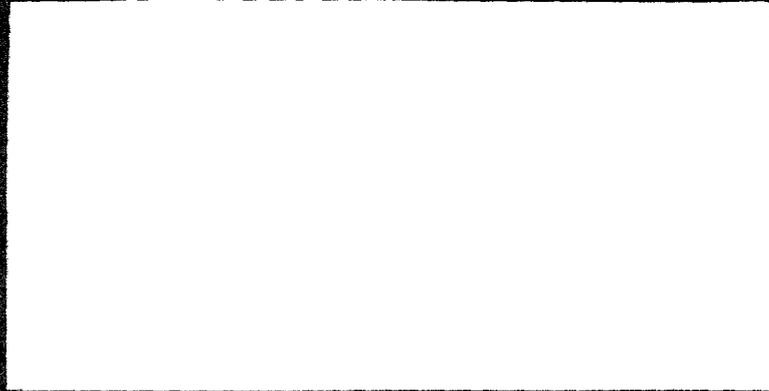


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Meeting Highlights and Background Briefing Report



Family
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Coordination, Collaboration, Integration: Strategies for Serving Families More Effectively

Part Two: State and Local Initiatives

December 6, 1991, Rayburn House Office Building, Rm. 2261

Panelists: **Otis Johnson**, executive director, Savannah/Chatham County Youth Futures
Margaret Rawle, deputy director, Maryland Children and Family Services Reform Initiative
Jeffrey Roberts, coordinator, Children's Plan, Division of Budget, Tennessee Department of Finance and Administration
William Morrill, president, Mathtech, Inc. and director, National Resource Center for Community-Based Service Integration

Moderator: **Theodora Ooms**, director, Family Impact Seminar

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Coordination, Collaboration, Integration: Strategies for Serving Families More Effectively

Part Two: State and Local Initiatives

BY

Theodora Ooms

and

Todd Owen

(Revised December 1992)

This policy seminar is one in a series of monthly seminars for policy staff titled, *Family Centered Social Policy: The Emerging Agenda*, conducted by the **Family Impact Seminar, American Association for Marriage and Family Therapy, Research and Education Foundation**, 1100 Seventeenth Street, N.W., Suite 901, Washington, D.C. 20036, 202/467-5114.

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American Association for Marriage and Family Therapy (**AAMFT**)

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Family Resource Coalition (**FRC**)

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COORDINATION, COLLABORATION, INTEGRATION: STRATEGIES FOR SERVING **FAMILIES** MORE EFFECTIVELY.

PART TWO: STATE AND LOCAL STRATEGIES

Highlights of the seminar held on December 6, 1991, in the **Rayburn** House Office Building, Rm. 2261. (A supplement to the background briefing report.)

Theodora Ooms, moderator, said that this was the second seminar in a series on “services integration.” She had asked the panelists to focus especially on the financing and organizational aspects of the exciting examples of state and local services integration initiatives that they were going to describe.

Otis Johnson, director of the Chatham-Savannah Youth Futures Authority (CSYFA), opened with a brief description of the New Futures Initiative funded by the Annie E. Casey Foundation (see page 14). **The** primary aim of the initiative is to reduce rates of school drop outs, school failure, teen pregnancy, and youth employment. Begun in 1987, New Futures is now operating in five middle-size cities which were chosen after an elaborate selection process. New Futures is based on two premises: that services to youths are highly fragmented and that too often institutions place troubled children away from home instead of providing the services they needed in the community.

New Futures is built upon a collaborative strategy. Each city is required to put together a “collaborative” governance process in order to develop a sense of community urgency and public accountability for the problems and how they can be solved. This collaborative is made up of a cross section of 23 community leaders, including business, social services, educators, parents, and others, who together plan ways to deliver better services to youths. Four members are appointed by each of the following: county government, city council, board of education, state commissioners, and by the local legislative delegation. Internally, the collaborative appoints an additional four members.

Each New Futures initiative is structured with four basic components: the collaborative, a case management system, an integrated service delivery system for youths, and a management information system (MIS).

Financing. Johnson noted that the Chatham-Savannah collaborative has been structured and financed in a unique way. They asked the state legislature to create the Chatham-Savannah Youth Futures Authority as a local collaborative for children and youths. The Casey Foundation required each community competing for a New Futures grant to demonstrate that it could raise 25% in new dollars to match the foundation money and 75% could be in-kind support. They worked to get five-year commitments so they would not have to get year-to-year support. As a result, they have managed to escape some of the budget cuts.

The quasi-public CSYFA was created by the legislature in 1988. This gave them increased access to funding from state and county departments, the local school district, the city of Savannah, and the local United Way. In order to increase their chances of winning the Casey grant, they received pledges from the state, county, city, and local governments to match the Casey grant dollar for dollar.

Johnson said that there is much talk about whether these New Futures projects can continue beyond the period of the five-year grant. In Savannah, where local commitments were made up front, it seems highly possible. Administration of the program has been kept lean so that if the local funding sources give only one-fourth of what they currently give, Savannah will still be able to continue the program.

They have held out to the Board of Education, social service agencies, and the health department the challenge that if the collaborative could demonstrate that they can better serve the needs of youth and families through the New Futures Initiative, that these agencies and groups will pick up most of the cost of this project. And by the start of the fifth year they will have enough information and hard data to decide whether to continue the program, part of the program, or to scrap the whole thing.

Expanded mission. Casey wanted a middle school initiative, although according to Johnson, many in the community knew that a lot of youths' problems in middle school started because they weren't properly prepared to enter school in the first place. Still, they went ahead and the CSYFA structured the program for middle schools phasing into high school.

Then, Johnson said, "the Foundation gave us the opportunity we needed: they came to us in the middle of the project asking us to develop a second phase plan. Here, the MIS system they had set up proved critical and clearly showed that problems were showing up much earlier in school."

