-Related SWP

## B. Mental Retardation SWP (continued)

### Key Assessment and Legislative Activities

- . 1956--Conference of Northeastern States, Council of State Governments--need for coordination in programs for the retarded identified;
- . 1958--National Conference on Retardation sponsored by the Council of State Governments--resolutions passed calling for interdepartmental coordination and planning;
- . 1960--White House Conference on Children & Youth--resolution passed calling for permanent state structure for assessing retardation needs and resources;
- . 1961--Presidential Statement on Need for a National Plan in Mental Retardation--October 11, 1961; at same time appointment of President's Panel on Mental Retardation;
- . January-February, 1962--Movement begins to establish Federally supported Statewide Mental Health Planning;
- . October, 1962--Report of the President's Panel on Mental Retardation presented, emphasis in planning and coordination of services in recommendations;
- . January, 1963--Appointment of Dr. Stafford L. Warren as Special Assistant to the President for Mental Retardation;
- . February 5, 1963--Presidential Message on Mental Health and Mental Retardation calls for new National legislation;
- . September, 1963--White House Conference on Mental Retardation stresses need for citizen involvement, planning, and coordination of services;
- . October 15, 1963--Maternal and Child Health and Mental Retardation Planning Amendments, P.L. 88-156, passed; signed by President October 24, with ceremony.

## Statutory and Administrative Origins of Health-Related SWP

C. Vocational Rehabilitation SWP			
Authorization	Appropriations	Federal Agency & Planning Period	Guidelines
<p>Vocational Rehabilitation Act Amendments of 1965, P.L. 89-133 Section 4 (2) (A) (B)--"Comprehensive Planning to Expand Vocational Rehabilitation Services."</p> <p><u>References:</u> House Reports-No. 432, Comm. on Education &amp; Labor; No. 1204, Comm. of Conference.</p> <p>Senate Reports-No. 806, Comm. on Labor &amp; Public Welfare.</p> <p><u>Congressional Record:</u> 7/29/65--Considered &amp; passed House, 10/1/65--Considered &amp; passed Senate, 10/21/65--Senate agreed to Conference Report, 10/22/65--House agreed to Conference Report.</p>	<p>Dept. of HEW. Appropriations for FY 1966 and FY 1967.</p> <p>Exact appropriations for 2 years are difficult to report because of intra-agency shifting of funds during FY 1967, a period of severe budgetary restrictions. The best estimate of funds actually made available for the planning is: \$7,150,000</p> <p>Source: Rehabilitation Services Administration, in response to inquiry, October, 1970.</p>	<p><u>Federal Agency:</u> Dept. of HEW, Vocational Rehabilitation Administration, 1967, Rehabilitation Services Administration, Social and Rehabilitation Service).</p> <p><u>Planning Period:</u> 1966 to 1968 in most states, with planning directed to a target year of 1975.</p>	<p>"Grants for Comprehensive SWP for Vocational Rehabilitation Services," Sections 401.120-401.130, <u>Federal Register</u>, January 14, 1966.</p> <p>Dept. of HEW, VRA, "Commissioner's Letter No. 66-12, Materials Relative to Statewide Planning, December 20, 1965."</p> <p>Dept. of HEW, RSA. "Statewide Planning Memorandum No. 10, Guidelines for Final Reports," Nov. 29, 1967.</p>

## Statutory and Administrative Origins of Health-Related SWP

### C. Vocational Rehabilitation SWP (continued) Key Assessment and Legislative Activities

- Growth and expansion of rehabilitation services under the Vocational Rehabilitation Act has been taking place since 1920. Vocational Rehabilitation by the mid 1950's was a mature and stable federal-state program directed by the Office of Vocational Rehabilitation, in HEW. State rehabilitation programs were administered by designated state agencies with funds made available to the states through a federal formula grant program.
- Origins of SWP in vocational rehabilitation are to be found in the desire of officials of the rehabilitation program to upgrade rehabilitation facilities, services, and concepts in planning at the state level for disabled persons. When SWP in mental health and mental retardation was authorized, efforts increased to start statewide comprehensive vocational rehabilitation planning.
- Specific origins of the concepts emphasized in rehabilitation SWP are to be found in several studies of the early 1960's:
  - a) Office of Vocational Rehabilitation. Task Force on Program Development. Rehabilitation in the Decade of the 60's. August, 1960. (mimeographed).
  - b) Joint Committee of the Public Health Service and the Vocational Rehabilitation Administration. Area-wide Planning For Rehabilitation Services. April, 1963. PHS Pub. No. 930-b-2.



