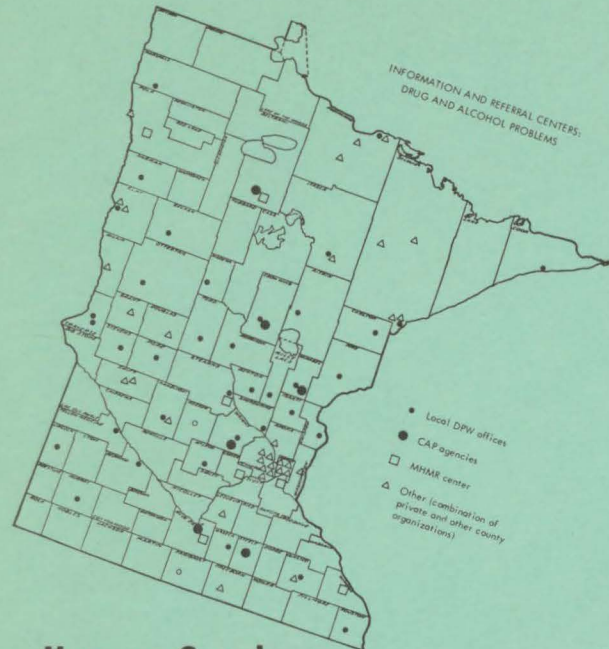
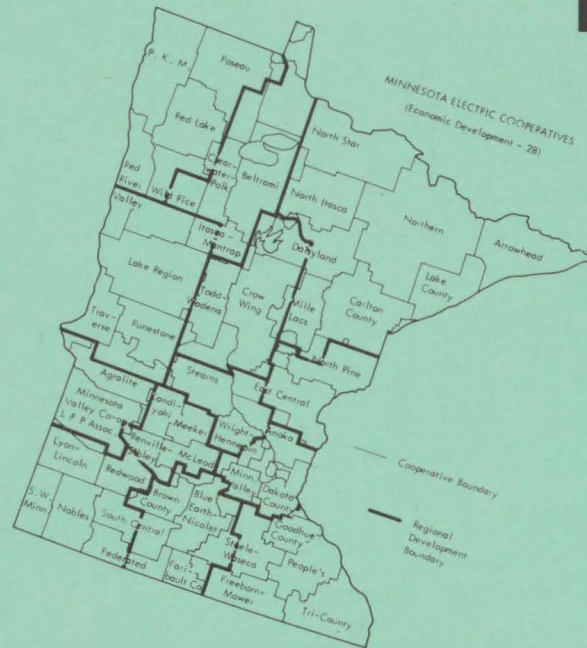


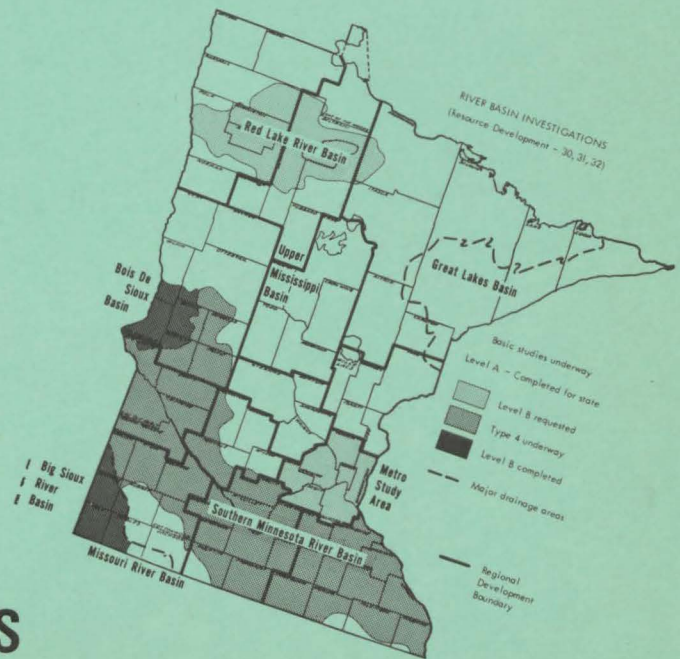
# PUBLIC PROGRAMS AND MINNESOTA'S DEVELOPMENT REGIONS



Human Services



Economic Development



Resource Development

## Part II:

## MANUAL for Use of the Atlas in Developing Regional Agendas

1974

# **PUBLIC PROGRAMS AND MINNESOTA'S DEVELOPMENT REGIONS**

## **Part II:**

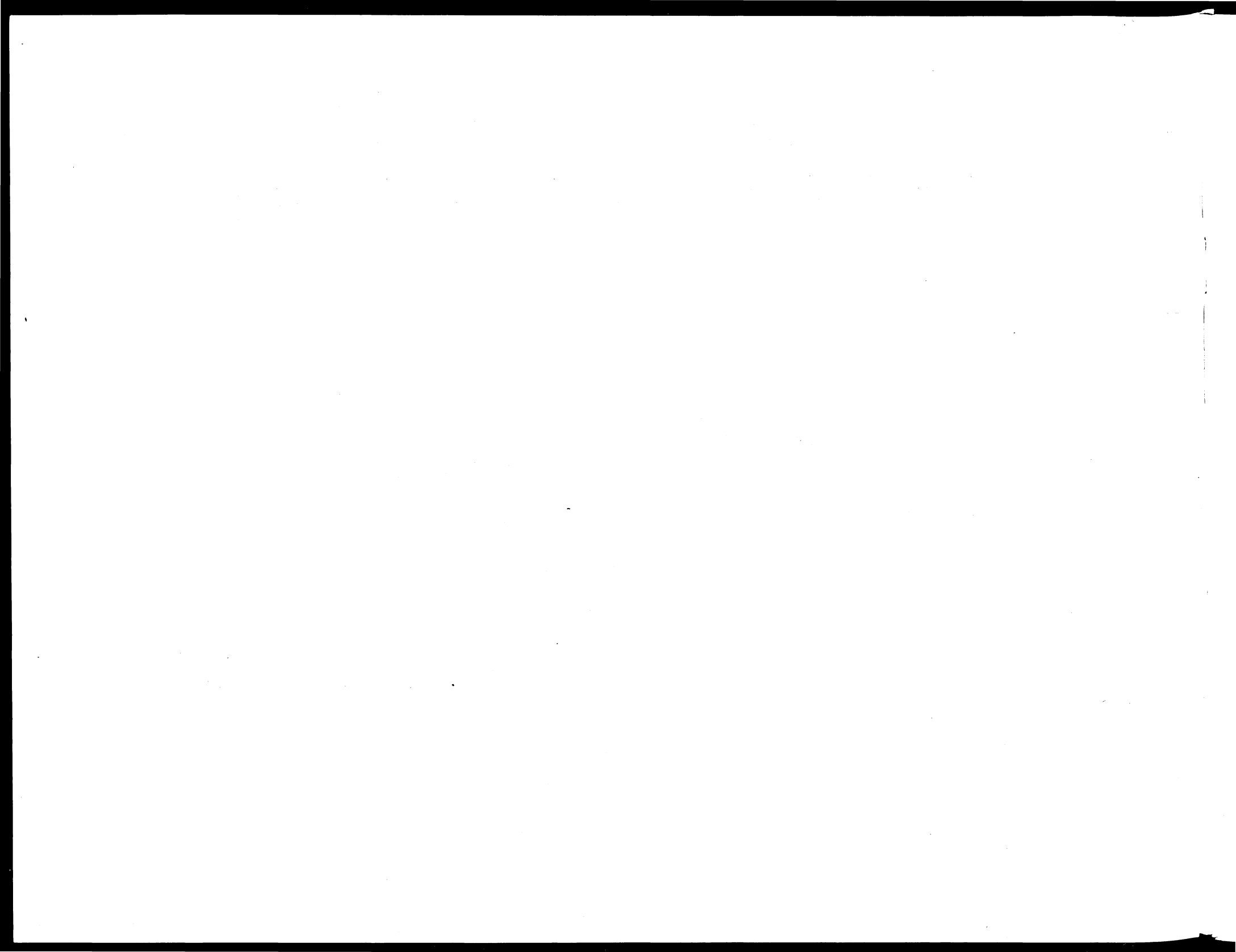
### **MANUAL** for Use of the Atlas in Developing Regional Agendas

Prepared for the  
Minnesota State Planning Agency

by  
The Center for Urban and Regional Affairs  
University of Minnesota – Minneapolis

1974

*The preparation of this report was financed in part through a comprehensive planning grant from the Department of Housing and Urban Development as authorized by Section 701 of the Housing Act of 1954, as amended.*



## A NOTE TO THE USER

*Federal, state, local and private agencies are active in the administration of Minnesota's public programs and service delivery. In 1973, an atlas entitled PUBLIC PROGRAMS AND MINNESOTA'S DEVELOPMENT REGIONS: Atlas of Programs and Service Areas was compiled as an aid for Regional Commissions. The ATLAS describes and attempts to provide an organizational and geographic perspective for three areas of government and private sector participation: resource development, economic development and human services. A brief MANUAL has been prepared to illustrate how the ATLAS can help identify, organize, evaluate and coordinate the programs and services available within each region.*

*Since the ATLAS reflects information that is subject to frequent change or modification (particularly in the human services area), it should be viewed as an initial source of planning information rather than as a definitive outline of all available programs and services. Regions must supplement the ATLAS with local data. Suggestions for collecting this data are included in the MANUAL.*

*The ATLAS uses maps to show the programs and services currently available throughout the state. In order to determine the distribution of existing programs and services provided within a Development Region, regional maps should be generated. A series of maps for each problem area in which programs and services are offered is the ideal approach. For example, to develop an agenda from the Human Service section, separate sets of maps should be made for the Mentally Retarded, the Unemployed, the Chemically Dependent and all other problem areas listed in the ATLAS. Appendix A contains maps of the individual regions and adjacent centers servicing the population of the region. Appendix B provides a population distribution map*

*and a map showing the total population of each county within the state. And Appendix C lists the names of agencies and facilities offering services on the sample maps (Figures 2 through 11).*

*The MANUAL outlines step-by-step procedures for making regional maps. Sample maps reflecting the various stages of development are used to illustrate these procedures. These maps have been designed to overlay one another. As an example, maps for the various programs and services offered in Region IV E which are appropriate for the "Chemically Dependent" problem area as it is defined in the ATLAS are included. The maps show areal coverage of the population served as well as the areas not served.*

*Through these maps questions pertaining to regional planning and coordination emerge. Some of these questions include:*

- 1) Are services provided in areas where need is evident?*
- 2) Are the services offered adequate?*
- 3) Should additional services be provided?*
- 4) What facilities exist where new services might be added?*
- 5) Do the people who require a service know that it is available and how to get it?*
- 6) Can all the services offered within the region be brought to the attention of the entire regional population?*
- 7) Is there duplication of services in some areas and no services in others?*
- 8) Where duplicate services exist, do they serve the same population?*

- 9) *Are the people offering duplicate services aware of the type of programs being duplicated?*
- 10) *Can the regional commission foster an agreement between service providers to drop a service already provided and substitute another service for which there is a greater need?*

*The procedures suggested in this MANUAL are intended to facilitate the reading of the ATLAS and the systematic application of its techniques. The results may be routine, perplexing or provocative. An attempt to digest the content of the ATLAS, however, reveals the significant amount of technical and organizational work required to put substance behind rhetoric about regional coordination of services. The pivotal role of the Regional Commission in the success of a multitude of public programs is equally evident.*

## A GEOGRAPHICAL APPROACH TO REGIONAL PLANNING

### OVERVIEW

Any attempt to determine whether a region is providing a package of programs and services which fulfills the regional population's demand in a particular problem area should be preceded by an identification and location of the services available.\* When these services are plotted on a map, an image of the gross geographical areas reached by present services emerges (cf Figures 3-6). By calculating and plotting the areal coverage of a particular service, the geographical areas not reached by that service can also be determined (Figure 7). The number of people within the region who do not have ready access to a given service can be estimated by comparing the areas not reached by the service with a population distribution map (Figure 8). If the unserved population is large enough to warrant additional services and the services can be added in existing facilities, the potential extended areal coverage of the service can be plotted (see Figure 9). To determine the number of people in the region who still do not have access to the service, compare the areas not reached with a population map (refer to Figures 8 and 10).

*\*Problem areas defined in PUBLIC PROGRAMS AND MINNESOTA'S DEVELOPMENT REGIONS: Atlas of Programs and Service Areas include "Unemployed," "Chemically Dependent," etc. Programs and services are called components in the Atlas and include: vocational counseling, detoxification centers, etc.*

### PLANNING CONSIDERATIONS

The atlas, PUBLIC PROGRAMS AND MINNESOTA'S DEVELOPMENT REGIONS: Atlas of Programs and Service Areas, identifies major problem areas and includes state maps showing the distribution of programs and services pertaining to each problem area. However, a region may need other services to provide an effective program in a given area. Some services listed in the ATLAS may be unnecessary in a particular regional program. Since needs vary from region to region, each region must determine its specific needs.

Services shown in other sections of the ATLAS may also pertain to a specified problem area and should be included in the mapping and evaluation of the services for that problem area. In the Human Services section, for example, the service called "Vocational Counseling" appears as a sub-heading under both the "Unemployed" and "Chemically Dependent" problem areas. To avoid having to duplicate identical maps, services pertinent to both problems are mapped only once, in the "Unemployed" area in this case, and then cross-referenced. Some services such as "Housing" are listed under one section (in this case "Elderly" in the Human Services section) and then cross-referenced in another section ("Housing" is cross-referenced in the Economic Development Section).

## **BASE MAP (Figure 1)**

All map making should begin with a base map of the region showing regional boundaries, county boundaries, county seats (designated by capital letters), and adjacent centers servicing the population of the region (see Figure 1). Frequently services within a region are located in towns that do not appear on the base map. Add these towns to the base map as has been done in the sample maps. If the maps are made on transparent paper, they can be used as overlays to one another. The sample maps have been made this way. Although the base maps provided in Appendix A are large enough for initial planning, it is recommended that larger maps be generated to show all the programs and services pertaining to a particular problem area because they are easier to read and interpret.