They have since restructured their whole purpose and goal to start actively and aggressively working with teen mothers from the time they are identified as being pregnant. The purpose is to construct a continuum of care that begins with prenatal care and ends with graduation from high school. Johnson noted that the work on this second phase will not be done at the end of five years. "We are only just beginning to understand the depth and breadth of the problems and our challenge." They expect to have phase three at least and probably four and five before they get a real handle on this problem.

Their mission now is that every child born in Chatham-Savannah will be able to grow and develop into maturity and be a literate, competent, and productive citizen. To accomplish this they have set out to bring about changes in policy, procedure, and funding patterns of all the community institutions needed to aid youth to become productive citizens. "We want to provide a process, a collaboration among concerned adults, parents, youth service providers, teachers, elected officials, and other community leaders that will be required to develop this continuum of care."

Schools are clearly an integral part of this continuum. Every child needs support on the education side and the social services side. But because education has such an insulated bureaucracy, initially they had to single it out from their focus on establishing the service system continuum.

Eventually they clearly intend to facilitate the restructuring of the schools in **Chatham** County, getting money to move towards site-based management and to do other things to restructure and reform that very insulated system.

Johnson cautioned, "We aren't there yet. We're only in our fourth year and I implore you to read the evaluation. We are struggling with our case management system to perfect it to the point where it really does perform the duty of being the eyes and ears of the collaborative." Case managers are in schools, homes, and on the front line. They are developing a system where the case managers will provide the front-line information needed to drive the institutional change agenda forward. They are perfecting a management information system that is capable of gathering this information from various organizations, collect it in a usable form, and then feed it into the policymaking process.

He concluded by saying they started with two challenges. **One** was to develop the will to tackle this problem, and they've done that. The strength of the cross section of leadership in the collaborative has been really important in helping to bring the community's attention to the problem. The second, which is being addressed now, has to do with building capacity within the community to deliver the services that these children and families need.

Margaret Rawle, the second panelist was introduced as deputy director of Maryland's ambitious, statewide children and families services reform initiative which is unusual in including both bottom-up and top-down impetus for change.

She began by outlining the organization of Maryland's services for children and families. Rawle briefly described the characteristics of the four agencies at the state level which provide services to children and families. They are the Departments of Education, Human Resources, Health, and Juvenile Services. Each of these agencies has a counterpart at the local level but the relationship between state and local agencies varies. There is a high degree of local autonomy in the Departments of Education and Health, less so in Human Resources, and even less in Juvenile Services. Each agency has its own wide assortment of rules and regulations and a somewhat different philosophical approach.

Rawle said the Maryland reform initiative wants to achieve three kinds of change: changes in the way they deliver services to families, the way they make decisions about delivering services to families, and the way they finance these services.

Local Prince George's County demonstration. The initial impetus for change came from a Casey Foundation grant, \$7.5 million over five years, matched with state funds. The purpose of the grant was to **reform** the child welfare system by **first** establishing a model of service delivery in one community in Maryland. They chose Prince George's (**P.G.**) County and worked for over a year with state and local agencies to develop a continuum of services on an interagency basis. This continuum begins with family support centers and continues through intensive case management services, all to be delivered on a non-categorical, interagency basis, viewing the family as the "client."

This is an ambitious project which has been moderately successful, Rawle said. There were a lot of varied programs in P.G. County when they started. While they are not yet all connected together, they do now have a model of what it might look like to provide community-based services to families on a holistic basis, using an empowerment rather than a deficit model, and letting the communities determine the kinds of services families need. To some extent this model is now working in P.G. County.

Statewide reform. The first challenge to implementing change statewide was to change the four agencies' thinking and policy at the top. First, the Governor appointed a special secretary for the Office for Children, Youth, and Families, who also chairs a sub-cabinet on children, youth, and families. The Office for Children, Youth, and Families works out of the Governor's office, so it is not associated with any agency. The sub-cabinet includes the Secretaries of Education, Human Resources, Health, Juvenile Services, and Budget. The sub-cabinet was brought together to sit on budget committees and brainstorm and bring together state and local agency representatives and local providers to look at various aspects of service delivery and make recommendations. Based on those recommendations they presented legislation, which was enacted, that put all the existing interagency kinds of services into one place, the Office for Children, Youth, and Families (see p. 21).

The second important step was to get language in the budget bill that permitted each agency to use funds that had been committed for out-of-home placements to be spent on preventing those placements on an interagency basis. This became the basis for an RFP which went out to local jurisdictions to develop local collaborative interagency initiatives designed to reduce the numbers of children in out-of-home care. Local jurisdictions set their own outcome measures, and are given incentives to fund preventive services.

One very important result of the sub-cabinet is that they began to track, on an interagency basis, out-of-home placement of children and for the first time they have information on the agency that placed the child and the cost of doing so and can now show, on an interagency basis, how much money is spent on placements and other services. Maryland is now gambling that they will succeed in preventing a significant number of out-of-home placements. They will find out next year if they have been successful. The hope is that this initiative will at least prove at the state level to be cost-neutral and perhaps cost-effective. Rawle cautioned that it is a risky strategy because rates of out-of-home placements may go up for a variety of reasons, some of which may have nothing to do with the services delivered.

Financing the initiative. Rawle emphasized the critical importance of foundation money. "In melting the bureaucratic icicles, you need some extra energy." Foundation funds have supported technical assistance from outside consultants; provided start-up money for local jurisdictions to hire an administrator before public funds arrive; set up a management information system; and funded consultation to start thinking about how to reassess children on a common basis rather than from four different perspectives.

Additional monies from the United Way helped set up a MIS service data bank for the city of Baltimore. Rawle added that they have also used federal CASSP funding to help local jurisdictions pay the expenses of parent participation in the local governing boards and support groups.

Nevertheless, Rawle pointed out some of the barriers they have faced. Most people don't like to change. "While we have plenty of agreement at state and local levels on guiding principles for community-based services, interagency services, and flexible funding, it is much more difficult to actually implement these ideas."