## Statutory and Administrative Origins of Health-Related SWP

D. Comprehensive Health SWP			
Authorization	Appropriations	Federal Agency & Planning Period	Guidelines
<p>Comprehensive Health Planning and Public Health Service Amendments of 1966, P.L. 89-749--Section 314-(a) "Grants to States for Comprehensive State Health Planning."</p> <p>Partnership for Health Amendments of 1967, P.L. 90-174--Extended and expanded the Public Health Service Act for grants for comprehensive health planning and services.</p>	<p>Dept. of HEW, Appropriations Acts for FY 1969, FY 1970, FY 1971, and subsequent years.</p> <p>Grant funds allotted on a formula basis of population and per capita income.</p> <p><u>Authorized:</u>  FY 1968 - \$ 7,000,000  FY 1969 - 10,000,000  FY 1970 - 15,000,000</p> <p><u>Appropriated:</u>  FY 1968 - 5,000,000  FY 1969 - 7,375,000</p>	<p>Dept. of HEW, Public Health Service, Office of the Surgeon General, Office of Comprehensive Health Planning. (later, PHS, Health Services and Mental Health Administration).</p> <p><u>Planning Period:</u>  Section 314-(a) provides for continued and ongoing SWP. Unlike mental retardation, and vocational rehabilitation, this planning was not organized under a temporary project mechanism. The 314-(a) agency at the state level is required to submit reports of its planning to the federal government.</p>	<p>"Regulations Governing Grants to States for Comprehensive Health Planning," <u>Federal Register</u>, Vol. 32, July 22, 1967.</p> <p>Dept. of HEW, Public Health Service, Office of the Surgeon General, Office of Comprehensive Health Planning, "Information and Policies on Grants to States for Comprehensive Health Planning," August 15, 1967.</p>

## Statutory and Administrative Origins of Health-Related SWP

### D. Comprehensive Health SWP (continued)

#### Key Assessment and Legislative Activities

- . 1962--National Commission on Community Health Services begins national study of community health needs as a cooperative project of the American Public Health Association and the National Health Council;
- . 1962-1965--Activity leading to mental health and mental retardation planning creates additional interest in federal-state planning and community health services;
- . 1962-1965--Congressional interest increases in the organization of the nation's health services, and the relationship of existing categorical health programs such as the Hill-Burton Construction Program to planning for comprehensive community health services;
- . 1965--Mental health SWP nears completion, mental retardation SWP continues, and both planning efforts are reported in Congress to committees responsible for health measures and appropriations;
- . 1965--National Health Conference is held, emphasis is placed on need for new planning for community health services;
- . 1966--Presidential message is prepared and delivered emphasizing the need for reorganization in health services as part of "Creative Federalism" and the planning-programming-budgeting (PPB) approach;
- . 1966--National Commission on Community Health Services reports, stressing need for planning and reorganization of health services;
- . 1966--P.L. 89-749 enacted reorganizing federal health grants and establishing under 314 (a) a program of grants to states for comprehensive health SWP.