### REGION VI East AND OTHER ADJACENT SHOPPING CENTERS

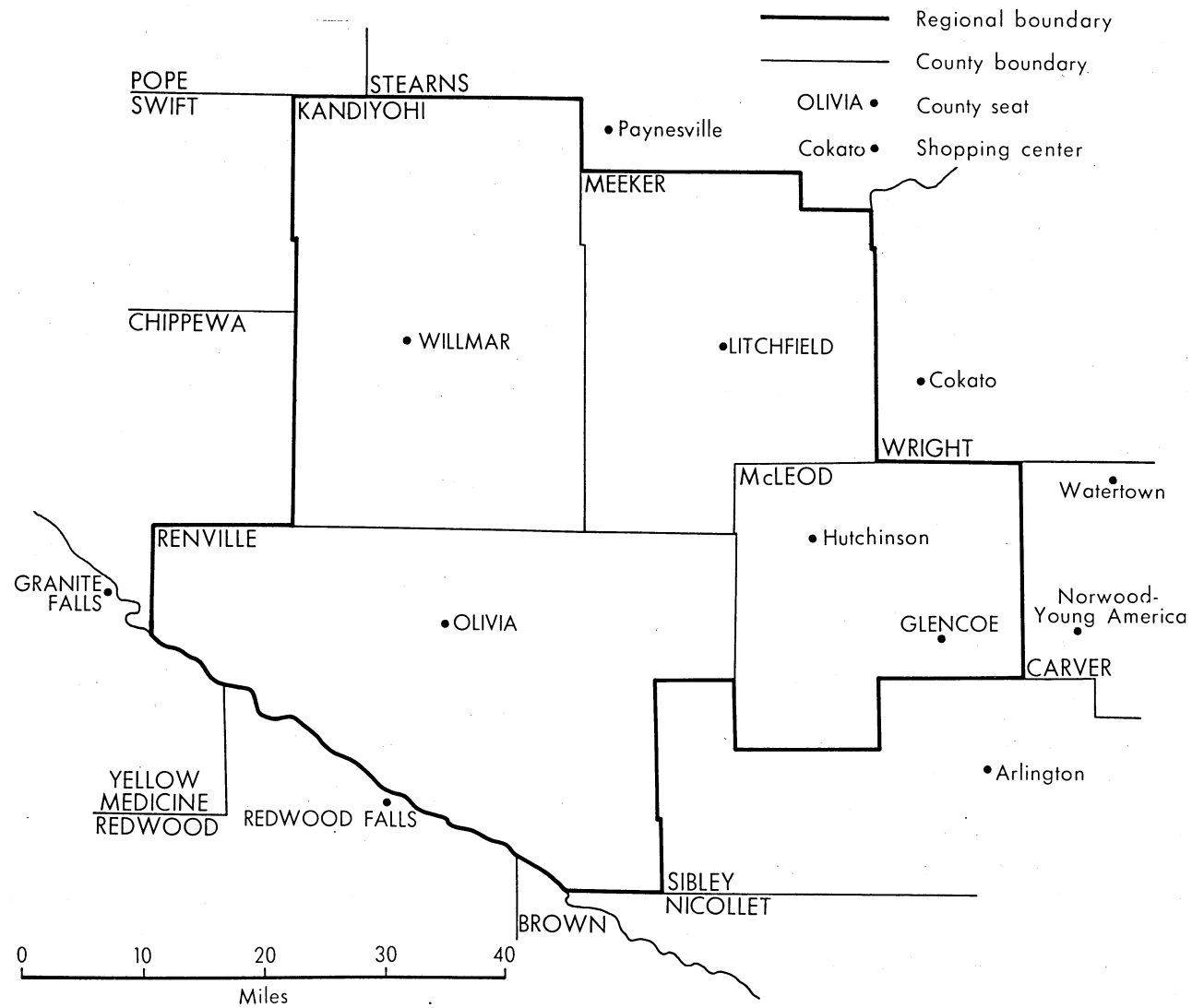


Figure 1. Sample Base Map



## BOUNDARY MAP (Figure 2)

Because regional planning is the primary focus of the Regional Commissions, various state and federal programs that serve the population of each region but whose boundaries do not follow regional boundaries are important. For this reason, first make a map showing the boundaries and offices of the programs providing services for the problem area under study. Chemical Dependency has been selected as the sample problem area. Boundaries and offices for Mental Health-Mental Retardation (MH-MR) centers, Community Action Agencies (CAA's) and Manpower Services programs are shown because these programs provide services in the Chemical Dependency problem area. Be aware, however, that services (such as Homemakers, Crippled Children, Daytime Activity Centers) affecting other problem areas have different boundaries which would be reflected on the boundary map for another problem area. Color-coding boundaries may be helpful.

The MH-MR center whose headquarters are located in Willmar (Figure 2) serves all of Region VI E as well as territory in Region VI W not shown on the map. The CAA office in Willmar handles Kandiyohi county and parts of Region VI W and Region IV. Meeker County is served by the CAA office located in Waverly which is part of Region VII W. Renville and McLeod Counties are served by the CAA office located in Winthrop which is part of Region IX. Neither Waverly nor Winthrop appear on the base map. These towns have been added to Figure 2.

Kandiyohi, Meeker, and the upper half of Renville Counties are served by the Manpower Services office located in Will-

mar (Figure 2). This office also covers some territory in Region VI W. The lower half of Renville County is served by the Manpower Services office located in Marshall, which is part of Region VIII. The map is not large enough to show this town accurately; therefore, Marshall has been added on the edge of the map. McLeod County is served by the Manpower Services office in Sleepy Eye which is located in Region IX. To ensure that chemical dependency services are accessible to the population of Region VI E, the commission from Region VI E will have to work with five (Region IV, Region VI W, Region VII, Region VIII and Region IX) other commissions.

## SUMMARY

- Mental Health-Mental Retardation centers and headquarters are shown on page 58 in the ATLAS.
- Community Action Agency offices and boundaries are shown on page 88 in the ATLAS. (Page 149 in the "Chemically Dependent" section of the ATLAS does not show the offices.)
- Manpower Services field offices and boundaries are shown on page 90 in the ATLAS.
- Region base maps in Appendix A show the names of adjacent regions providing services for the people in Region VI E.

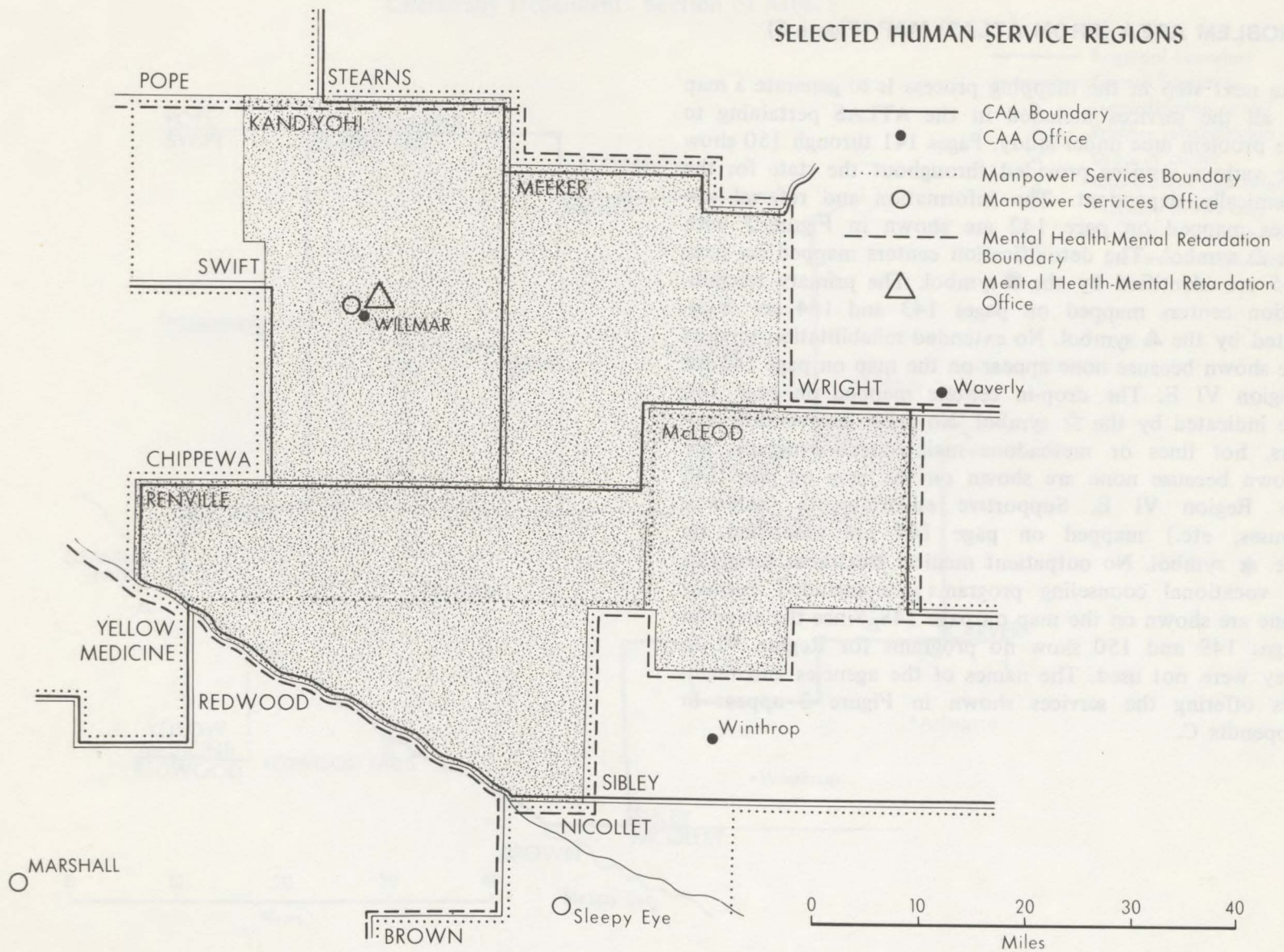


Figure 2. Sample Human Services Boundary Map

### PROBLEM AREA (FROM ATLAS) MAP (Figure 3)

The next step in the mapping process is to generate a map of all the services included in the ATLAS pertaining to the problem area under study. Pages 141 through 150 show the various services provided throughout the state for the chemically dependent. The information and referral services mapped on page 142 are shown in Figure 3 with the  $\Delta$  symbol. The detoxification centers mapped on page 145 are identified by the  $\bullet$  symbol. The primary rehabilitation centers mapped on pages 143 and 144 are designated by the  $\blacktriangle$  symbol. No extended rehabilitation services are shown because none appear on the map on page 145 for Region VI E. The drop-in centers mapped on page 146 are indicated by the  $\star$  symbol. No crisis intervention centers, hot lines or methadone maintenance programs are shown because none are shown on the map on page 146 for Region VI E. Supportive environments (half-way houses, etc.) mapped on page 147 are identified by the  $*$  symbol. No outpatient medical treatment programs or vocational counseling programs are included because none are shown on the map on page 148. Since the maps on pages 149 and 150 show no programs for Region VI E, they were not used. The names of the agencies and facilities offering the services shown in Figure 3 appear in Appendix C.

CHEMICAL DEPENDENCY SERVICES IDENTIFIED FROM:  
 "Chemically Dependent" Section of Atlas 3

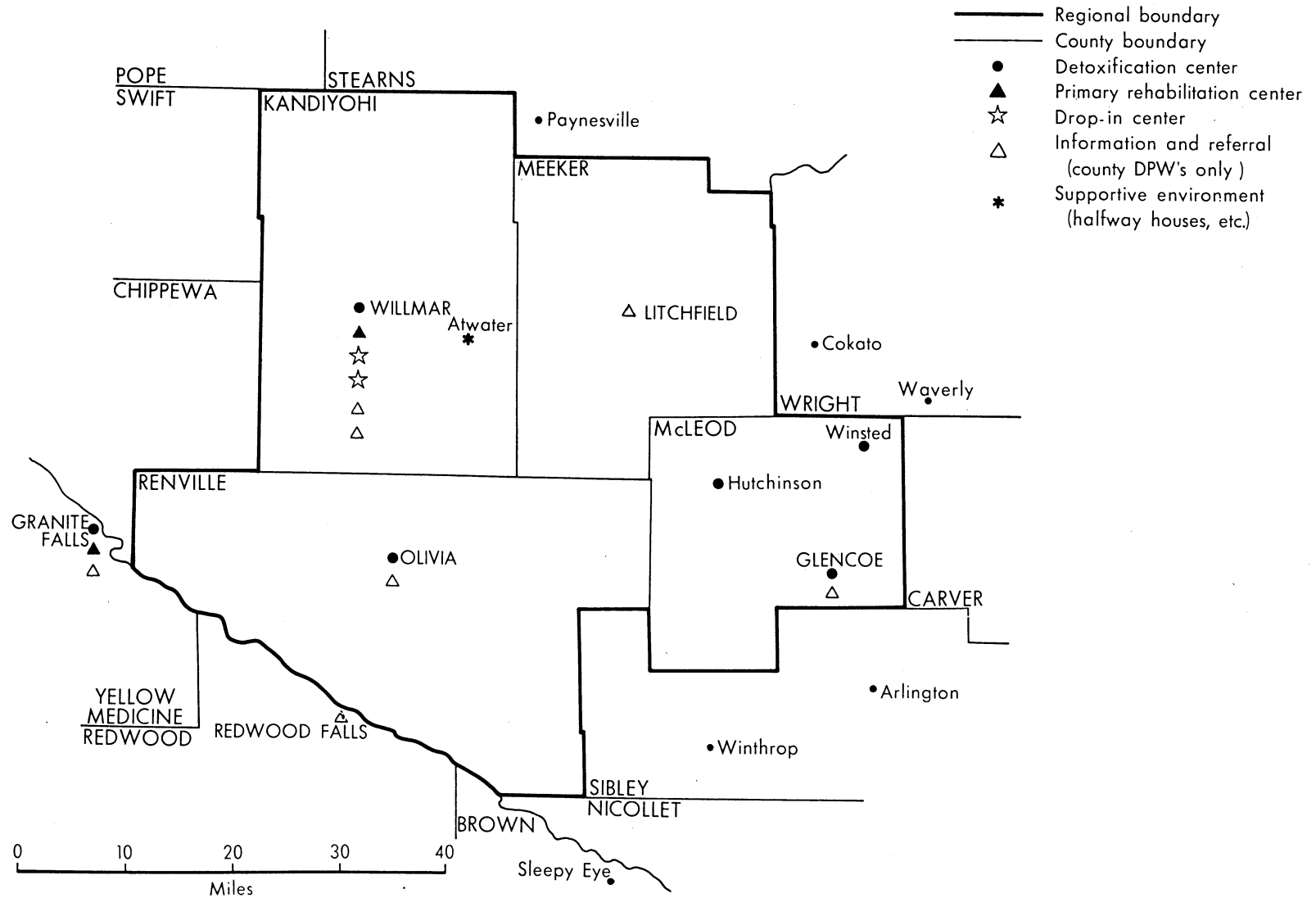


Figure 3. Sample Services Map

#### ADDITIONAL SERVICES (FROM ATLAS) MAP (Figure 4)

When the services listed under the specified problem area are mapped, the services shown in other sections of the ATLAS that relate to the problem should be added to the map. In the sample map, services mapped in the "Unemployed" and "Adult" sections of the ATLAS are shown because these services relate to the problem of chemical dependency.

Hospitals mapped on page 132 are designated by the ○ symbol (Figure 4). (A unique symbol has been assigned for each service.) Since this map is an overlay to Figure 3, the service symbols have been placed a small distance from the town names to avoid overlapping the information in Figure 3.

By making large maps, the information from this map and the next two maps can be combined with the Figure 3 map. Vocational counseling and/or rehabilitation or education services mapped on pages 90, 91, 97, 98 and 100 are shown with the ★ symbol. CAA information and referral centers mapped on page 88 are represented by the △ symbol which is the same symbol used for information and referral data shown in Figure 3. The names of the agencies and facilities offering the services shown in Figure 4 appear in Appendix C.