In conclusion, Rawle happily stated that because of the Governor's strong support of the initiative they have not had to cut back on any of their plans in spite of the state's current fiscal crisis.

Jeff Roberts, the third panelist, is coordinator of the Tennessee Children's Plan, a statewide reform initiative centered in the Department of Finance and Administration.

Roberts explained that similar to Maryland, Tennessee also has four departments which are responsible for delivering services to children and families and are involved in the reforms underway. They are the Departments of Human Services, Youth Development, Mental Health, and Education.

The Tennessee Administration chose to put the coordinating locus of this plan into the Department of Finance and Administration. This was because the department, while concerned about the finances of the state, does not have a stake in the fight to provide the services. Their role is to coordinate the skills and knowledge of the other four departments which on their own had never been able to get past the turf battles and other barriers to accomplish anything together. "We are the glue that keeps them going in the direction we want them to go," Roberts said.

Background. The origin of the initiative came largely from realization of the rapid rise in numbers and costs of out-of-home placements. Over the past seven years, the state's commitment rate for juveniles has increased by **41%**. Since the fiscal year ended in June 1989, just in the Department of Human Services, the cost for out-of-home placements has doubled. The state saw this as something to be dealt with quickly. The state's failure to comply with a **15-year-old** court order to provide appropriate child treatment services was another strong factor in the impetus for reform.

The first step was an interdepartmental meeting, which included members of the four departments and the Department of Finance and Administration, to survey all the children in care at the time and to see what their needs were. They found that about 40% were inappropriately placed. Two-thirds of the kids had some specialized treatment needs.

That pointed them in the direction of consolidating all the efforts of the departments into one cohesive plan for providing children's services in the state. This effort currently has four goals:

- (i) Reduce the number of children in care.
- (ii) Provide more appropriate services to those children.
- (iii) Develop a management information system that can give us better information on **where** the kids are, the types of services, money spent, etc.
- (iv) Maximize the federal funds the state is eligible for, but for various reasons **are not being** utilized.

The plan built on the experience of eleven family preservation teams, in place for two years, which had been able to reduce the numbers of children entering state custody. Getting kids out of care, however, was proving to be a harder problem. Once the child is in care it is difficult to remove them. Roberts said that the Department is now trying to refocus priorities towards family reunification and providing "wrap around" services to keep them in the community.

Organizational Innovation. In the past, children were placed into programs with available spaces; whether they were appropriate or not. To change this pattern Tennessee now has **12** community health agencies (**CHAs**) which, in the future, will work as the single point of entry for a child coming into care. They will provide comprehensive assessments, and every child will receive **the** same assessment, to determine needs. The CHA will also develop a case plan for each child and the staff will have the responsibility for providing case management.

The CHA is a quasi-governmental agency, not a state agency, so they have the best of both worlds. There is policy and budget control but not a lot of red tape like other state agencies. They work outside the civil service system, use state purchasing, and can initiate contracts **with** the state. They provide a vehicle to carry on this process quickly, giving flexibility without getting into the state bureaucracy. This takes the decisionmaking about what services are needed out of the hands of the people providing the service.

Financing innovations. Another initiative was to take all the state dollars out of all the departments and put them into a single account in the Department of Finance and Administration. To draw on that money the departments and agencies have to provide the services, just like private agencies, and are then reimbursed. They have replaced their complex contracting process with a single state contract for each private provider. (In the past each department had a different contract at a different rate for the same services.) And Tennessee is in the process of developing a computerized management information and training system. All payments to private vendors and state agencies have been centralized in the Department of Finance and Administration to get a better accounting of funds.

Another major piece of the financing innovations is that with the help of foundation-funded consultants, they have found that the state was eligible to claim additional Title IV-E funds and take better advantage of federal training opportunities. Also, they are in the process of evaluating their staff time spent on Medicaid eligible services in order to improve their claims for Medicaid reimbursement. "We aren't doing anything risky," Roberts noted, "we are just improving the way we should have been doing things all along." Like Maryland, their staff has undergone some major budget reductions, but the successful efforts to gain new federal funds have offset \$14 million in cuts.

William Morrill, president of Mathtech, Inc., was introduced by Ooms as having been involved with the topic of services integration for a long time. He has served in high level government positions in several administrations, including as Assistant Secretary for Planning and Evaluation, in DHEW from 1973-1977. She asked him to comment on what he thought this whole "movement" was about and how it differed from past efforts.

Morrill began by recounting how, about two years ago, he and colleagues at the Policy Study Associates, were funded to look into **current** examples of decentralized experimentation with services integration. While hesitant to quantify the results, Morrill said they found that there are between 40-75 serious projects, both state and local, currently underway (with hundreds of smaller initiatives).

This movement is clearly different from the services integration efforts of the **70s**, Morrill asserted. Throughout, these initiatives **are** described with new words like prevention, comprehensive, family-centered, holistic, community-driven, and outcome-oriented. The more serious are moving beyond a project-oriented mentality and are really focused on long-range system reform.

Morrill noted that services integration has been given many different meanings but in many ways it is now becoming a code word. “What we **are** really talking about is a substantial revolution in human services and this is harder to talk about, particularly to political audiences who are more comfortable with a nice, safe bureaucratic term **like** ‘service integration.’”

People often asked him to point to a single model for services integration, but “we **are** not at a point where we have a model. There are dozens of models being tried but more work needs to be done to see which models produce better results and for whom.”

Some basic concepts and assumptions underlie this new movement. In the past, Morrill said, families were relied upon to help the individual members gain access to the services they needed. The family was the first line of service provision. But in **current** society where families are becoming increasingly distressed or dysfunctional--particularly multi-problem families--family functioning needs some restoration and strengthening. This concept is basic to the new thinking.