## BIBLIOGRAPHY

## BIBLIOGRAPHY

Unpublished Materials

- Abt Associates, Inc. "Case Studies of Statewide Comprehensive Health Planning--Maine, Minnesota, Tennessee, Washington." Case Studies prepared for the Health Services and Mental Health Administration, U.S. Department of Health, Education, and Welfare. Cambridge, Massachusetts, April, 1972.
- Harbridge House, Inc. "Analysis of Statewide Planning Reports for Rehabilitation." Report prepared for the Rehabilitation Services Administration, U.S. Department of Health, Education, and Welfare. Boston, Massachusetts, January, 1970.
- Linton, Miels and Coston, Inc. "Factors Affecting Comprehensive Health Planning in Large Urban Areas." A Report to the Comprehensive Health Planning Service, U.S. Department of Health, Education, and Welfare. Washington, D.C., June, 1972.
- Massachusetts. Executive Office of Administration and Finance. Bureau of Retardation. "Some Comments on the Proposed Regulations Pertaining to P.L. 91-517," Staff Review. Boston, Massachusetts, January 6-7, 1971. (Mimeographed.)
- Melia, Richard Paul. "The Massachusetts Mental Health and Mental Retardation Planning Projects, 1963-1967: Practicality and Rationality in the Planning Process." Unpublished Master of Arts Thesis, University of Massachusetts, Amherst, Massachusetts, 1968.
- Organization For Social and Technical Innovation, Inc. "Surveys of Selected 314(a) and Areawide 314(b) Comprehensive Health Planning Agencies." A Report to the Health Services and Mental Health Administration, U.S. Department of Health, Education, and Welfare. Cambridge, Massachusetts, August, 1971.
- United States. Department of Health, Education, and Welfare. Vocational Rehabilitation Administration. Minutes: Regulations Task Force, July-November, 1965. (This entry consists of minutes maintained by members of the task force responsible for drawing up regulations for the 1965 Amendments to the Vocational Rehabilitation Act; Mimeographed.) Washington, D.C., 1965.



- \_\_\_\_\_. "Memorandum, from Joseph M. LaRocca, Chairman, Regulations Task Force, to Mary Switzer, Commissioner, Vocational Rehabilitation Administration, Re: Policy Questions Involved In Regulations." November 4, 1965. (Mimeographed.)
- \_\_\_\_\_. "Memorandum, from Mary E. Switzer, Commissioner, Vocational Rehabilitation Administration, to the Secretary, Department of Health, Education, and Welfare, Re: Briefing Memorandum: Proposed Regulations Governing the Vocational Rehabilitation Program." November 10, 1965..
- \_\_\_\_\_. National Conference on Statewide Planning For Vocational Rehabilitation Services: Minutes of Conference Proceedings. January 25-26, 1967. (Mimeographed.)
- \_\_\_\_\_. Report of the Task Force on Goals for the 1960's. 1960. (Mimeographed, Limited Distribution.)
- \_\_\_\_\_. Second National Conference on Statewide Planning for Vocational Rehabilitation Services: Minutes of Conference Proceedings. November 29-December 1, 1967. (Mimeographed).

#### United States Government Documents

- United States. Congress. House. Committee on Education and Labor. Vocational Rehabilitation Act Amendments of 1965. House Report No. 432 To Accompany H.R. 8310, 89th Cong., 2d sess., 1965.
- \_\_\_\_\_. Select Subcommittee on Education. Vocational Rehabilitation Act Amendments of 1968. Hearings on H.R. 15827, H.R. 16134, and H.J. Res. 811. 90th cong., 2d sess., 1968.
- United States. Congress. House. Committee on Interstate and Foreign Commerce. Comprehensive Health Planning and Public Health Services Amendments of 1966. Hearings on H.R. 18231, H.R. 18232, and S. 3008. 89th cong., 2d sess., 1966.
- \_\_\_\_\_. Partnership for Health Amendments of 1967. Hearings on H.R. 6418. 90th cong., 2d sess., 1967.
  - \_\_\_\_\_. Subcommittee on Public Health and Safety. Mental Health. Hearings on H.R. 2567, H.R. 3688, and H.R. 3689. 88th cong., 1st sess., 1963.
- United States. Congress. House. Message From the President Transmitting the Final Report of the Commission on Intergovernmental Relations, House Document-No. 198, 84th cong., 2d sess., 1955.