CHEMICAL DEPENDENCY SERVICES IDENTIFIED FROM:  
Other Sections of Atlas

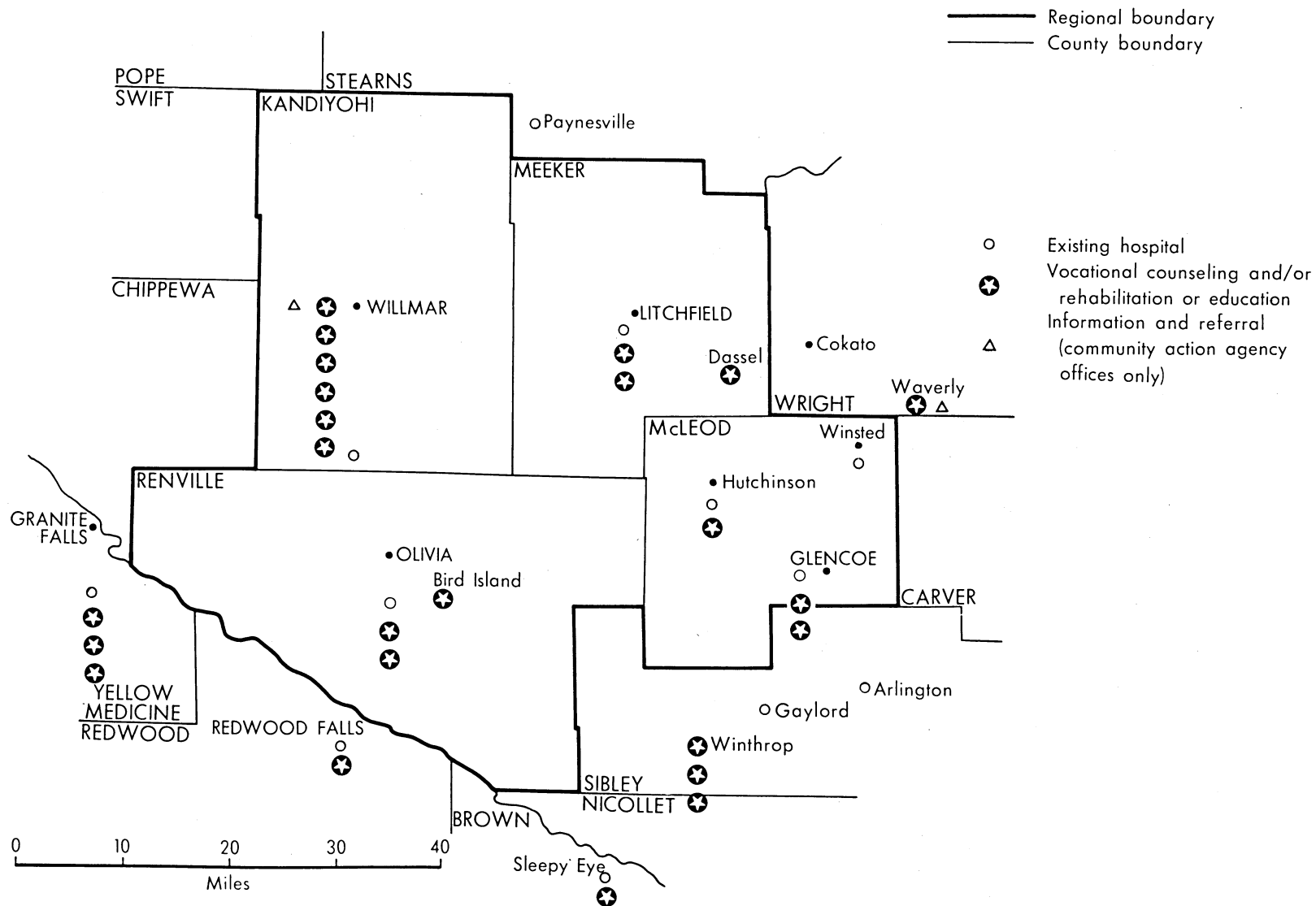


Figure 4. Sample Additional Services Map

## ADDITIONALLY RESEARCHED SERVICES MAP (Figure 5)

After mapping all the services shown in the ATLAS related to the problem of concern, the next step is additional research. All additional services identified should be mapped. Local research should include but not be limited to:

- Telephone calls or letters to known sources of a particular service to determine if they offer other services. (This is especially important in the sample to determine whether or not the detoxification centers offer additional services not shown on the map.)
- Conferences with commissions of adjacent regions who offer services that meet the needs of the people living in the region. (Refer back to Figure 2.)
- Field research or traveling throughout the region whenever possible to meet people providing services is really the most accurate and complete way to gather this information.

In the sample map additional services in several areas of chemical dependency are shown. Notice that the symbols are quite far from the name of the town where the service is provided. The symbols are placed this way to prevent overlaps from Figures 3 and 4. These services combined with services shown on the preceding maps, illustrate that all services for the chemically dependent listed in the ATLAS are provided in Region VI E except outpatient medical treatment. The maps also show that the services are provided from various dispersed centers.

The sample map does not reflect data obtained from direct personal contact with the people providing the services in the region. All data in Figure 5 was extrapolated

from a document prepared by the Drug Abuse Section of the State Planning Agency and the Minnesota Commission on Alcohol Problems called, "Directory of Alcohol and Drug Problems in Minnesota," published in October 1972.\*

Looking at Figure 5, the following additional services have been mapped with the same symbols used in Figure 3:

- Primary rehabilitation centers ▲
- Supportive environment facilities \*
- Information and referral centers △
- Drop-in centers ☆

Other services not previously mapped have been identified and included. Unique symbols have been assigned to them:

- Counseling services ■
- Extended rehabilitation and residential centers □
- Hot lines ★
- Methadone maintenance programs X
- Crisis intervention centers +

The names of the agencies and facilities providing the services shown in Figure 5 appear in Appendix C.

*\*This document has been reviewed by the State Alcohol and Drug Authority. Contact them with questions regarding chemical dependency.*

CHEMICAL DEPENDENCY SERVICES IDENTIFIED FROM:  
Additional Research

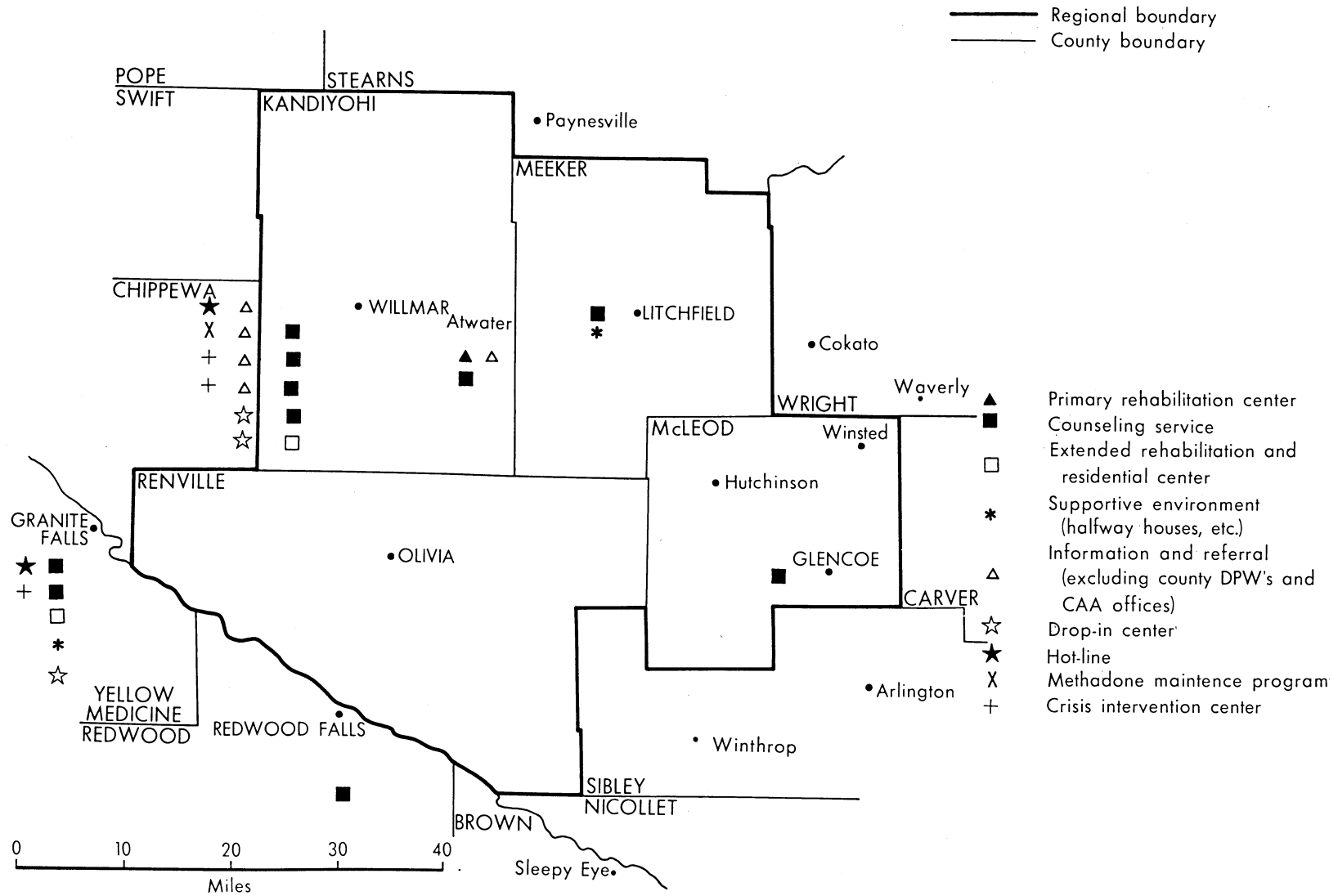


Figure 5. Sample Additionally Researched Services Map



### **TOTAL SERVICES MAP (Figure 6)**

This map shows all the services that can be identified from the data available at the state level about the chemically dependent portion of the Region VI E population. Individual maps for the separate sources of services are not necessary if large maps have been used. The MANUAL shows a total services map not only to make the maps more legible but also to emphasize the various sources of information that are available.

CHEMICAL DEPENDENCY SERVICES IDENTIFIED FROM:  
 "Chemically Dependent" Section of Atlas  
 Other Sections of Atlas  
 Additional Research

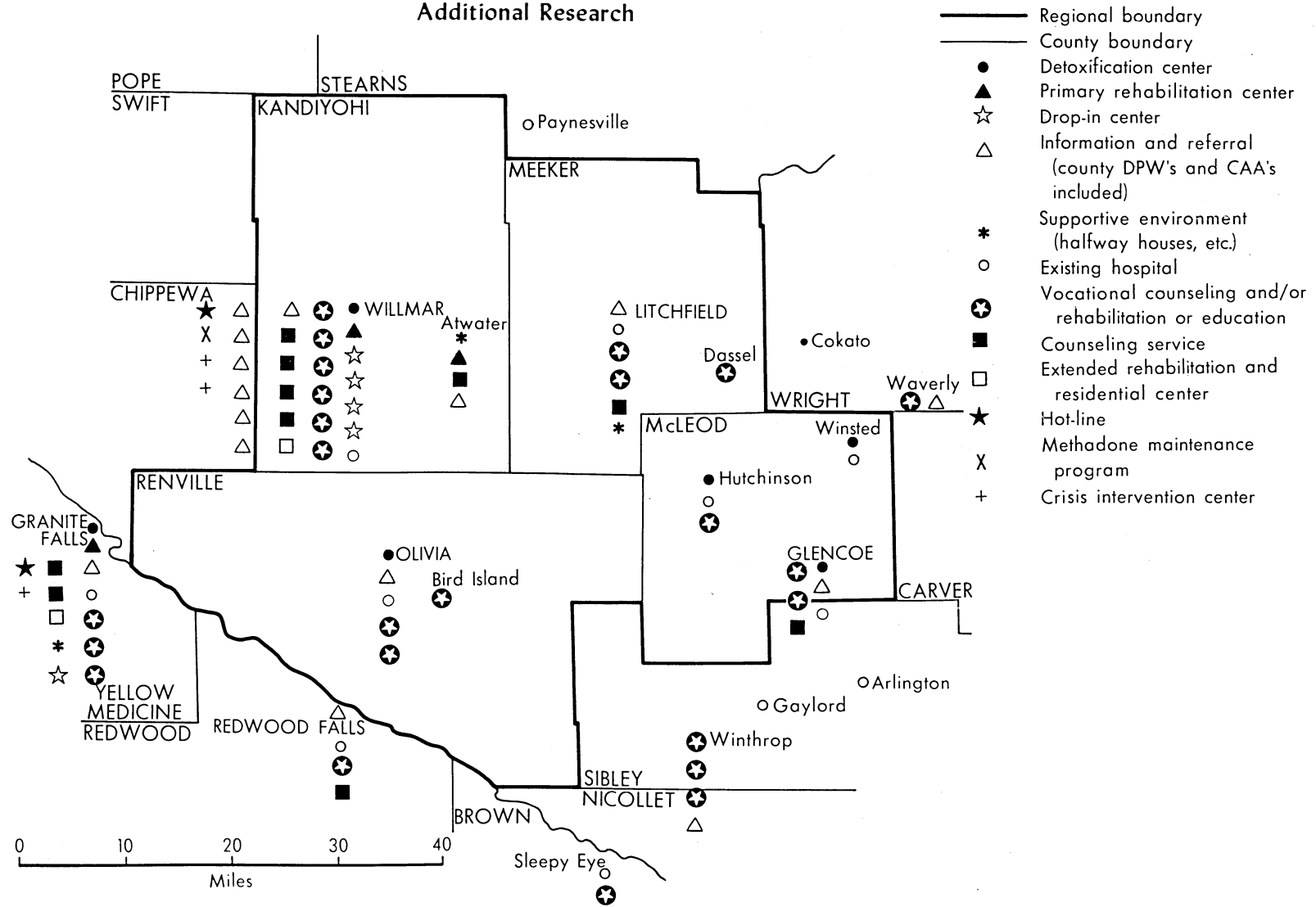


Figure 6. Sample Total Services Map

## AREAL COVERAGE MAP (Figure 7)

The next step in the mapping process is to determine the areal coverage of the various services in the problem area. Since these services form clusters (see Figure 6), it is not necessary to plot the areal coverage of all services. Figure 7 shows the area coverage of detoxification centers in Region VI E. Detoxification was the service chosen as the example, because it is of primary importance to any chemical dependency program.

Areal coverage is plotted by drawing a circle of equidistant radius from the center providing the service in question. All the people who live within the circumference of that circle are said to be served. The radius of each circle should reflect the number of miles that people within each region are willing to travel for a given service. A 15-mile radius is used in the sample map. The 15-mile figure was chosen arbitrarily for the example and in no way reflects how far any given population within the state is willing to travel for a given service. This determination can only be made on a regional level. One way of determining the radius is by talking with people currently providing the service. By looking over their case loads and other pertinent records, these people can estimate how far previous users of their services have traveled.