Although many of the services integration experiments are school-linked or school-based, the relationship between services integration and school reform is separate. Morrill added that it is hard to imagine a comprehensive set of services that don't involve schools, but they are not inextricably linked. People involved in school site-based management inevitably find themselves facing the problem of what to do about the 90% of non-school problems.

Barriers. Morrill noted that it is important to look realistically at services integration from the perspective of what it means for the lives of front-line workers and case managers. These people **are** being asked to share power with others they never considered sharing with in the past. Professionals are being asked to stand up amongst their peers and others and say “we are screwing up.” And we are asking them to share power with consumers. This is difficult enough but we are also asking them to take risks with respect to their consumers and to be accountable for the outcomes.

Morrill added, “That is pretty scary stuff for these professionals who typically like to build walls around themselves,” and has strong implications. Most importantly, it means that the initial planning at the operational level takes considerable time. A shared vision and a sense of trust must first be built amongst the providers.

Another important implication has to do with case management, which is also a term with many meanings. Much is said about how case management is necessary to achieve accountability for outcomes for kids and families but then the obstacle is thrown up about the problem of confidentiality. Morrill believes that in many cases this is an excuse used as a cover by organizations to avoid doing what they didn't want to do anyway.

Regulations and waivers are frequently mentioned as barriers in a similar fashion. People all like to talk about getting waivers and deregulating but when you pin them down for specific suggestions they often cannot cite any.

Another serious difficulty is the problem of accountability in the new **collaboratives** where decisionmaking is shared and which tend to be complicated structures of state and local public agencies, and public, private, and non-profit money. It is unclear who is responsible for the holistic outcomes, and who reports to whom, about what?

Lessons learned. Morrill then commented on additional ways in which the present movement differs from that of the 70s. First, "We've learned that the system cannot be shouted or bribed into reform...I take heart that the impetus for reform now includes the professional communities as well as those working at services integration from the outside." School teachers, health providers, and social service workers are all saying we simply must change what we are doing.

Second, Morrill continued, we've learned something about the role of money, particularly discretionary money. In the 70s, services integration was done with a basket full of discretionary funds and when the money was gone, the programs went with it. "We now understand that we have got to tap into the mainline stream of funding, including education, health, social services, and training. If we can't get these funds involved in the process, in the long run we won't get anywhere."

Also, there can be such a thing as too much money. Some of the Casey sites have found that when they didn't have the commitment of local organizations the money wasn't good enough to leverage the system.

Is there enough money in the system to do all we need to do? **Morrill** asked. Of course not. Can we make this process solve that problem? Probably not in the short run but in the long run he believes that services integration may be the only way to get more money into the system. "Because it will only be forthcoming through demonstrating that we know what we are doing with it and what outcomes we are achieving."

Morrill added that he doesn't think we can make these changes entirely top-down. If the local structure refuses to participate, it can thwart the best intended efforts of everyone else.

Morrill ended with a comment about the newly established National Center for Service Integration which he has launched and hopes will, in time, become a major source of practical knowledge building and technical assistance (see p. 35). The National Center is a collaboration which includes at this time, in addition to Mathtech, the National Governors' Association, Policy Studies Associates, the National Center for Children in Poverty, Child and Family Center in Iowa, and a group of networks that they hope to build in the way of a technical assistance effort made available throughout the country. At the moment their sole sponsor is the federal government, DHHS. They hope to turn that into a collaboration with other federal agencies and foundations. "Although we **are** setting up a Clearinghouse through the National Center for Children in Poverty, we intend to go way beyond this. Although we will be careful not to duplicate what others are doing in this exciting new movement," Morrill concluded.

POINTS MADE DURING DISCUSSION

- The discussion began with several questions about the new Tennessee Community Health Agencies (CHA) which Roberts clarified were established two years ago by legislation. Their main focus initially was to provide health services for infants. They were chosen because the emphasis was to provide better children's service delivery systems down to the community and to build interdisciplinary teams that could make consistent decisions for all children needing services.

- Johnson was asked to clarify why there was a shift in focus in the CSYFA from middle school students to teen mothers and if it had to do with a shift from primary prevention to secondary prevention.

Johnson noted that their MIS was crucial here and has been a very important tool in helping them make planning decisions. They learned, for example, that in their school system, 40% of the kids entering 6th grade are one or more grades behind and, of these, 60% **were** born to teenage mothers. Their data on K-12 students showed significant rates of retention and suspension in the 1st grade. "If the system is saying kids aren't coming to Kindergarten or 1st grade prepared to succeed then we've got to go back further. Each year in **Chatham** County we have almost 400 births to teens 17 and younger and we want to break this cycle. The only way to break this cycle, and to achieve our mission for children, is to work with these teens when they become pregnant, and we also work to help them from becoming pregnant."

- In response to a question (not recorded) Morrill added that he believes we have an enormous window of opportunity to try some things differently because, in this movement, there are components that appeal to conservatives and liberals, including notably the emphasis on family functioning and values. We are trying to be more open to using different institutions in the community which help to promote values.

Johnson agreed upon the important role of the religious community, the education community, and the media in the shaping of values in society, and these institutions need to be brought into the process. In Savannah, for example, they involve churches and are able to do so with private funds.

- A participant from the GAO noted that many services integration projects in the past seemed to have difficulty publishing their data. Is this a problem and, if so, what can the federal government do to help get this information out?

Morrill responded that one reason for the lack of available data on service integration projects to date is that there are a lot of serious conceptual problems, among other things, about what to measure. However, an MIS system is absolutely critical.

Rawle added that perhaps the reason there is little information available is that there is, as yet, little true integration. "I wouldn't describe Maryland as having an integrated system. I would say we are in our infancy in thinking about moving toward it. Also, many states have precious little data, even within their agencies, let alone on an interagency basis. Maryland can't even reliably say how many children it has in out-of-home placements."