United States. Congress. Senate. Committee on Appropriations. Subcommittee on Labor and HEW. Hearings for Fiscal Year 1963. 87th cong., 2d sess., 1962.

United States. Congress. Senate. Committee on Finance. Medicare and Medicaid. Hearings. 91st cong., 1st sess., July 1 and 2, 1969.

\_\_\_\_\_. Social Security Amendments of 1967. Report to Accompany H.R. 12080. 90th cong., 1st sess., November 14, 1967.

\_\_\_\_\_. Social Security Amendments of 1970. Hearings on H.R. 17550. 91st cong., 2d sess., Part I, June 17, and July 14 and 15, 1970.

United States. Congress. Senate. Committee on Government Operations. Subcommittee on Intergovernmental Relations. Intergovernmental Cooperation Act of 1967 and Related Legislation. Hearings. 90th cong., 2d sess., 1968.

United States. Congress. Senate. Committee on Government Operations. Creative Federalism. Hearings on Improving Intergovernmental Cooperation in the Management of Federal Assistance Programs. 90th cong., 1st sess., 1967.

United States. Congress. Senate. Committee on Labor and Public Welfare. Vocational Rehabilitation Act Amendments of 1965, S. Report No. 806 To Accompany H.R. 8310, 89th cong., 1st sess., 1965.

United States. Congress. Senate. Committee on Labor and Public Welfare. Subcommittee on Health. Amendments to the Vocational Rehabilitation Act. Hearings on S. 1525. 89th cong., 1st sess., 1965.

\_\_\_\_\_. Public Health Planning and Grants. Hearings on S. 3008, 89th cong., 2d sess., 1966.

United States Department of Health, Education, and Welfare. Health, Education, and Welfare Indicators. Washington: Government Printing Office, November, 1963.

United States. Department of Health, Education, and Welfare. Proceedings of the White House Conference on Mental Retardation, September 18-20, 1963. Washington, D.C.: Government Printing Office, 1963.

United States. Department of Health, Education, and Welfare. Office of the Secretary. Responsibility and Responsiveness: The HEW Potential for the Seventies, by Elliot L. Richardson. Washington, D.C.: Government Printing Office, 1972.

- United States. Department of Health, Education, and Welfare. Public Health Service. Areawide Planning of Facilities for Rehabilitation Services. Report of the Joint Committee of the Public Health Service and the Vocational Rehabilitation Administration. Washington, D.C.: Government Printing Office, 1963.
- \_\_\_\_\_. Comprehensive Health Planning: A Selected Annotated Bibliography. Public Health Service Publication No. 1753. Washington, D.C.: Government Printing Office, 1968.
- \_\_\_\_\_. Mental Retardation Guidelines For State Interagency Planning. Washington, D.C.: Government Printing Office, 1964.
- \_\_\_\_\_. 1966 Final Reports, State Mental Health Planning. Public Health Service Publication No. 1685. Washington, D.C.: Government Printing Office, 1966.
- \_\_\_\_\_. Planning of Facilities for the Mentally Retarded. Report of the Public Health Service Committee on Planning Facilities for the Mentally Retarded. Washington, D.C.: Government Printing Office, 1964.
- \_\_\_\_\_. Proceedings of the Annual Conference of the Surgeon General with State and Territorial Health Officers. Washington, D.C.: Government Printing Office, Years 1959-1966.
- United States. Department of Health, Education, and Welfare. Public Health Service. Division of Chronic Diseases. Procedures for State Agency Planning Under P.L. 88-156. Washington, D.C.: Government Printing Office, 1964.
- United States. Department of Health, Education, and Welfare. Public Health Service. National Institute of Mental Health. Guidelines for the Federal Grant-in-Aid Program to Support Mental Health Planning. Preliminary Copy, January 22, 1963. Reprinted in the Appendix to 1966 Final Reports, State Mental Health Planning.
- United States. Department of Health, Education, and Welfare. Public Health Service. Office of Comprehensive Health Planning. Information and Policies on Grants to States for Comprehensive Health Planning. Public Health Service, August, 1967.
- United States. Department of Health, Education, and Welfare. Public Health Service. Surgeon General's Ad Hoc Committee on Mental Health Activities. Mental Health Activities and the Development of Comprehensive Health Programs in the Community. Washington, D.C.: Government Printing Office, 1962.