AREAL COVERAGE OF DETOXIFICATION CENTERS FOR THE CHEMICALLY DEPENDENT  
(CALCULATED ON A 15 MILE RADIUS)

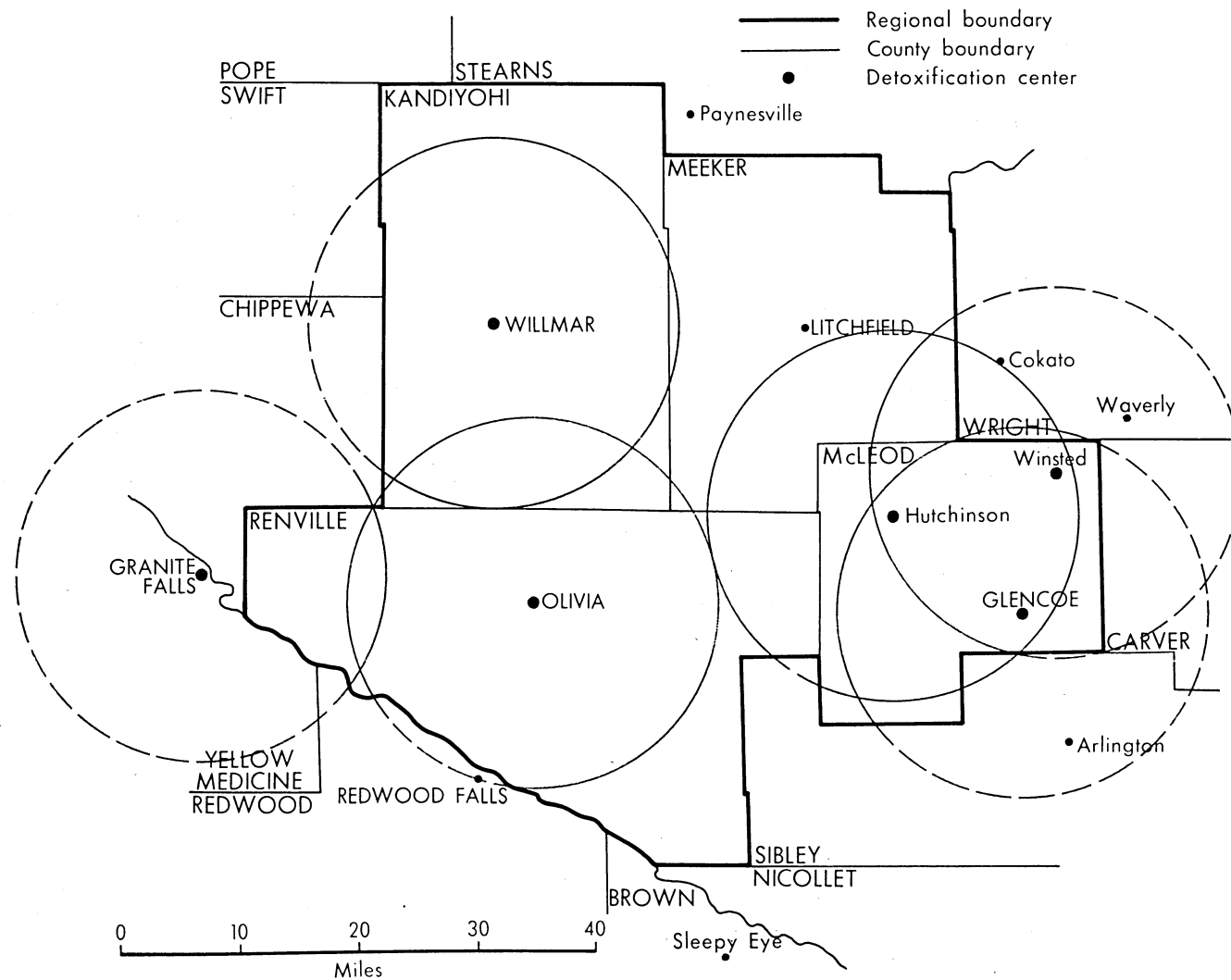


Figure 7. Sample Areal Coverage Map

## MAP OF POPULATION NOT SERVED BY EXISTING SERVICES (Figure 8)

To estimate the number of people within each region who do not have access to the particular service plotted (Figure 7), refer to Figure B-1 in Appendix B. This is a population distribution dot map. Transfer the dots shown in the uncovered areas of the region to the areal coverage map and build a map that looks like Figure 8. This map is an overlay to Figure 7.

To determine an actual count of the people in the region who do not have access to the service, count the dots and multiply by 200 (each dot represents 200 people). Next determine the total population of the region by referring to Figure B-2 which shows the total population of each county. To find out what percentage of the total regional population does not have access to the service, divide the unserved population by the total population.

Approximately 19,800 people in the sample region do not have access within a 15-mile radius to a detoxification center (Figure 8). By adding the population totals for the four counties within the region (from data shown in Figure B-2), it can be determined that the approximate population of the region is 98,159. These numbers are approximate because they are based on 1970 census figures. By dividing 19,800

by 98,159 it can be calculated that approximately 20% of the regional population does not have ready access to a detoxification center.

To discover what portion of that unserved population requires the service field research will have to be performed or a formula used to arrive at an approximate figure. To determine the number of people in this example who may have a chemical dependency problem and thus require the services offered by a detoxification center, the following formula from the Alcohol and Drug Abuse Section of the Minnesota State Planning Agency was used:

Adult Population = 85% of total population (17,000)

Alcohol/Drug User = 75% of adult population (12,750)

Problem Users = 10% of alcohol/drug users (1,275)

Referring back to the sample, approximately 1,200 people or more in Region VI E may have a chemical dependency problem and have to travel more than 15 miles to reach a detoxification center.

POPULATION DISTRIBUTION OF AREAS NOT SERVICED BY A DETOXIFICATION CENTER  
(CALCULATED ON A 15 MILE RADIUS)

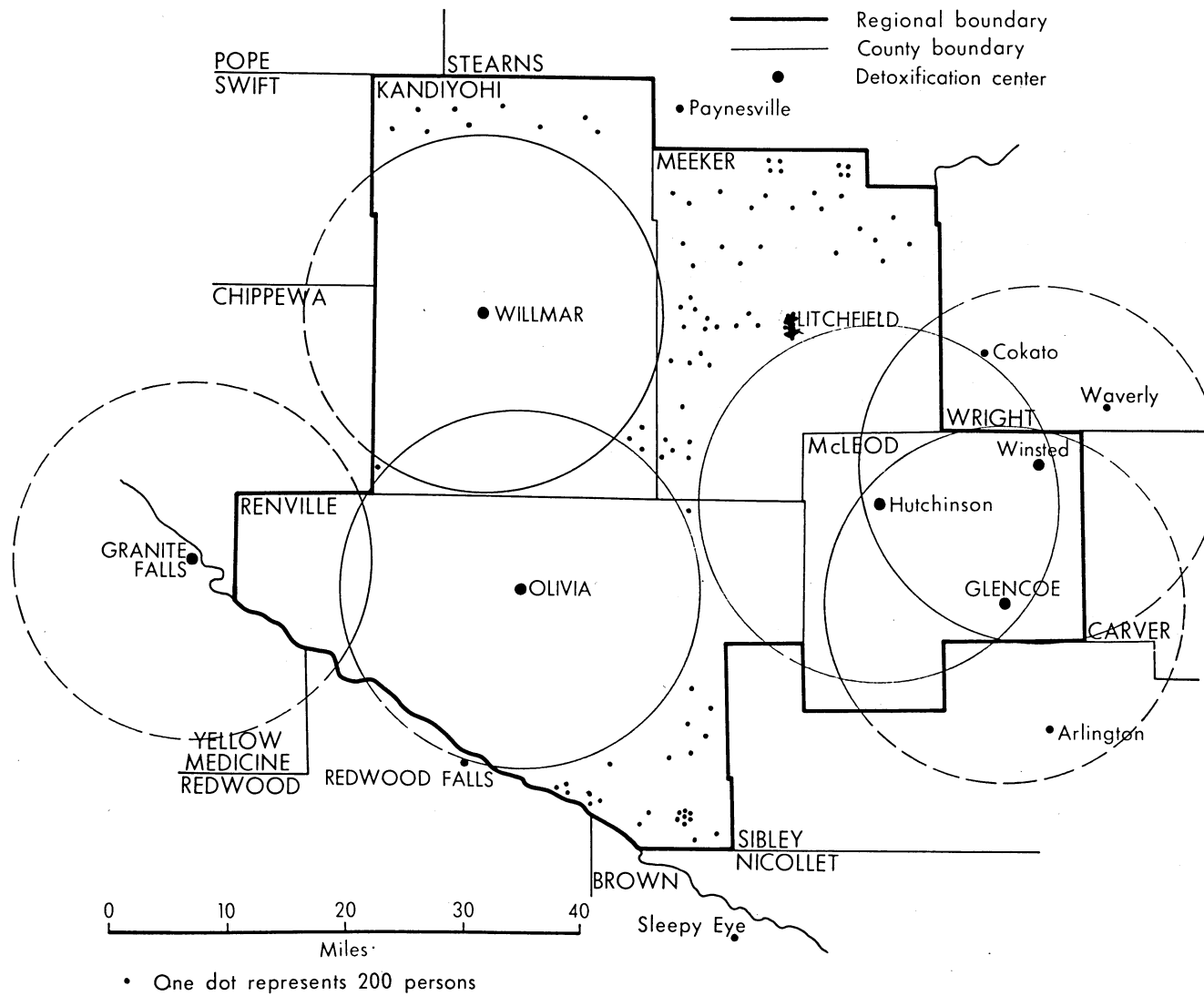


Figure 8. Sample Map of Population Not Served by Existing Services

**POTENTIAL EXTENDED AREAL COVERAGE MAP  
(Figure 9)**

If it is determined that the region requires additional services to meet the needs of that portion of the regional population requiring the service, the next step is a determination of how to provide the additional services and where they should be located. Whenever new services are required, it may be more economical to locate them in existing buildings. The areal coverage of existing hospitals has been plotted in Figure 9 (shown on page 132 of the ATLAS) because for this example additional detoxification services were needed for the region (refer back to Figure 8).

Hospitals were mapped because their medical personnel enhance their potential as locations for detoxification centers. A nursing home is also a potential facility for housing a detoxification center for the same reason. However, since there was not data relating to nursing homes in Region VI E, no nursing homes appear on the sample map. There may be many other potential facilities for detoxification which could be considered.

POPULATION DISTRIBUTION OF AREAS NOT SERVICED BY AN EXISTING  
OR POTENTIAL DETOXIFICATION CENTER  
(CALCULATED ON A 15 MILE RADIUS)

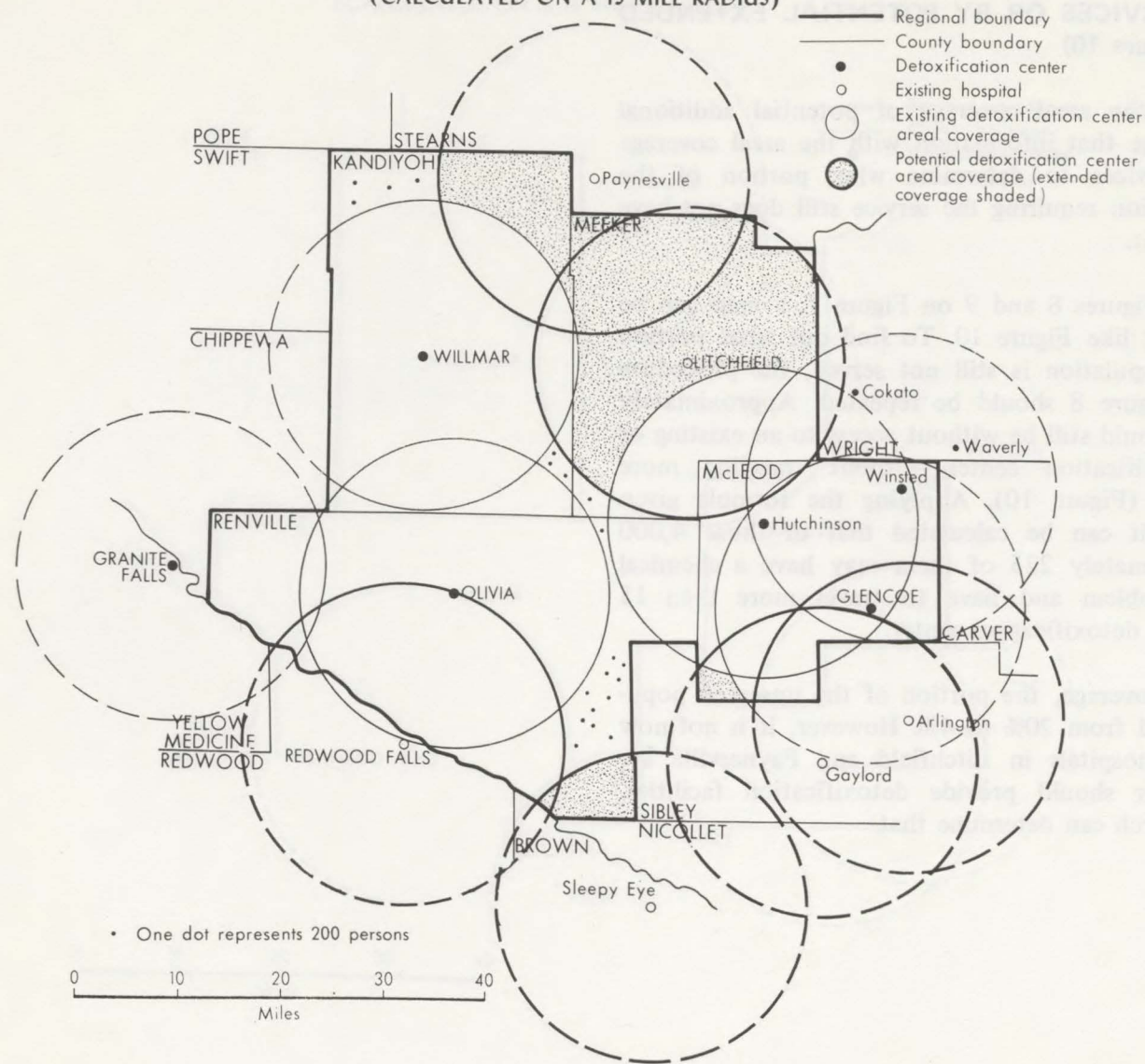


Figure 9. Sample Potential Extended Areal Coverage Map



**MAP OF POPULATION NOT SERVED EITHER BY EXISTING SERVICES OR BY POTENTIAL EXTENDED SERVICES (Figure 10)**

After plotting the areal coverage of potential additional services, combine that information with the areal coverage of existing services to determine what portion of the region's population requiring the service still does not have ready access to it.

By overlaying Figures 8 and 9 on Figure 7, a map can be built that looks like Figure 10. To find out what portion of the need population is still not served, the procedure outlined for Figure 8 should be repeated. Approximately 4,000 people would still be without access to an existing or potential detoxification center without traveling more than 15 miles (Figure 10). Applying the formula given for Figure 8, it can be calculated that of those 4,000 people, approximately 225 of them may have a chemical dependency problem and have to travel more than 15 miles to reach a detoxification center.

By extending coverage, the portion of the unserved population is reduced from 20% to 4%. However, it is not now known if the hospitals in Litchfield and Paynesville are willing, able, or should provide detoxification facilities. Only field research can determine that.