- A questioner asked Roberts how, from a political standpoint, did the four state departments in Tennessee give up their funding to the Department of Finance and Administration. Roberts said that the departments simply didn't have a choice. The Commissioner of Finance and Administration recommends the budget to the Governor and the Governor agreed to it. However, he added that they were not yet far enough along to say what aspects of the Children's Initiative **are** working and what **are** not.
- Johnson, in responding to a question about their case management system, said that it has two stages: the initial multidisciplinary team who assess the youngster and family situation, and then the case manager who serves as an advocate for a student and family deemed to

need multiple services. The case managers **are** trained in how to do the assessment, plan interventions, link with agencies, monitor the outcomes of the services being delivered, and advocate on behalf of the young people and their families. Again, a critically important part is the MIS: each student is given a number which is used to track the student over time and this allows the case managers to gather information on outcomes. "We've been doing **this** for **three** years and are still smoothing out some of the wrinkles but **think** it is finally working **realistically**."

Morrill said that if services integration is going to succeed for teachers, health providers, and social service workers of all kinds, we are talking about a whole set of skills and way of thinking that has got to find its way into the education system and influence how these people perform as front-line workers.

- In response to a question about the role of community-based non-profits in services integration, several panelists emphasized the role of non-profits in providing funding (e.g., foundations and the United Way), in delivering critical services, and becoming active in "local governing boards." Morrill added that community colleges, in the West in particular, have been important in getting some of these efforts going.

On the subject of non-profits, Johnson said he wanted to bring a note of reality to the discussion. He said that when Casey announced that Savannah was in the running for a grant, non-profits came out of the woodwork because they thought they would get a piece of the money. "Many non-profits went away angry when we submitted a proposal that didn't include them. In the first year we fought with many of them to get them back on board. Some are still mad but they have to come back because they need us in the long run more than we will need them. We've been able to work with the leadership of the United Way, who sit on the collaborative. It is not easy to collaborate. It is a political tightrope walk every day. These agencies have been operating and doing what they want to for many years and they have their own goals and constituencies."

- Other problems mentioned by panelists in the discussion were the tendency of new initiatives to become rigid and inflexible over time and the danger of creating yet another layer of bureaucracy or a separate agency.

Morrill commented that a plan for top-down reform is difficult. You are trying to explain why you want to restructure massive systems now in place at the state and local level without a lot of evidence that the outcomes will be better over the longer run. There is understandable reluctance to pitch this all out until the replacement is proven. In his view, experimentation has first got to happen, with state and federal help, at the operational, local level until we can see what works. Then we can come back to the issue of substantial restructuring.

Johnson added that "it is rare that large bureaucratic institutions change of their own will. There will always be a necessity for these outside groups, like foundations and grassroots advocacy groups, to be the conscience of society and to prod these large bureaucratic institutions to change. Our institutions are not user-friendly and for this reason we can learn much from the literature on management that is now very popular. If these institutions **are** created to meet the needs of the people, then they've got to be more **user-friendly**."

COORDINATION, COLLABORATION, INTEGRATION: STRATEGIES FOR SERVING FAMILIES MORE EFFECTIVELY

PART TWO: STATE AND LOCAL INITIATIVES

Background Briefing Report

INTRODUCTION

The movement for reform of the current categorical service system is extraordinarily broad and appears to be gaining strength. One force driving this renewed interest in services integration and reform is the desire to reduce the incredible inefficiencies of multiple funding streams, each with its own rules and regulations **that** make it so difficult and costly for people of any age to get access to the services they need and are entitled to. A second, and stronger, force is the growing conviction that the present system is bankrupt, especially with respect to its capacity to effectively meet the needs of families with children who have multiple problems and needs arising from poverty, handicap, or chronic illness.

In dozens of local communities and a growing number of states, new initiatives designed to counter service fragmentation are underway or actively being planned. The states' fiscal crises, which might be expected to paralyze reform efforts, seem only to add momentum to them. Pressures are mounting to **find** ways to use existing resources more effectively. Many hope that services integration and redirection will eventually lead to cost savings as well as serve children and families more effectively.

Some of these integration initiatives represent incremental approaches to making the present system work more efficiently at local levels. They are designed simply to link clients with existing services more effectively. Others put forward much more ambitious goals of catalyzing quite radical change and system reform at the local and state level. This involves developing new policy and organizational structures and approaches at both administrative and service delivery levels.

A number of individuals and organizations promoting and/or monitoring these initiatives are issuing reports that document and assess these developments. Not surprisingly, the more limited service oriented efforts are meeting with more success than the more ambitious system reform initiatives. Many, however, believe it is premature to judge the effects of the reforms to date. Already much is being learned about the enormously complex challenges involved in changing bureaucratic delivery systems, systems which took decades to put into place.

However well thought out the initial plans and blueprints for these reform initiatives are, their implementation has encountered powerful institutional resistance to change. Yet the commitment and enthusiasm for reform remain strong, only somewhat tempered by experience. Expectations

are being readjusted, time horizons lengthened, and goals somewhat modified. Nevertheless, many continue to approach this subject with cautious skepticism. Although the rationale for services integration remains compelling, a host of questions remain unaddressed or unanswered about the results for children and families, the reforms' staying power, and their long-run societal benefits and costs.

The first report in this series provided an overview of the wide scope of this services integration (SI) movement which is taking place simultaneously in every major program sector (see Ooms and Owen, September 1991). It outlined the major problems with the present categorical system and focused specifically on the current and potential federal role in these new initiatives. This second report presents some of the service integration initiatives at local and state levels. It focuses specifically on the financing and organizational strategies being used to try to achieve more effective, family-centered services. (The third seminar in the series focused on service delivery strategies, primarily case management. Additional seminars in 1993 will focus on issues of data collection, evaluation, and training.)