- United States. Department of Health, Education, and Welfare. Public Health Service. Surgeon General's Ad Hoc Committee on Planning for Mental Health Facilities. Planning of Facilities for Mental Health Services. Washington, D.C.: Government Printing Office, 1961.
- United States. Department of Health, Education, and Welfare. Rehabilitation Services Administration. 50 Years of Vocational Rehabilitation in the U.S.A. Washington, D.C.: Government Printing Office, 1970.
- United States. National Resources Committee. The Future of State Government. Washington, D.C.: Government Printing Office, 1938.
- United States. National Resources Planning Board. State Planning. Washington, D.C.: Government Printing Office, 1942.
- \_\_\_\_\_. The States and Planning. Washington, D.C.: Government Printing Office, 1938.
- United States. President's Panel on Mental Retardation. Report of the Task Force on Coordination (Special Report on State Coordination and Planning). Published for the President's Panel on Mental Retardation by the Department of Health, Education, and Welfare, August, 1963.
- \_\_\_\_\_. Report to the President: A Proposed Program for National Action to Combat Mental Retardation. Washington, D.C.: Government Printing Office, 1962.

#### Books

- Barnard, Chester. Functions of the Executive. Cambridge: Harvard University Press, 1947.
- Braybrooke, David, and Lindblom, Charles. A Strategy of Decision. New York: Free Press of Glencoe, 1963.
- Chamberlain, Neil W. Private and Public Planning. New York: McGraw-Hill, 1965.
- Connery, Robert H., ed. The Politics of Mental Health. New York: Columbia University Press, 1968.
- Connolly, William E. Political Science and Ideology. New York: Atherton, 1968.
- Cronin, Thomas E., and Greenberg, Sanford D. The Presidential Advisory System. New York: Harper and Row, 1969.



- Dahl, Robert A., and Lindblom, Charles E. Politics, Economics and Welfare. New York: Harper and Row, 1953.
- Deutsch, Albert. The Mentally Ill in the United States. 2d ed. New York: Columbia University Press, 1949.
- Dror, Yehezkel. Public Policy-Making Re-examined. San Francisco: Chandler, 1968.
- Etzioni, Amitai. A Comparative Analysis of Complex Organizations. New York: The Free Press, 1961.
- Galloway, George B., ed. Planning for America. New York: Henry Holt and Company, 1941.
- Hayek, Friedrich von. The Road to Serfdom. Chicago: University of Chicago Press, 1944.
- Hillsman, Roger. Strategic Intelligence and National Decisions. Glencoe, Ill.: The Free Press, 1956.
- Hofstadter, Richard. The Age of Reform. New York: Vintage Books, 1955.
- Holsti, Ole R. Content Analysis for the Social Sciences and Humanities. Reading: Addison-Wesley, 1969.
- Landis, James M. The Administrative Process. New Haven: Yale University Press, 1938.
- Lowi, Theodore J. The End of Liberalism: Ideology, Policy, and the Crisis of Public Authority. New York: W. W. Norton & Company, 1969.
- Malikin, David, and Rusalem, David, eds. Vocational Rehabilitation of the Disabled: An Overview. New York: New York University Press, 1969.
- March, James G., and Simon, Herbert A. Organizations. New York: John Wiley & Sons, Inc., 1958.
- Marris, Peter, and Rein, Martin. Dilemmas of Social Reform. New York: Atherton Press, 1967.
- Meyerson, Martin, and Banfield, Edward C. Politics, Planning and the Public Interest. Glencoe, Ill.: The Free Press, 1955.
- Millett, John D. The Process and Organization of Government Planning. New York: Columbia University Press, 1947.
- Morris, Robert, and Binstock, Robert H. Feasible Planning for Social Change. New York: Columbia University Press, 1966.