POTENTIAL EXTENDED AREAL COVERAGE OF DETOXIFICATION CENTERS  
 FOR THE CHEMICALLY DEPENDENT  
 (CALCULATED ON A 15 MILE RADIUS)

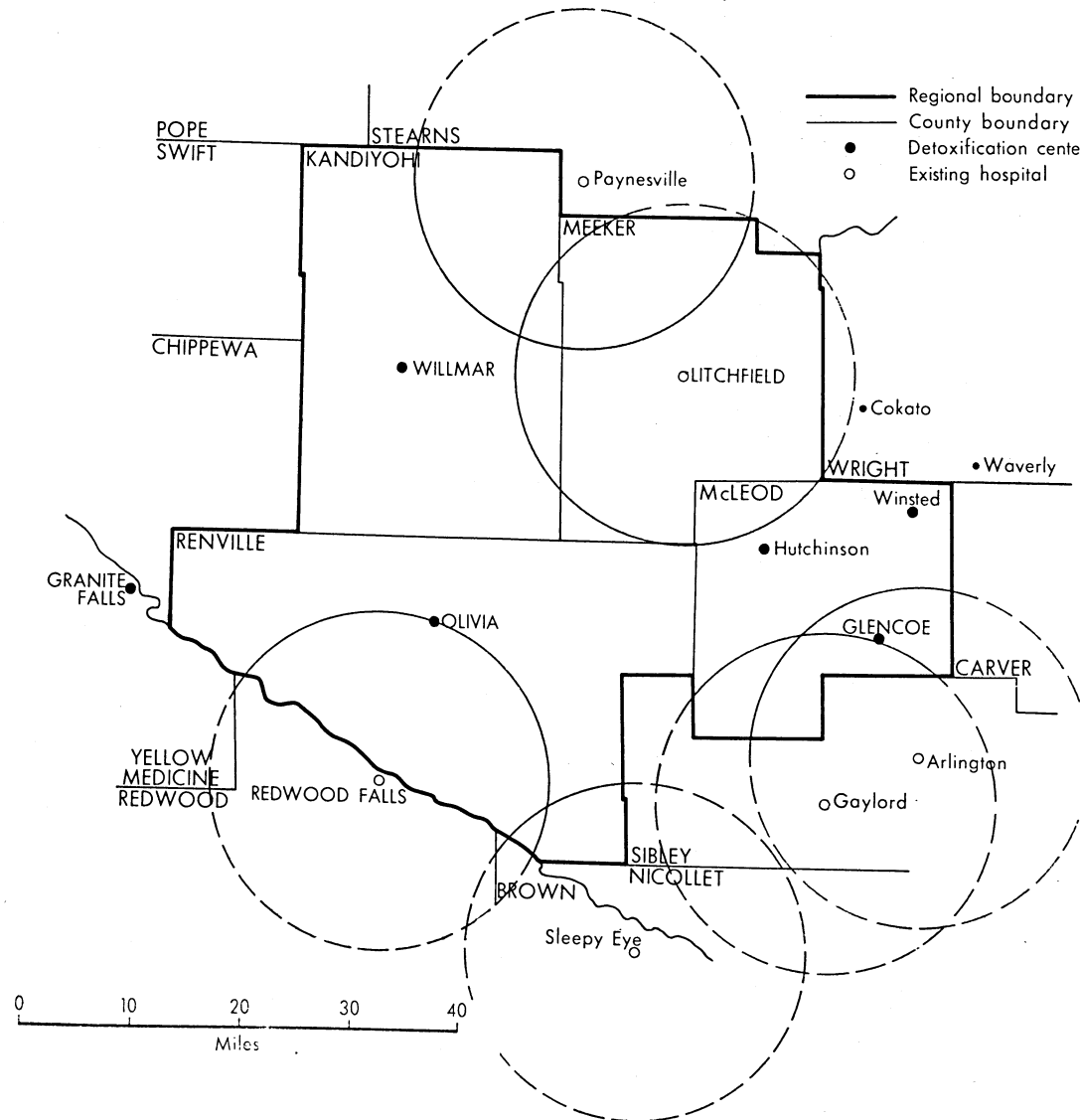


Figure 10. Sample Map of Population Not Served Either by Existing Services or by Potential Extended Services

## SUMMARY

Because the ATLAS maps reflect human activities and organizations, they are continually subjected to change. A program or service offered six months ago may no longer be available today. Similarly, programs unorganized today may exist two months from now. For this reason the maps must be continually updated to reflect current, accurate information. Therefore, regard the ATLAS as an initial source of information only.

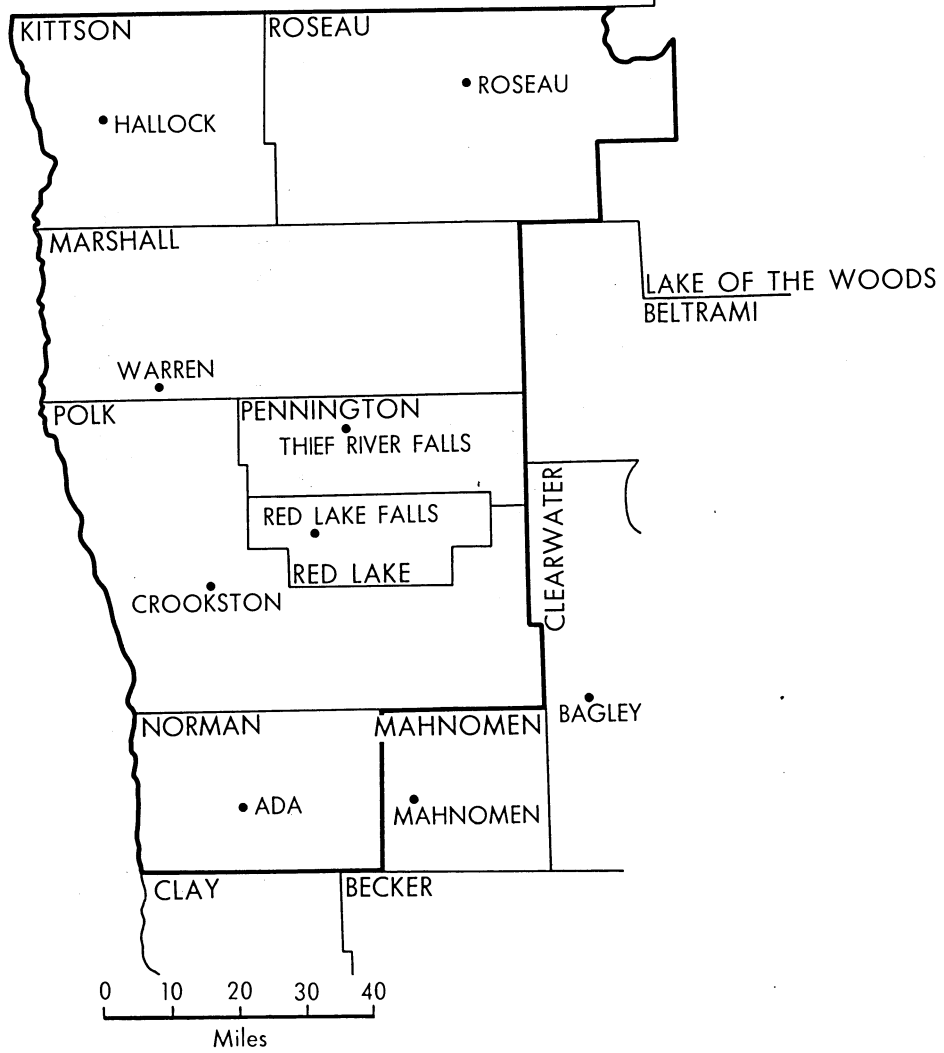
This MANUAL has outlined a procedure to follow when updating and using ATLAS information. The example of Chemical Dependency has been arbitrarily selected to illustrate this procedure. The quality of the results obtained by following it is dependent upon the accuracy of the information being mapped. Nothing can substitute for information collected locally. Local information reveals the level of service offered, and knowing the level of service offered is vital to planning an effective, comprehensive program.

**APPENDIX A**

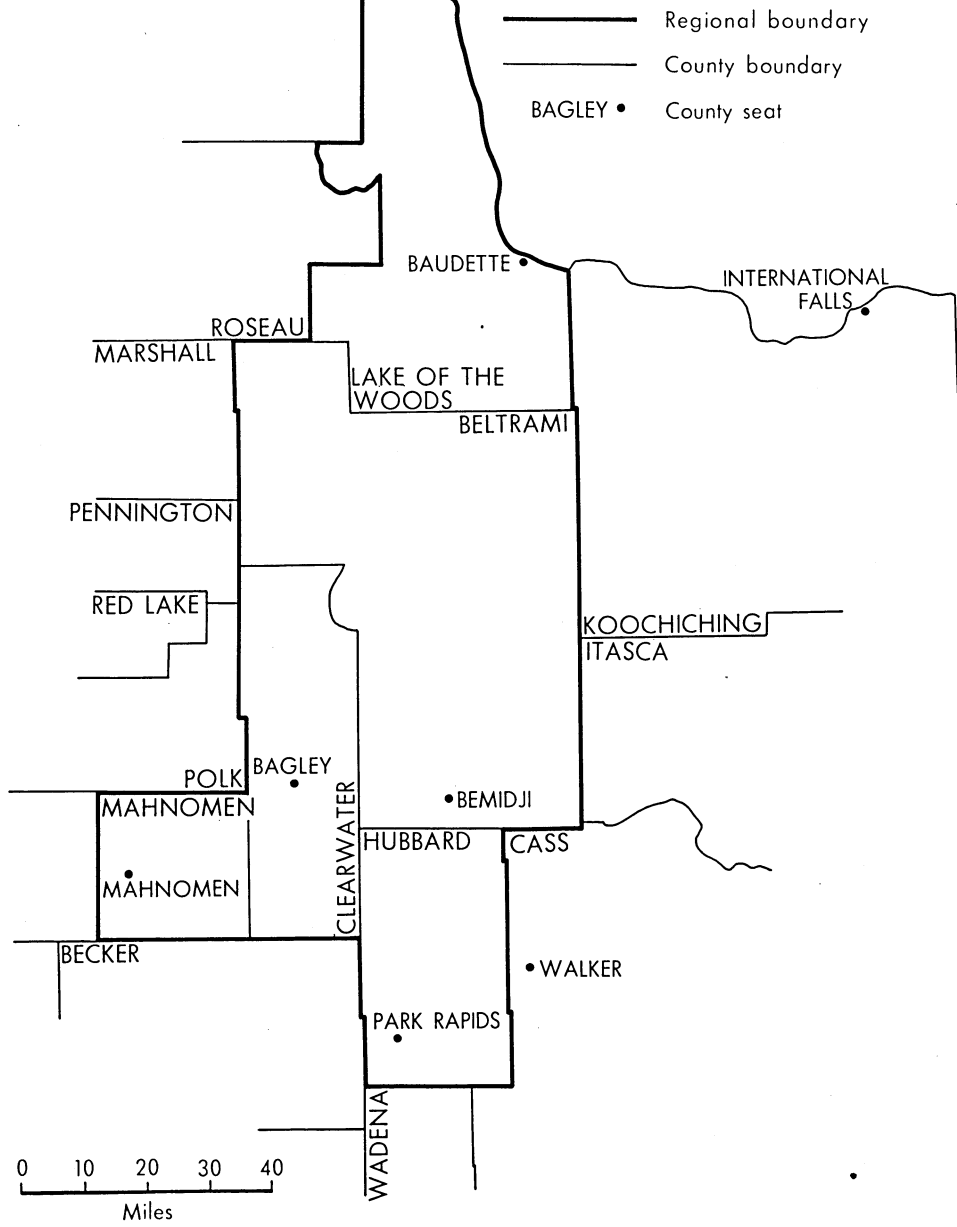
**REGIONAL BASE MAPS**

# REGION I AND OTHER ADJACENT SHOPPING CENTERS

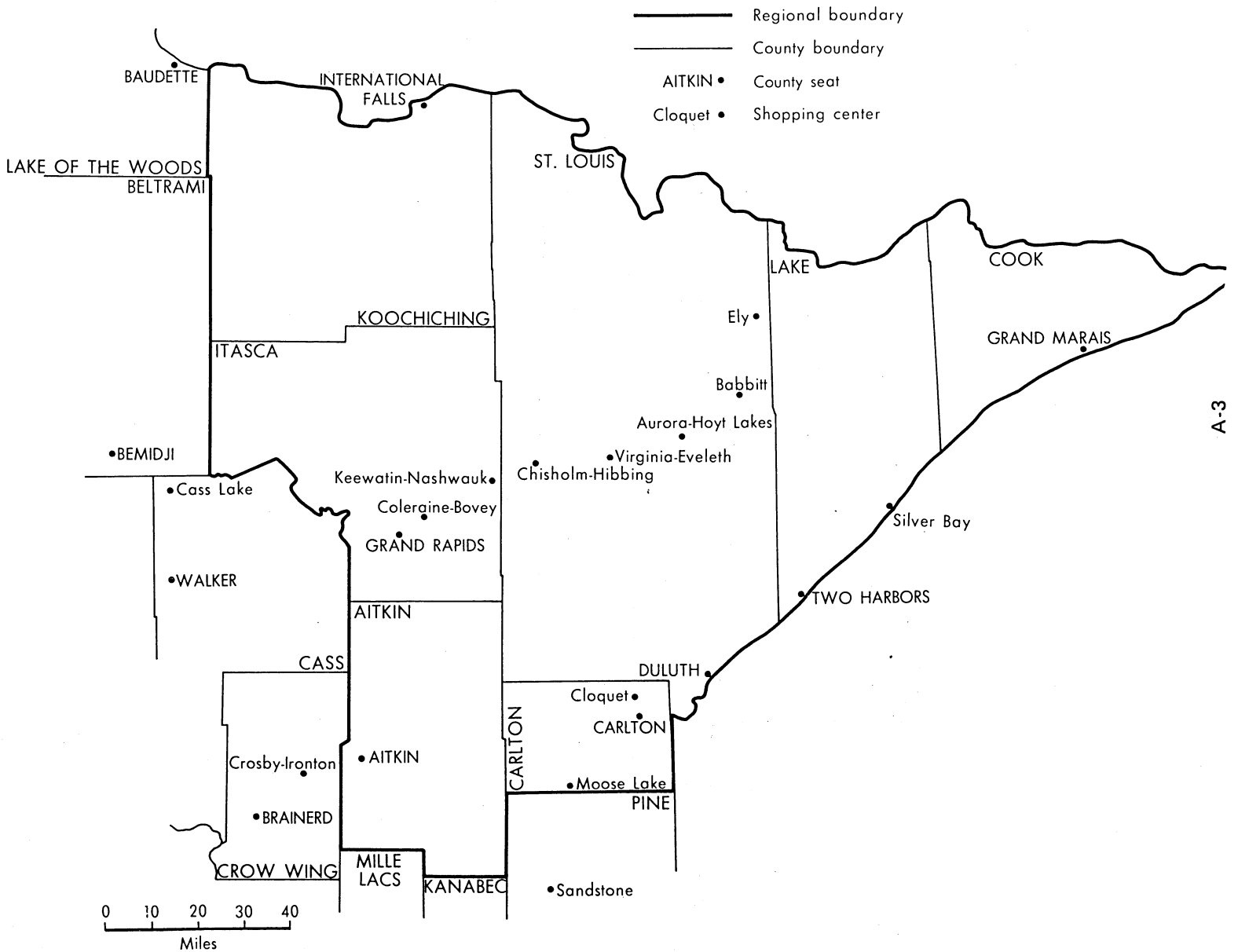
- Regional boundary
- County boundary
- ADA • County seat