In this report we first review and discuss the emerging new organizational structures, processes, and financing strategies that states and localities are using to implement these service innovations and system reforms. We then illustrate these general strategies with a discussion of initiatives at the local level, providing sketches of four specific projects in St. Louis, Missouri; Denver, Colorado; San Diego, California; and Savannah, Georgia. In the next section we discuss some of the emerging state initiatives that, building on local demonstrations, are attempting to leverage ambitious statewide system reform. These are illustrated with brief examples of developments currently underway in five states---Maryland, Tennessee, Iowa, Idaho and Virginia. We close with a summary of some state system reform efforts catalyzed, or at least reinforced by the two Policy Academies on Children and Families at Risk organized by The Council on Governor's Policy Advisors.

Our review is necessarily limited. We draw primarily on examples centered in the education and child welfare sectors because these are better documented. However, as indicated in our first report, parallel developments are taking place in many other program sectors, for instance, collaborations related to welfare reform, maternal and child health, and children's mental health (See for example the 1992 National Governors' Association special report authored by Linda McCart.)

Major questions remain about whether and how these emerging and parallel system reform initiatives will coordinate with each other. Kahn and Kamerman (1992) noting that most service integration initiatives center around different categorical bases suggest that cross-system integration initiatives could coordinate through organizing themselves around differentiated clusters of types of programs and services that cut across traditional program categories. They give three examples: Cluster #1 could be organized around programs offering access to money and resources on a means tested basis. Cluster #2 around services for adolescents. And Cluster #3 around services for families and children under age 12.

Note: Following the usage of the first report we use services **integration (SI)** as the broad umbrella term to cover reform initiatives involving collaboration, coordination, and system redirection and reform activities.

Cross cutting themes

So many changes are happening so fast that some guideposts **are** needed to map the complex terrain. Underlying at least the more ambitious of these reform initiatives are four inter-related themes.

- **Family and community empowerment.** The first theme is an increasing decentralization of policymaking power and responsibility as states and especially localities assume much greater initiative in planning service development and implementation. Communities, neighborhoods, and families themselves are involved in assessments of their problems and needs and how best to meet them. To some extent this theme may appear to reflect what in current political circles is being dubbed the new empowerment “paradigm.” However, in this reform movement there is little emphasis on opening up the service system to “market” forces.
- **Clarifying and assessing family outcomes.** The movement towards providing state and local providers greater flexibility is going hand in hand with a call for a greater emphasis on identifying and assessing the program outcomes that are client-centered not **provider-centered**. Typically program accountability has stressed process data---reporting how many and what kinds of services are provided to whom, and how much money was spent. Programs were seldom asked to report on whether the services made any difference to the client/consumers.

A focus on obtaining agreement on the desired child and family outcomes has been a major aspect of the collaborative planning processes. There has been less progress on actual measurement and reporting of these outcomes except in a few resource rich initiatives such as the New Futures. Moreover, as will be discussed in a later seminar, the outcomes identified thus far have relied very heavily on traditional, individual measures, generally related to the child’s school performance or the parent’s employment and welfare status. There has been very little attention to the development of measurable family outcomes or system outcomes. (This is important since one of the primary goals is to make service systems work more efficiently and to focus on family well-being as a whole.)

- **Systems thinking.** The third theme is the gradual adoption of a much broader and more complex conceptualization of the multiple factors influencing individual, family, and societal problems, and of the myriad, interrelated resources needed to address them. Since the family is the most important system for individuals and for society, adoption of a systems view leads to a strong emphasis on family-centered as contrasted to individual/child-focused services. Some have dubbed this the shift from the medical, linear, disease model of social policy to the ecological or systems “paradigm.”
- **Collaborative action.** The fourth, a natural corollary of the third, is the assumption of shared responsibility for individual and family well-being which cuts across traditional professional, organizational, and bureaucratic boundaries. Hence, these reforms involve both vertical and horizontal integration and new processes of collaboration and partnership---across program sectors, between different levels of government, between private and public sectors, and between providers and clients. Some have described this as a shift to the collaborative or partnership model of service delivery.

STATE AND LOCAL ORGANIZATIONAL STRATEGIES

(Sources: Bruner, 1991; Center for the Study of Social Policy, Sept. 1991 (a); Kahn and Kamerman, 1992; Kyle, 1987; Reisner and Morrill et *al.*, 1991; Robison, 1990; Smith, 1991; U.S. Department of Labor, 1992; U.S. General Accounting Office, 1992)

New legislative structures

According to a survey by the National Conference of State Legislatures, many state legislatures have taken steps in recent years to improve their organizational ability to promote the coordination of, and gain greater visibility for, children and family issues (Robison, 1990). By 1990, twenty states had set up standing committees and eight had established select committees that consider children, youth, and family issues. Tennessee created a Select Joint Committee on Children and Youth which includes as members the chairperson of each relevant standing committee as well as the **finance** committee leaders. This joint committee has proved to be an especially effective mechanism to promote reforms.

New executive branch structures

There is no overall summary of how state government agencies are organized to deliver child and family services. Moreover things **are** happening so fast that reports become quickly outdated. However, the NCSL survey did examine state executive branch organization with respect to the four major service systems designed to aid families and children in crisis---child welfare, mental health, juvenile justice, and youth services (Robison, 1990). It reported on efforts to consolidate, coordinate, and give greater public visibility to child and family services within the executive branch.

Consolidation. States vary a great deal in the organizational structure of their health and human service agencies. In two-thirds of the states the four service systems for families in crisis operate through multiple autonomous agencies, although the children and families they serve **are** frequently served by more than one agency. Since the seventies several states have experimented with consolidating agencies or divisions in an attempt to counter fragmentation and improve efficiency and effectiveness.

The NCSL study reported that at least **three** (small) states have consolidated services for troubled children and families under a single cabinet level department (Connecticut, Delaware, and Rhode Island) and two states have folded them into a consolidated division of an umbrella human services/resources department (Arkansas and Idaho). Although these states reported some enhanced communication and coordination as a result of the consolidation, it was felt that if this type of structure were attempted in a larger state the resulting size of the bureaucracy might be problematic.