- Mosher, Frederick C. Democracy and the Public Service. New York: Oxford University Press, 1968.
- Moynihan, Daniel P. Maximum Feasible Misunderstanding: Community Action in the War on Poverty. New York: The Free Press, 1969.
- Obermann, C. Esco. A History of Vocational Rehabilitation in America. Minneapolis: T. S. Denison and Company, 1965.
- Ranney, David C. Planning and Politics in the Metropolis. Columbus: Charles E. Merrill, 1969.
- Rivlin, Alice. Systematic Thinking for Social Action. Washington, D.C.: The Brookings Institution, 1971.
- Simon, Herbert A. Administrative Behavior. Free Press Paperback. 2d ed. New York: The Free Press, 1965.
- Sundquist, James L. Politics and Policy: The Eisenhower, Kennedy and Johnson Years. Washington, D.C.: Brookings, 1968.
- Warren, Roland. The Community in America. Chicago: Rand McNally, 1963.
- Wildavsky, Aaron. The Politics of the Budgetary Process. Boston: Little, Brown and Co., 1964.
- Wilensky, Harold L. Organizational Intelligence. New York: Basic Books, 1967.

#### Essays and Articles in Collection

- Banfield, Edward. "Ends and Means in Planning." Concepts and Issues In Administrative Behavior. Edited by Sidney Mailick and Edward Van Ness. Englewood Cliffs: Prentice Hall, Inc., 1962.
- Boggs, Elizabeth M. "Federal Legislation." Mental Retardation. Vol. III. Grune and Stratton, Inc., 1971.
- Demone, Harold W., Jr. "Human Services at State and Local Levels and the Integration of Mental Health." American Handbook of Psychiatry. Volume III. Ed. by Gerald Caplin. Boston: Little, Brown, and Company, 1972.
- Galloway, George B. "American Planning." Planning For America. Ed. by George B. Galloway and Associates. New York: Henry Holt and Company, 1941.
- \_\_\_\_\_. "The Climate of Opinion." Planning For America. Ed. by George B. Galloway and Associates. New York: Henry Holt and Company, 1941.

- Jones, Byrd L. "A Plan for Planning in the New Deal." Planned Social Intervention. Ed. by Louis A. Zurcher and Charles M. Bonjean. Scranton: Chandler Publishing Company, 1970.
- Kizer, Benjamin H. "State Planning." Planning For America. Ed. by George B. Galloway and Associates. New York: Henry Holt and Company, 1941.
- Merriam, Charles E. "The National Resources Planning Board." Planning For America. Ed. by George B. Galloway and Associates. New York: Henry Holt and Company, 1941.
- Schlesinger, Joseph A. "The Politics of the Executive." Politics in The American States. Ed. by Herbert Jacob and Kenneth N. Vines. Boston: Little, Brown, and Company, 1965.
- Schottland, Charles I. "Federal Planning for Health and Welfare." The Social Welfare Forum, 1963. New York: The National Conference on Social Welfare, By Columbia University Press, 1963.
- Segoe, Ladislav. "City and County Planning." Planning For America. Ed. by George B. Galloway and Associates. New York: Henry Holt and Company, 1941.
- Smith, Edmund A. "A Theory of Two Functions in Planning." Public Policy, 1960. Ed. by Carl J. Friedrich and Seymour E. Harris. Cambridge: Graduate School of Public Administration, Harvard University, 1960.
- Snyder, Richard C. "A Decision-Making Approach to the Study of Political Phenomena." Approaches to the Study of Politics. Ed. by Roland Young. Evanston: Northwestern University Press, 1958.
- Stewart, William H. "Comprehensive Health Planning." Planning For Health: Report of the 1967 National Health Forum. Chicago: National Health Council, 1967.
- Switzer, Mary E. "Legislative Considerations." Vocational Rehabilitation of the Disabled: An Overview. Ed. by David Malikin and David Rusalem. New York: New York University Press, 1969.
- Vieg, John A. "Developments in Governmental Planning." The Future of Government in the United States: Essays in Honor of Charles E. Merriam. Ed. by Leonard D. White. Chicago: The University of Chicago Press, 1942.
- Wessen, Albert F. "The Apparatus of Rehabilitation: An Organizational Analysis." Sociology and Rehabilitation. Washington, D.C.: American Sociological Association, 1967.