# REGION II AND OTHER ADJACENT SHOPPING CENTERS

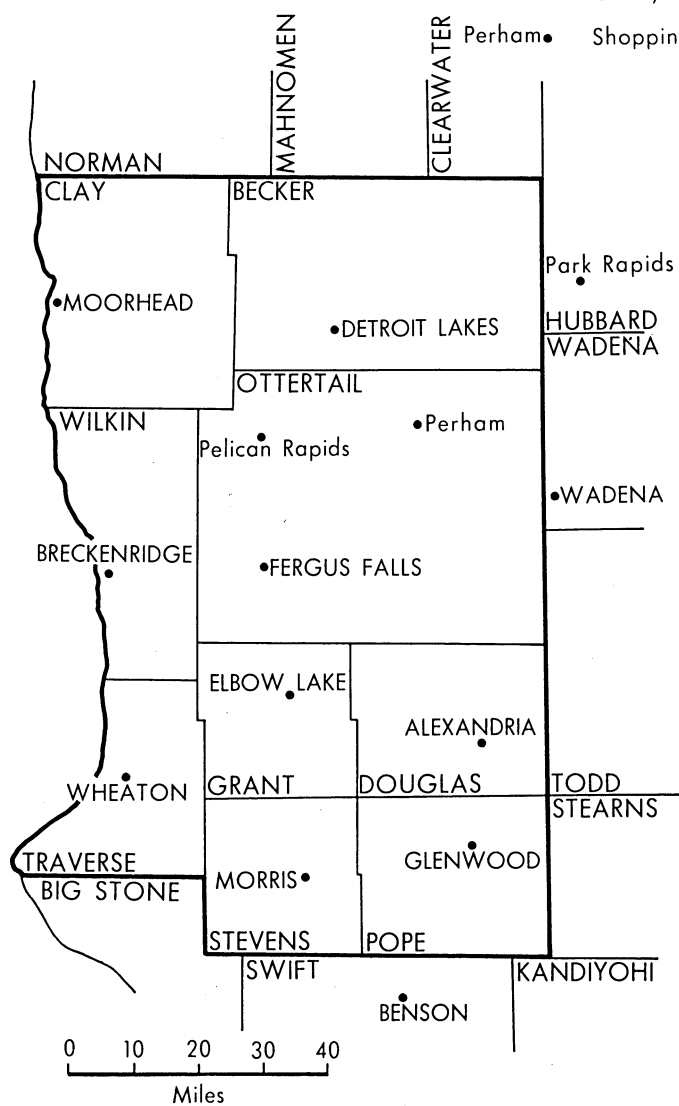


### REGION III AND OTHER ADJACENT SHOPPING CENTERS



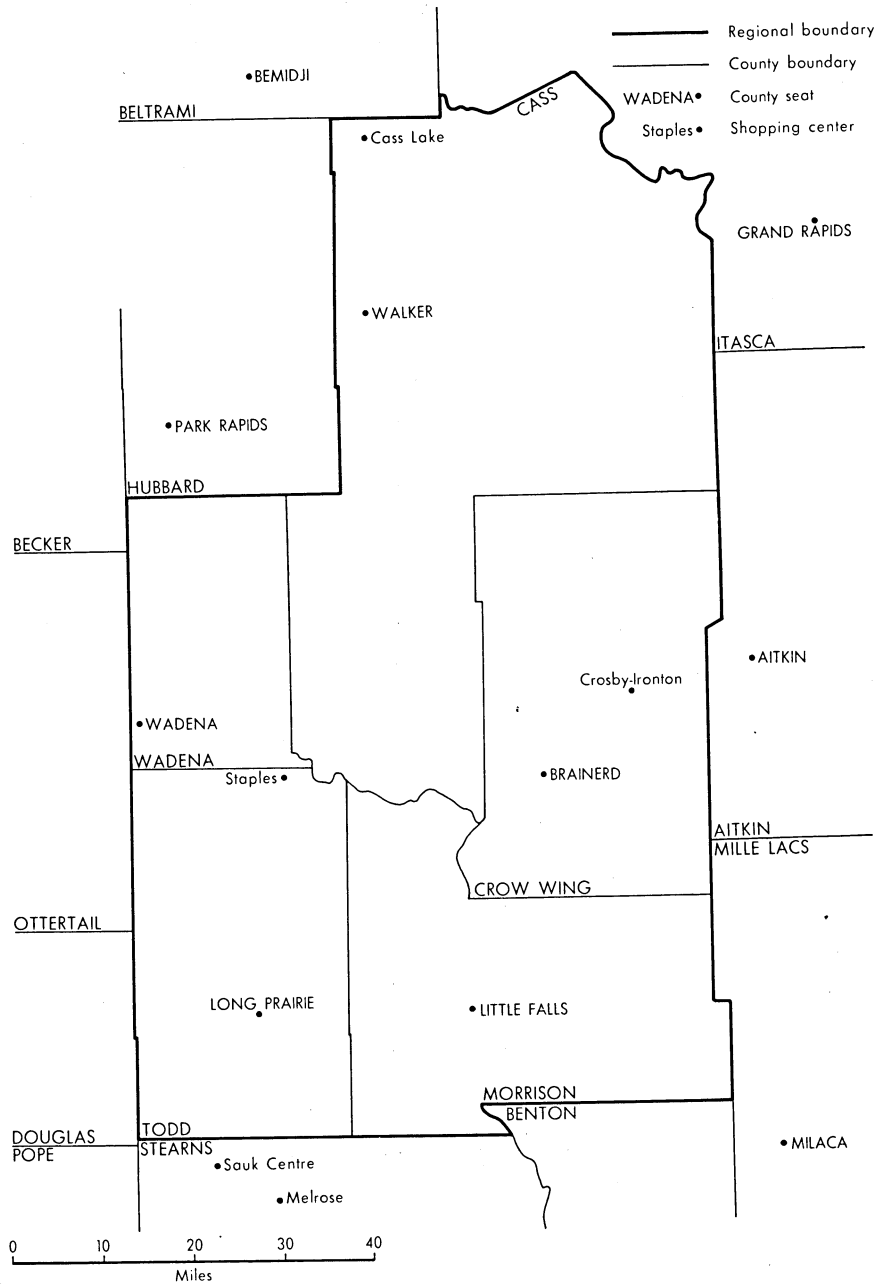
## REGION IV AND OTHER ADJACENT SHOPPING CENTERS

- Regional boundary
- County boundary
- MORRIS • County seat
- Perham • Shopping center

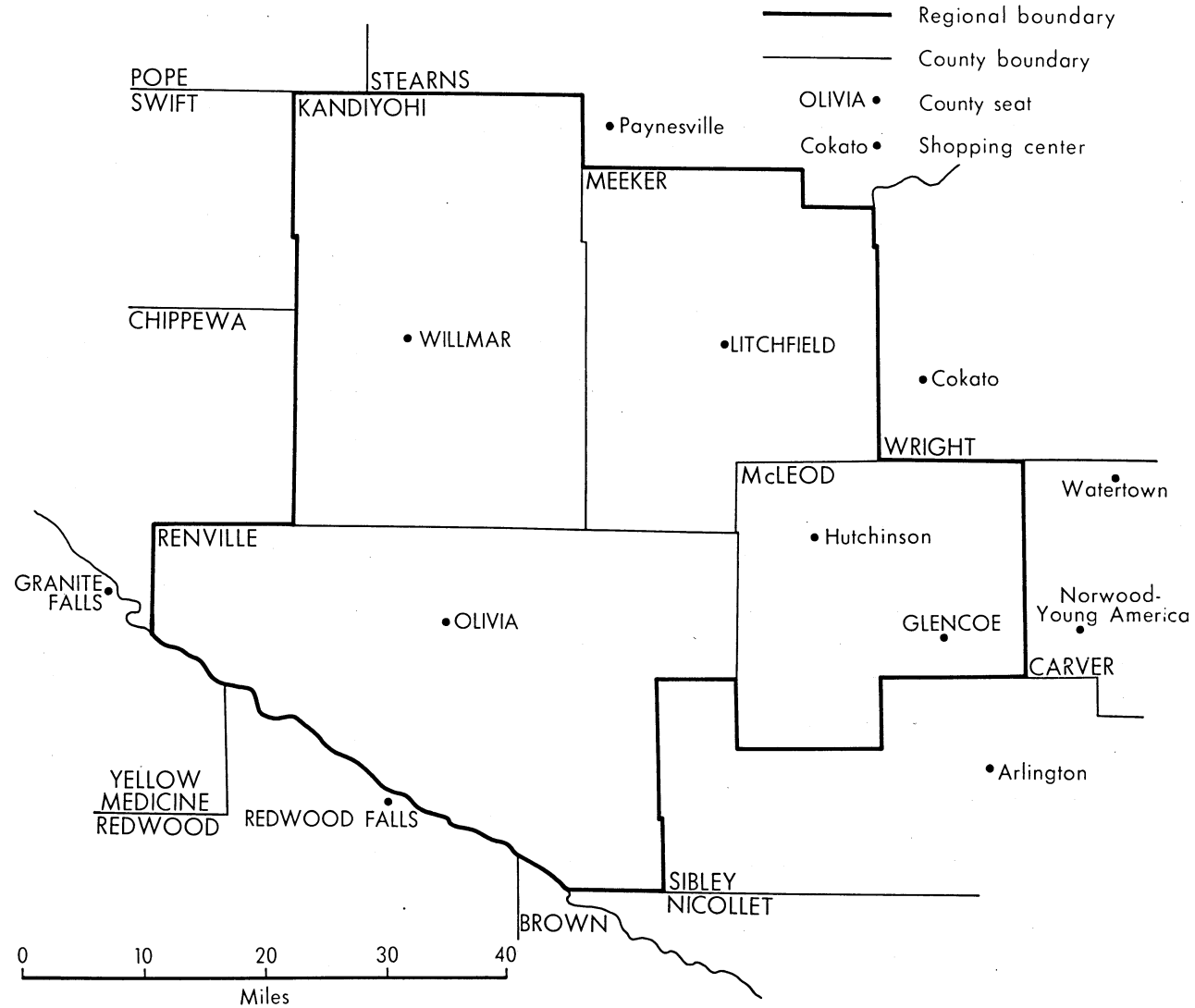




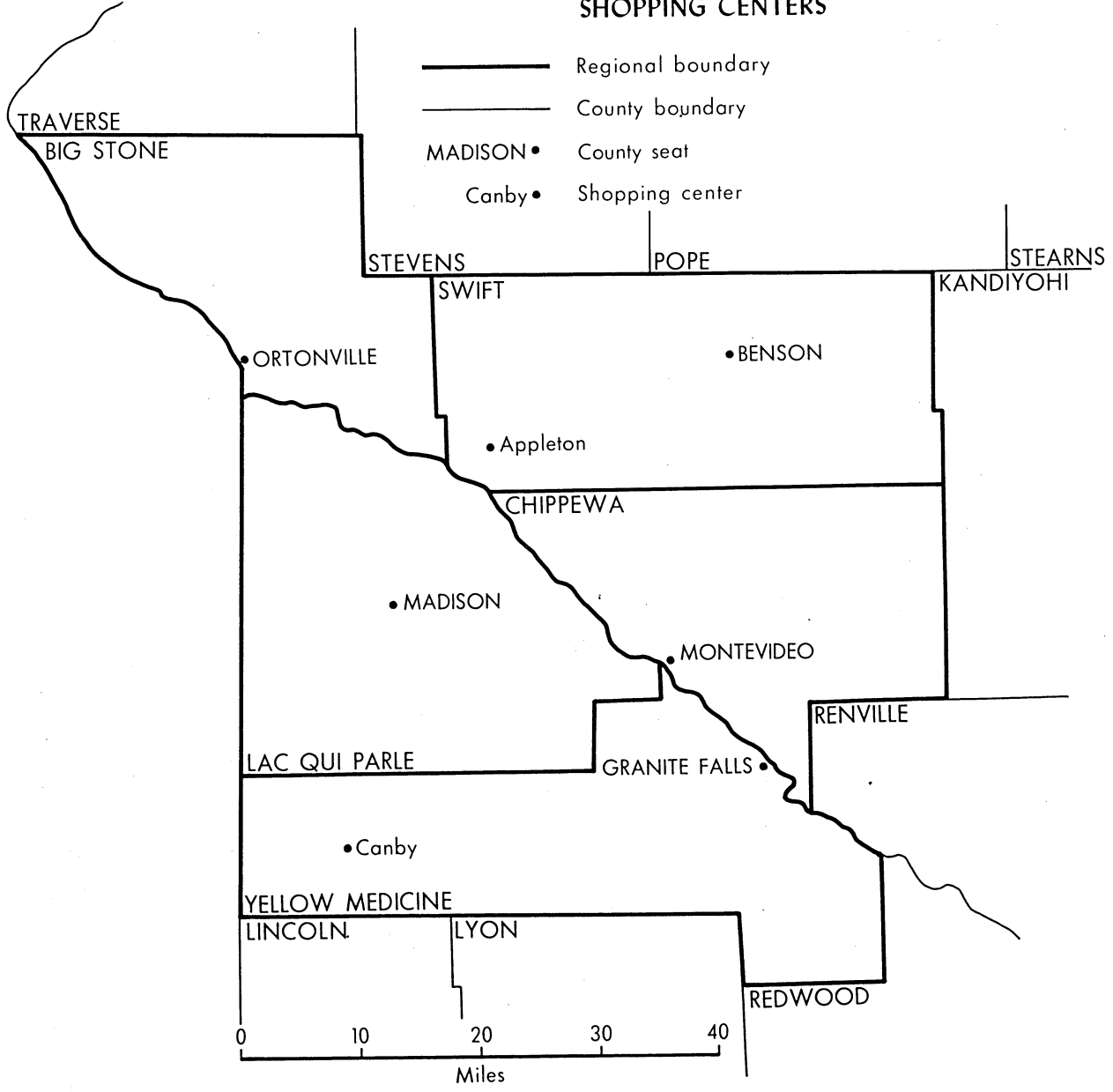
REGION V AND OTHER ADJACENT SHOPPING CENTERS