Quasi-governmental structures. An increasing number of states (at least 14) **are** setting up Commissions on Children and Youth, or Children and Families, either by law or through Governors' executive action. Several cities **are** following suit. The membership of these **bodies varies** a great deal and can include members of both branches of government or be restricted to the executive branch. Often they include representatives of the non-profit service sector and the business community. These commissions are all intended to promote more coordinated, broader examinations of children and families' needs. These new structures vary a great deal in terms of

their mandate, assigned tasks, resources, and support. Some are supported by several paid staff positions, others are largely the work of volunteers. Some are given broad oversight and administrative responsibilities and spearhead new studies or policy initiatives. Others do very little. In a few states these bodies are becoming very much an integral part of a new services reform effort

- For example, in 1977, the **New York State Council on Children and Families** was established by law to develop more efficient and effective social, educational, mental health, and other supportive systems of services to children and families, and works to reduce fragmentation and provide essential coordination. Its members include the commissioners and directors of all the major state human service agencies and the Council is chaired by the Secretary to the Governor. Over the years it has conducted studies, issued reports, and convened task forces to develop new policy and program initiatives.
- More recently, in 1990, Governor Romer established the **Colorado Commission on Families and Children as an** outgrowth of Colorado's involvement in the Policy Academy on Families and Children At Risk sponsored by the Council of Governors' Policy Advisors (formerly the Council of State Policy and Planning Agencies). Members of the Commission include directors of several state agencies and individuals representing local government and the private sector. The Commission is charged with advising the Governor in the development of policies and positions on families and children and is playing a critical role in implementing several financing and service initiatives.
- **In New Mexico, the Children's Continuum** is a task force set up with a broad mandate in 1989 by the legislature. It developed an elaborate checklist of all the services **required** for a Community-Based Coordinated Continuum of Care for New Mexico's children and families and has introduced four major pieces of legislation to begin to implement the broad plan.

Similar organizations are being established at the city level. In Seattle, for example, **KidsPlace** was jointly founded in 1983 by the city government, the Junior League, and the YMCA in response to concerns that families with children were leaving the city. Over the next year, based on an initial survey and with the involvement of hundreds of citizen volunteers, **KidsPlace** developed an action agenda, putting forward thirty goals aimed at making Seattle a better place for children and families. The mayor asked every city department to suggest children's initiatives in their annual budget submissions. **KidsPlace**, which is set up as a nonprofit entity, is now being replicated in several other cities in the U.S.

Interagency planning councils and task forces. These bodies are established to promote coordination between agencies and departments on a specific topic or problem that cuts across organizational lines, teen pregnancy for example. These kinds of bodies **are** sometimes required by federal legislation as a condition of receiving federal funds---e.g., the JTPA, P.L. 99-457, and the Family Support Act---but at other times **are** a component of a state reform initiative and often intended to be temporary in nature. These bodies may sometimes serve as a catalyst for state action, especially when they have strong support from the Governor and staff resources. They then are able to hammer out interagency agreements with respect, for example, to the use of specific funding streams. However, historically they have often proved rather weak and ineffective.

Local. governance entities

(Sources: Corbett, 1991; CSSP, Sept. 1991; Melaville and Blank, 1991; **Morrill**, Sept. 1991)

Nearly all the community level service integration initiatives have involved some kind of broad based group of community representatives to help plan and monitor the new activity. These entities vary with respect to how much power they have---some **are** purely advisory, others have governing authority---but there is no doubt they play a critical role in the success of any service integration initiative.

The Center for the Study of Social Policy (CSSP), in a recently published report, has clearly articulated a rationale for the critical role these local governing entities (**LGEs**) need to play in integrating services at the local level (CSSP, Sept. 1991). This report especially builds on **CSSP's** experience in helping design and monitor the four city New Futures Initiatives (see below, p. 14).

Since the problems and burdens of service fragmentation are experienced by families (and service providers) at the local level, it is at this level that the leadership must be found to craft **more** effective solutions. CSSP writes:

“Creating this new leadership is not a simple task. It requires rethinking the mechanisms through which states and localities have governed services in the past. It also entails negotiating new roles among service agencies and implementing more collaborative decision making among previously autonomous public and private funders and providers. Perhaps most important, it requires that a local community make a commitment to a continual reexamination of service operations while also adjusting and retooling them as necessary to make services more effective” (CSSP, Sept. 1991 (a), p. 1).

Currently, the myriad patchwork of uncoordinated services at the community level means that no one is “in charge” of local community services for children and families. No one is responsible for whether services are achieving their goals. Different agencies typically do not work toward common goals or develop a coordinated strategy. Some are set up to provide crisis intervention, others prevention. Some are focused on protecting the child and removing it from harm, others on preserving the family and treating the mothers alcoholism.

Even when there is a community-wide consensus on a new problem, different providers have “tunnel vision,” each sees a different piece of the problem and, therefore, has different ideas about how to solve it. These solutions seldom reinforce each other and may go in quite different directions and even conflict. There is a great deal of blaming, buck passing, and duplication of effort. In many jurisdictions, local government has very little responsibility for service provision which is left to the states. In those that do, they simply mirror the fragmentation of the state and federal government and **are** seldom able to take charge.

For a number of years, communities have responded to this vacuum by creating new local entities whose purpose is to involve all the stake holders in the community---the key service providers, community leaders, and representatives of consumers---in developing a consensus about the nature of the problems and to plan ways of working collaboratively to develop more effective means of helping children and families. However, until recently these efforts tended to be ad hoc and therefore short-lived. A study would be conducted with some publicity given to the results, recommendations made, and a few changes enacted. The body would then generally dissolve, or at least fade away.