Wolfensberger, Wolf. "The Origin and Nature of Our Institutional Models." Changing Patterns in Residential Services for the Mentally Retarded. Washington, D.C.: President's Committee on Mental Retardation, 1969.

Publications of Learned Societies and  
Other Organizations

American Psychiatric Association. Planning for Mental Health. Washington, D.C.: The Association, 1965.

Council of State Governments. The Mental Health Programs of the Forty-Eight States. Chicago: The Council, 1950.

\_\_\_\_\_. State Planning and Federal Grants. Chicago: Public Administration Service, 1969.

Joint Commission on Mental Illness and Health. Action for Mental Health. New York: Basic Books, Inc., 1961.

National Commission on Community Health Services. Health is a Community Affair. Cambridge: Harvard University Press, 1966.

Newspaper Articles

Carlucci, Frank C. "The Hospital Building Frenzy," Washington Post. September 18, 1973.

Cohn, Victor. "Panel Rejects Hospital Plan for Reston." Washington Post. September 25, 1973, p. c-1.

Journal Articles

Andrew, Gwen. "Uses of Data in Planning Community Psychiatric Services." American Journal of Public Health, LV (December, 1965), 1925-1935.

Arneson, Kathaleen. "Legislative Perspective." Rehabilitation Record, XI (May-June, 1970), 27-31.

Arnstein, Sherry R. "A Ladder of Citizen Participation." Journal of the American Institute of Planners, XXV (July, 1969), 216-224.

Brown, Bertrom, and Cain, Harry. "The Many Meanings of Comprehensive." American Journal of Orthopsychiatry, XXXIV (1964), 834-839.

Buchanan, Garth N., and Wholey, Joseph S. "Federal Level Evaluation." Evaluation, I (Number I, Fall, 1972), 17-22.

Dahl, Robert A. "The Politics of Planning." International Social Science Journal, XI, No. 3 (1959), 340-350.



- Dakin, John. "An Evaluation of the 'Choice' Theory of Planning." Journal of the American Institute of Planners, XXI (February, 1963), 19-27.
- Davidoff, Paul, and Reiner, Thomas A. "A Choice Theory of Planning." Journal of the American Institute of Planners, XXVIII (May, 1962), 103-115.
- \_\_\_\_\_. "A Reply to Dakin." Journal of the American Institute of Planners, XXIX (February, 1963), 27-28.
- Demone, Harold W., Jr. "The Limits of Rationality in Planning." Community Mental Health Journal, I (1965), 375-381.
- Dror, Yehezkel. "The Planning Process: A Facet Design." International Review of Administrative Sciences, XXIX (1963), 46-58.
- Dyckman, John W. "State Development Planning: The California Case." Journal of the American Institute of Planners, XXX (May, 1964), 144-152.
- \_\_\_\_\_. "Planning and Decision Theory." Journal of the American Institute of Planners, XXVII (November, 1961), 335-345.
- Ferman, Louis A. "Some Perspectives on Evaluating Social Welfare Programs." The Annals, CCCLXXXV (September, 1969), 143-156.
- Forgotson, Edward H. "The Turning Point in Health Law--1966 Reflections." American Journal of Public Health, LVII (June, 1967), 934-946.
- Freedman, Alfred M. "Historical and Political Roots of the Community Mental Health Centers Act." American Journal of Orthopsychiatry, XXXVII, (April, 1967), 487-494.
- Fuller, Raymond G. "A Study of Administration of State Psychiatric Services," Mental Hygiene, XXXVIII, (April, 1954), 177-235.
- Gaupp, Peter G. "Community Organization and the Public Interest." Community Mental Health Journal, (June, 1969), 233-239.
- Gross, Bertram M. "Planning in an Era of Social Revolution." Public Administration Review, XXXI (May/June, 1971), 259-297.
- Harper, Edwin, Kramer, Fred A., and Rouse, Andrew M. "Implementation and Use of PPB in Sixteen Federal Agencies." Public Administration Review, XXIX (November/December, 1969), 623-632.
- Hart, David K. "Theories of Government Related to Decentralization and Citizen Participation." Public Administration Review, XXXII (October, 1972), 603-621.