# REGION VI East AND OTHER ADJACENT SHOPPING CENTERS

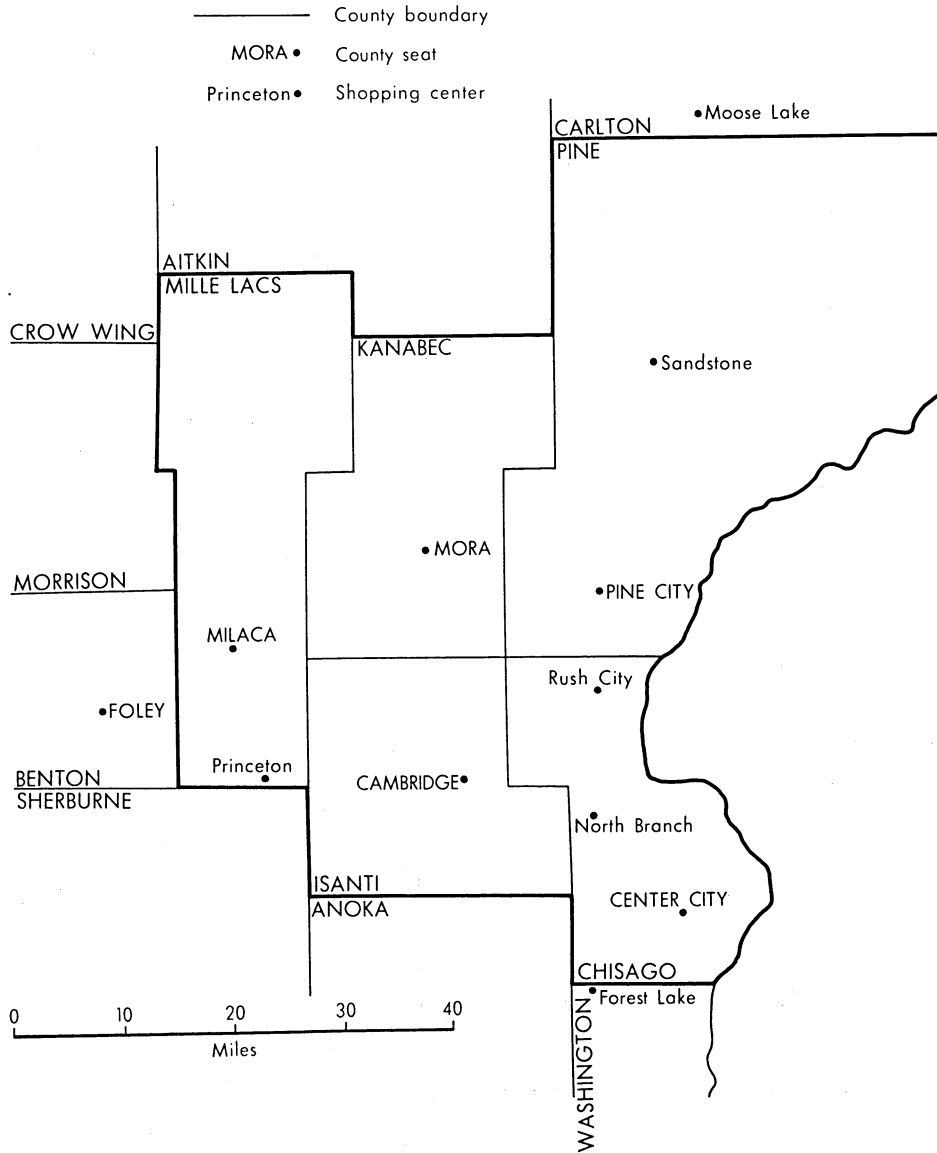


### REGION VI West AND OTHER ADJACENT SHOPPING CENTERS

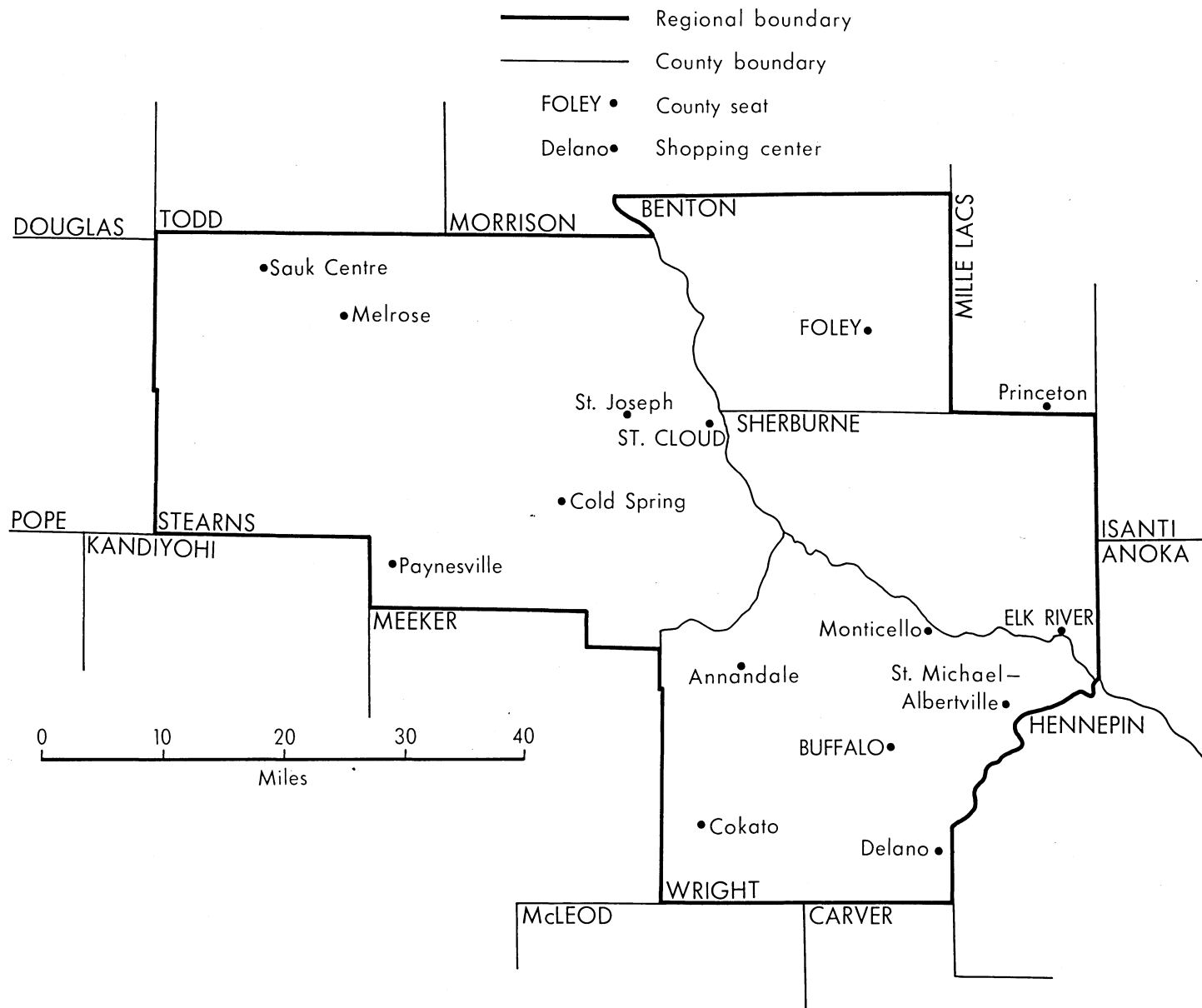


**REGION VII East AND OTHER ADJACENT SHOPPING CENTERS**

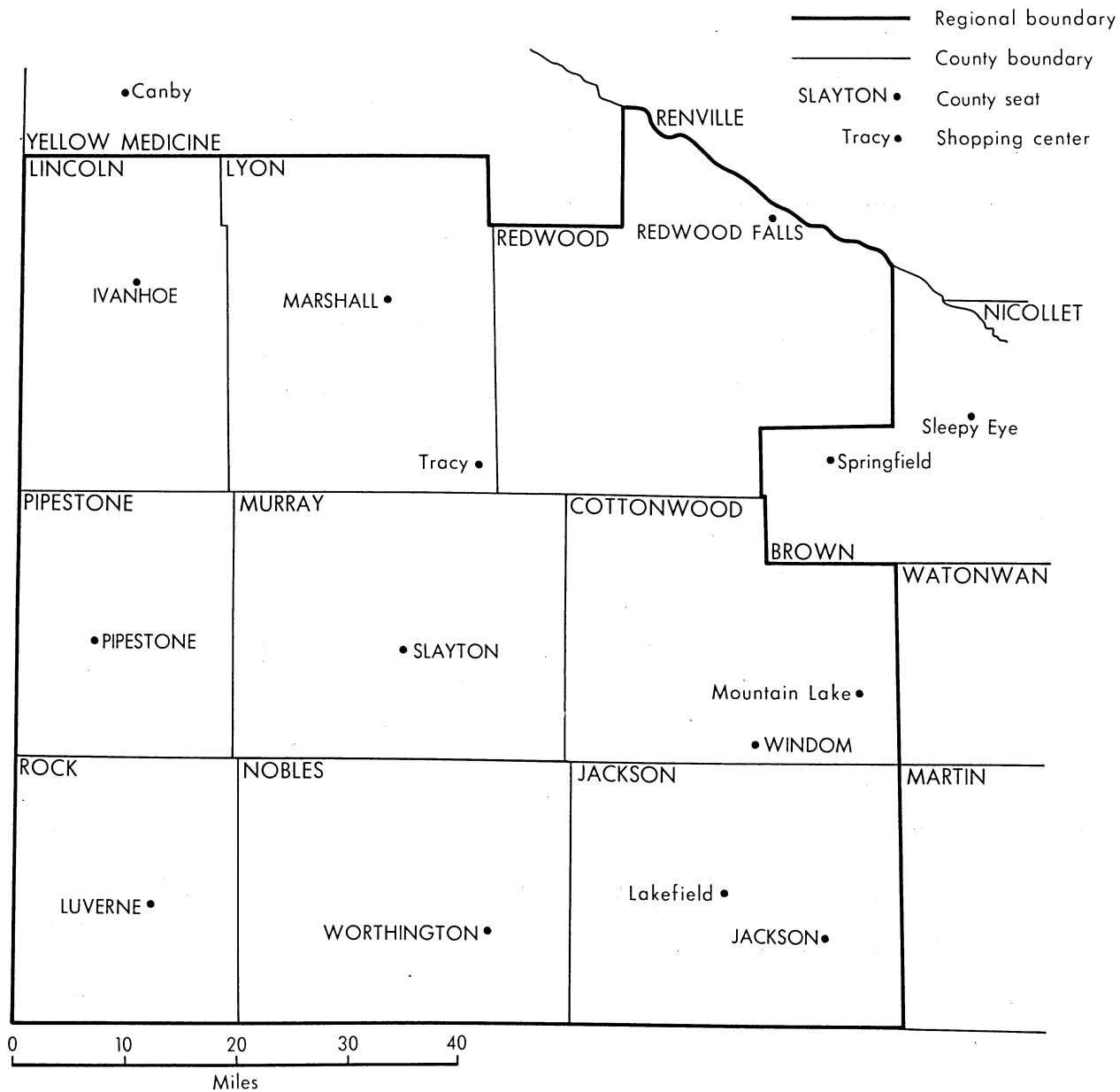
- Regional boundary
- County boundary
- MORA • County seat
- Princeton • Shopping center



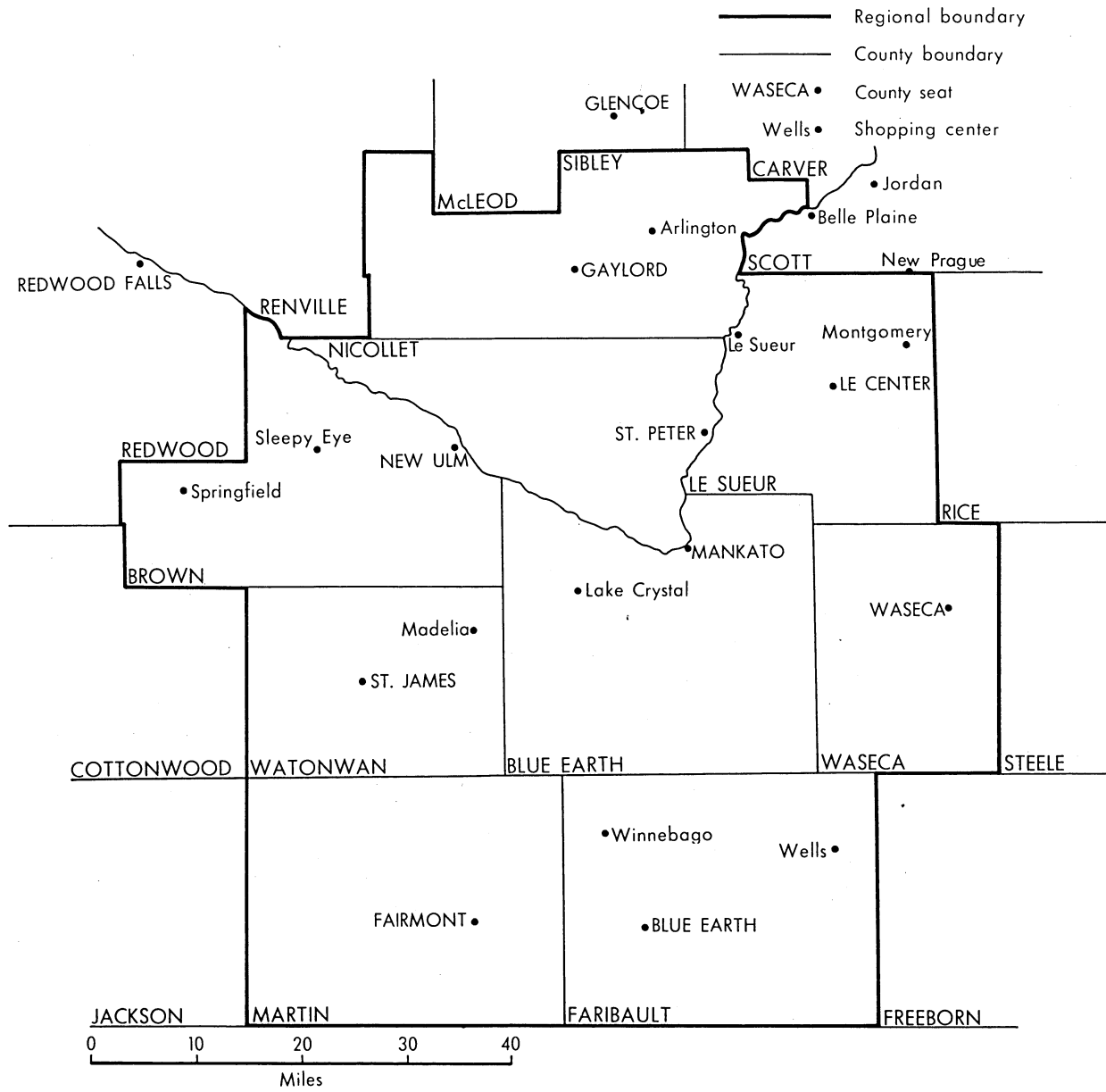
# REGION VII West AND OTHER ADJACENT SHOPPING CENTERS