- Herbert, Adam W. "Management Under Conditions of Decentralization and Citizen Participation." Public Administration Review, XXXII (October, 1972), 622-637.
- Herson, Lawrence J. R. "The Lost World of Municipal Government." The American Political Science Review, LI (June, 1957), 330-345.
- Hilleboe, Herman E., and Schaefer, Morris. "Comprehensive Health Planning: Conceptual and Political Elements." Medical Times, LXXXXVII (November, 1968), 1072-1080.
- Iglehart, John K., Lilley, William, and Clark, Timothy B. "New Federalism Report/HEW Department Advances Sweeping Proposal to Overhaul Its Programs." National Journal, (January 6, 1973), 1-10.
- Jacob, Philip E., and Flink, James J. "Values and Their Function in Decision-making." The American Behavioral Scientist, V (Supplement, May, 1962), 8-33.
- Lasswell, Harold. "Current Studies of the Decision Process: Automation Versus Creativity." The Western Political Quarterly, VII (September, 1955), 381-399.
- Lee, Philip R. "Role of the Federal Government in Health and Medical Affairs." New England Journal of Medicine, CCXXIX (November 21, 1968), 1139-1147.
- Lepawsky, Albert. "The Progressives and the Planners." Public Administration Review, XXXI (May/June, 1971), 297-303.
- Lindblom, Charles E. "The Science of Muddling Through." Public Administration Review, XIX (Spring 1959), 79-88.
- Long, Norton E. "The Local Community as an Ecology of Games." American Journal of Sociology, LXIV (November, 1958), 251-261.
- Lowi, Theodore. "The Public Philosophy: Interest Group Liberalism." American Political Science Review, LXI (March, 1967), 5-24.
- Lynn, Laurence E., Jr. "Notes From HEW." Evaluation, I (Fall, 1972), 24-28.
- Merton, Robert K. "Role of the Intellectual in Public Bureaucracy." Social Forces, XXIII (May, 1945), 405-415.
- Moynihan, Daniel Patrick. "The Professionalization of Reform." The Public Interest, I (Fall, 1965), 8-16.
- \_\_\_\_\_. "The Relationship of Federal to Local Authorities." Daedalus, LXXXXVI, No. 3, (1967), 801-808.

- Petersen, William. "On Some Meanings of Planning." Journal of the American Institute of Planners, XXXII (May, 1966), 130-141.
- Reagan, Michael D. "Policy Issues: The Interaction of Substance & Process." Polity, I (No. 1, Fall, 1968), 35-51.
- Reich, Charles A. "The Law of the Planned Society." Yale Law Journal, LXXV, No. 8, (1966), 1227-1270.
- Rein, Martin. "Decentralization and Citizen Participation in Social Services." Public Administration Review, XXXII (October, 1972), 687-700.
- Sayre, Wallace S. "Premises of Public Administration: Past and Emerging." Public Administration Review, XVIII (Spring, 1958), 102-105.
- Schick, Allen. "A Death in the Bureaucracy: The Demise of Federal PPB." Public Administration Review, XXXIII (March/April, 1973), 146-156.
- Schmandt, Henry J. "Municipal Decentralization: An Overview." Public Administration Review, XXXII (October, 1972), 571-588.
- Straetz, Ralph and Padilla, Elena. "Problem Oriented Political Science in Mental Health." Community Mental Health Journal, II (Summer, 1966), 109-113.
- Stretch, John J. "Community Mental Health: The Evolution of a Concept in Social Policy." Community Mental Health Journal, III (Summer, 1967), 5-12.