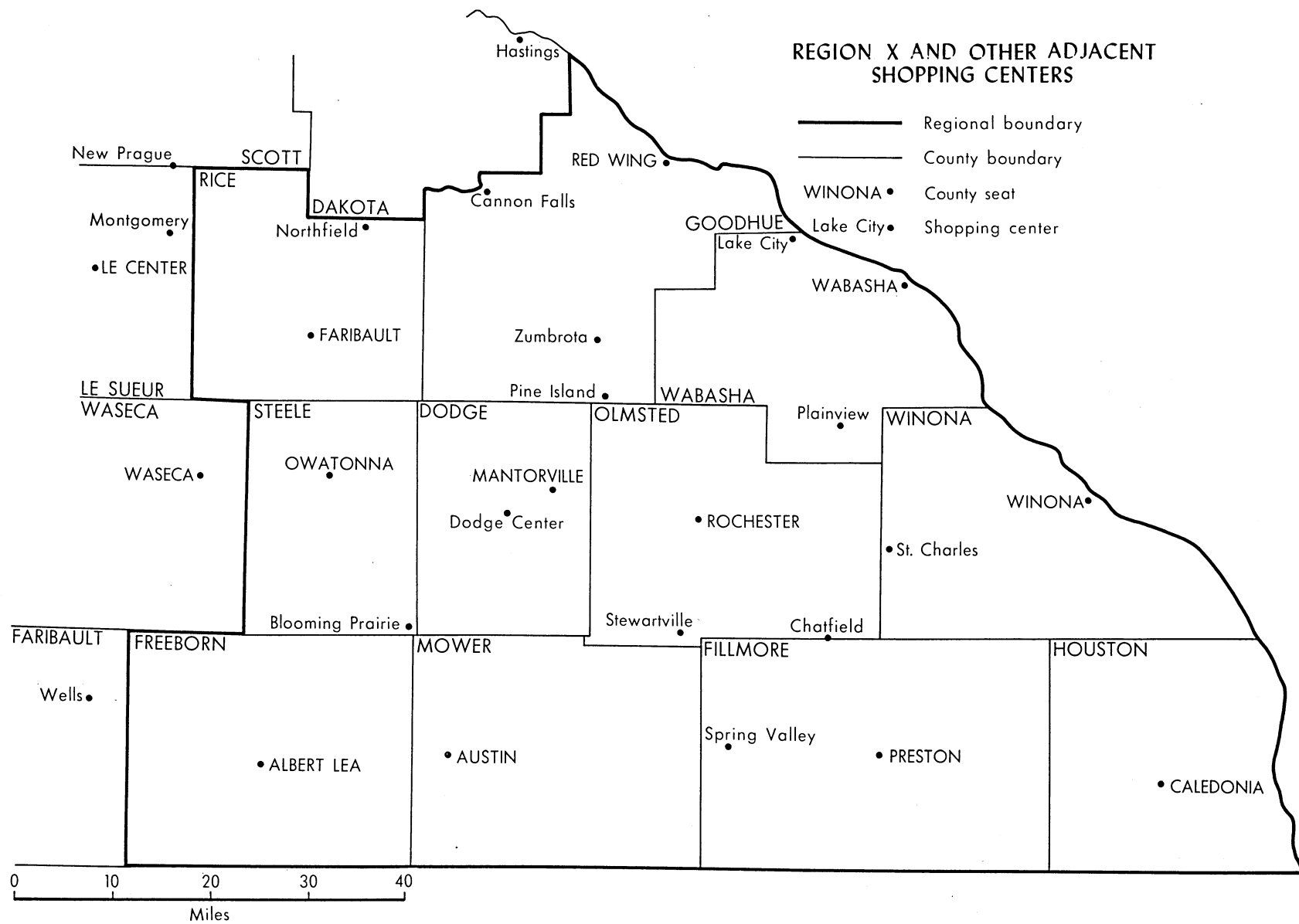


### REGION VIII AND OTHER ADJACENT, SHOPPING CENTERS



### REGION IX AND OTHER ADJACENT SHOPPING CENTERS

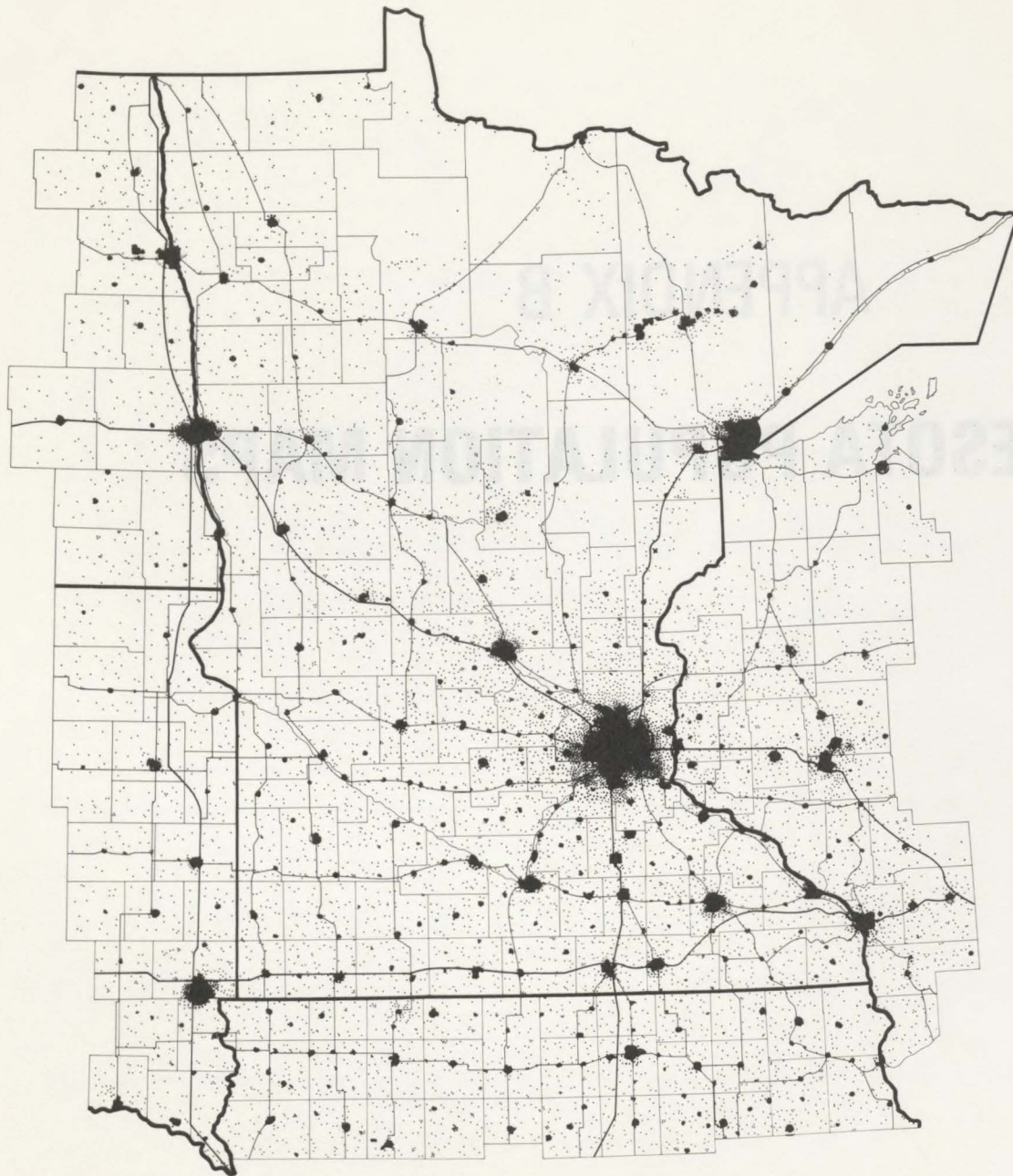




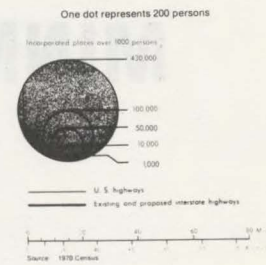


# APPENDIX B

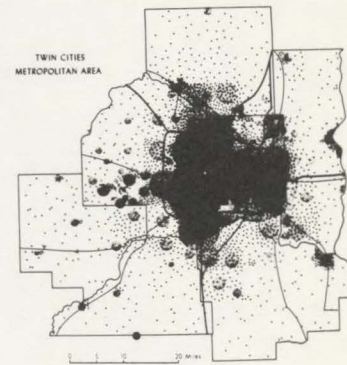
## MINNESOTA POPULATION MAPS



POPULATION DISTRIBUTION, 1970



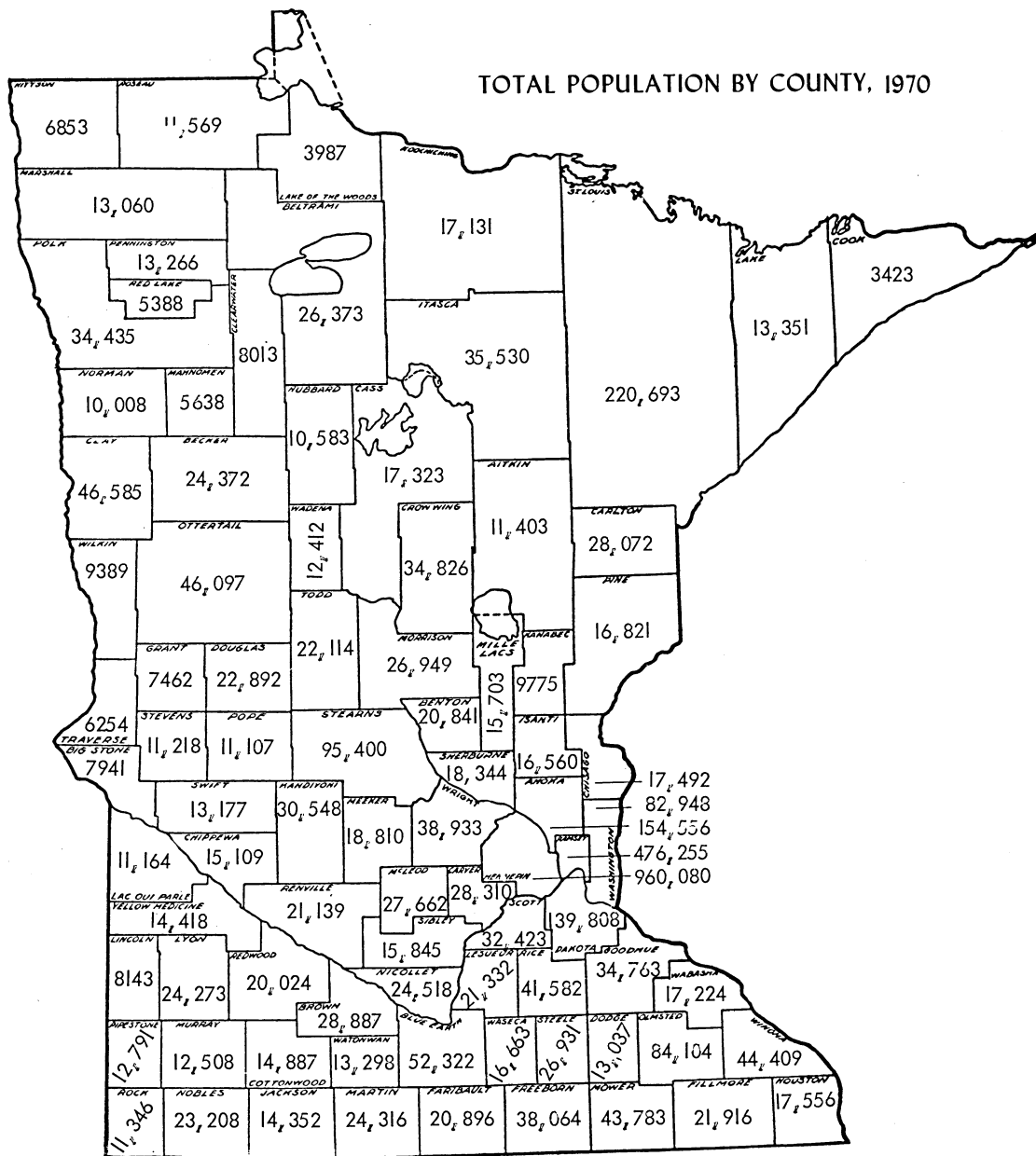
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SPACURA Wall Map Series  
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MAP 1



Source: U. S. Bureau of the Census, U. S. Census of Population: 1970, GENERAL POPULATION CHARACTERISTICS

## APPENDIX C

# **NAMES AND LOCATIONS OF AGENCIES AND FACILITIES PROVIDING SERVICES SHOWN ON SAMPLE MAPS (FIGURES 3-5)**

ALPHABETICAL LISTING BY TOWNS OF  
AGENCIES AND FACILITIES OFFERING SERVICES  
SHOWN ON FIGURE 3

Winsted

● St. Mary's Hospital

Atwater

\* St. Francis Halfway House, Inc.

Glencoe

● Glencoe Municipal Hospital  
△ McLeod Social Service Center

Granite Falls

● ▲ Turnabout House  
△ Family Service Center

Hutchinson

● Hutchinson Community Hospital

Litchfield

△ Meeker County Social Service

Olivia

● Renville County (this was added to the map even though it is not shown on page 145 in the Atlas)

Redwood Falls

△ Redwood County Department of Welfare

Willmar

☆ ● ▲ Willmar State Hospital (Alcohol and Chemical Dependency Unit)  
△ Kandiyohi County Welfare Department  
☆ △ Area Mental Health-Mental Retardation Center

KEY:

- \* Supportive Environment (Halfway Houses, etc.)
- Detoxification Center
- △ Information and Referral (County DPW's only)
- ▲ Primary Rehabilitation Center
- ☆ Drop-In Center

ALPHABETICAL LISTING BY TOWNS OF  
AGENCIES AND FACILITIES OFFERING SERVICES  
SHOWN ON FIGURE 4

Arlington

○ Arlington Municipal Hospital

Bird Island

☆ Vocational Adjustment Counselor

Dassel

- ★ Vocational Adjustment Counselor

Gaylord

- Gaylord Community Hospital

Glencoe

- Glencoe Municipal Hospital
- ★ McLeod County Welfare Department
- ★ Vocational Adjustment Counselor

Granite Falls

- Granite Falls Municipal Hospital
- ★ Yellow Medicine County Welfare Dept.
- ★ Vocational Adjustment Counselor
- ★ Area Vocational-Technical School

Hutchinson

- Hutchinson Community Hospital
- ★ Area Vocational-Technical School

Litchfield

- Meeker County Hospital
- ★ Public Employment Program (PEP)
- ★ Meeker County Welfare Department

Olivia

- ★ Public Employment Program (PEP)
- ★ Renville County Welfare Department

Paynesville

- Paynesville Community Hospital

Redwood Falls

- Redwood Falls Municipal Hospital
- ★ Redwood County Welfare Department

Sleepy Eye

- Sleepy Eye Hospital
- ★ Manpower Services Office (serves McLeod County)

Waverly

- △ ★ Community Action Agency Office (serves Meeker County)

Willmar

- Rice Memorial Hospital
- ★ Kandiyohi County Welfare Department
- ★ Public Employment Program
- ★ Vocational Adjustment Counselor
- ★ Area Vocational-Technical School
- ★ Manpower Services Office (serves Kandiyohi, Meeker, and upper half of Renville Counties)
- △ ★ Community Action Agency Office (serves Kandiyohi County)

Winthrop

- ★ Sibley County Welfare Department
- ★ Vocational Adjustment Counselor
- △ ★ Community Action Agency Office (serves Renville and McLeod Counties)

KEY:

- Hospitals
- ★ Vocational Counseling and/or Rehabilitation or Education
- △ Information and Referral (Community Action Agency Offices only).

ALPHABETICAL LISTING BY TOWNS OF  
 AGENCIES AND FACILITIES OFFERING SERVICES  
 SHOWN ON FIGURE 5

Atwater

▲ ■ △ St. Francis Halfway House

Glencoe

■ McLeod Social Service Center

Granite Falls

X ★ □ ■ ☆ \* Turnabout House

■ Family Service Center

Litchfield

■ \* Meeker County Social Service

Redwood Falls

■ Redwood County Welfare Department

Willmar

+ X □ ■ ☆ △ \* Willmar State Hospital (Alcohol and Chemical  
 Dependency Unit)

■ Kandiyohi County Family Service Department

■ △ Alcoholism Information and Referral Center

△ West Central Community Services Center

X ★ ■ ☆ △ The Bridge (a West Central Community Services  
 Center program)

KEY:

\* Supportive Environment (Halfway Houses, etc.)

△ Information and Referral (excluding county DPW's)

☆ Drop-In Center

■ Counseling Service

□ Extended Rehabilitation and Residential Center

▲ Primary Rehabilitation Center

★ Hot Line

X Crisis Intervention Center

+ Methadone Maintenance Program