What is happening now, however, is that new entities are forming that have broader mandates to marshal resources and initiate and sustain change. CSSP points out that there is no blue print for these governing bodies' scope, membership, or operating procedures. The LGE may be a newly created organization or an existing public or non-profit organization, well respected in the community, that assumes expanded functions. Its membership should include all the key stake holders in the community whose experience and resources are needed to plan and implement change. The **LGEs** need to begin with a clear mandate, preferably conferred by the state legislature, governor, or locally elected body or official. They must have sufficient staff and resources to carry out the community's expectations.

Decisionmaking processes within **LGEs** vary, substantially---some vote and some do not. Some meet in public, some in private. Throughout all their activities the members **are** learning to engage in processes of collaboration, coordination, and interagency partnership.

No matter how they are structured, however, CSSP believes that **LGEs** should deliberately aim to carry out four broad functions:

---**Agenda setting and strategy development** around high-priority problems. Initially, this usually involves a fact **finding**, data gathering effort. Next follows a broad definition of problems and desired outcomes that cuts across agency jurisdictions and accepts collective responsibility for solving the problem---rather than each blaming the other.

---**Developing new service strategies.** This may involve changing current service delivery patterns and procedures and/or developing new services. These new strategies, to be effective, often need to be formalized through written interagency agreements. In addition, CSSP has found two new capacities to be especially critical in services reform efforts: family case management and common family assessment procedures and protocols.

---**Coordinating fiscal strategies** to support these new activities including maximizing federal and state dollars, making better use of existing funding, and searching for additional funds from the private sector (see below, p. 8). Again, these **arrangements**---whether to pool funds or redirect resources---need to be negotiated and formalized through some kinds of written agreements.

---**Monitoring, supporting, and reassessing** these activities and **maintaining accountability** for child and family outcomes. **LGEs** need to make plans for the ongoing technical assistance, cross-agency training, or other support services to implement the new service strategies. In addition, they need to decide upon a set of indicators they will use to assess outcomes and to develop a management information system to regularly collect this data. (Some desired family and institutional outcomes do not easily lend themselves to measurement, but sometimes other indicators can serve as a proxy.)

Lessons learned. What has been the experience thus far with these new types of governance entities? Clearly, it is too early to give any definitive judgement about how successful they **are** in helping to make services more effective. Some have clearly made much more progress than others and have already established themselves as a credible, stable, and respected leadership group in the community. One of the difficult areas they are wrestling with--which has not had much comment in the literature--is to figure out what their relationship is with the mainstream governance groups in the community such as the school boards. In addition, although reference is often made to the need to overcome "turf" problems in these collaborations, some genuine conflicts can emerge **between the** members safeguarding the interests of their base organizations (which they are paid or

elected to do) and the interests of this new collective entity representing the general well-being of **children** and families.

Observers of these local collaborations comment that it has been difficult for them to **find** ways of maintaining sustained consumer participation from families and/or youth who are generally **only** involved in the early planning stages. In addition, issues of accountability and how conflicts can be negotiated are complex and have not been discussed in **detail** (see **Morrill**, July 1991).

As experience with local collaborative efforts accumulates, various principles and procedures associated with successful collaboration are emerging as critical to their success and are being widely presented and disseminated by several organizations including Joining Forces, the Education and Human Services Consortium, Mathtech, Inc., and others. A task force established by the Department of Education and DHHS is developing a guidebook for school-linked, community-based collaborations (see Organizational Resources, p. 3 1).

FINANCING STRATEGIES

(Sources: CSSP, Sept. 1991 (b); CSSP, November 1988 (a) and (b); Smith, 1991)

As compared with the services integration initiatives of the seventies, recent efforts have not, with a few exceptions, been predicated on a large infusion of new discretionary federal funding but rather have sought to make maximum and more effective use of existing sources of funds. However, most of the initiatives have needed some new start up and planning dollars which have usually been forthcoming from the private sector. (A few demonstration service integration initiatives and a national resource center have recently received federal grants from the Office of the Assistant Secretary for Planning and Evaluation in DHHS, see p. 36.)

Major exceptions to the general trend to rely on existing sources of support are the New Futures Initiatives which were awarded substantial five year funding from the Annie E. Casey Foundation as were the three state child welfare reform projects in North Dakota, Maryland, and Connecticut. The Center for the Study of Social Policy (CSSP) has taken a leadership role in providing technical assistance to help finance and implement many of these child welfare reform efforts and has published several reports on the topic.

Overall, these emerging financing strategies address several interrelated challenges. The first is how to combine sufficient funds from different sources to be able to sustain comprehensive, integrated services over the long run. The second is how to develop funding that is flexible and can meet service needs that do not fit into pre-formed categorical packages. The third is how to redirect funding from crisis-oriented, institution-based, high-cost services into prevention-oriented, home-based, lower-cost services.

The major funding strategies used by these local and state service integration initiatives to date have been:

---State general revenues are used to fund start up, planning, staffing, and administrative activities that are not otherwise reimbursable from existing sources of categorical funding. For example, the majority of states involved in family preservation activities have primarily used general revenues, though this source is expected to get more scarce and they will be under pressure to search more actively for federal sources. **In** addition, states like New Jersey and

Kentucky, which are mounting statewide, multi-service, school-based programs, rely heavily on state general revenue funds.

---Increased federal financial participation. Although all successful comprehensive service projects have become adept at drawing on multiple categorical **sources** of funding, it is **CSSP's** hypothesis that states and localities **are** underutilizing **all** the federal dollars that could be available to them. In particular, states should learn to maximize the use of federal entitlement programs to provide a **more** stable financial basis for their programs.

Specifically, with respect to funding family preservation and home- and community-based services, three main Medicaid options are increasingly being drawn upon by states and localities: Early Periodic Screening, Diagnosis and Treatment (**EPSDT**) and the rehabilitation services and case management options. Although the use of these options requires new state appropriations, the state's ability to then claim matching federal **financial** participation (FFP) as a result has been a strong incentive to do so. (The FFP rates vary depending on the state and type of service.)

School-based clinics and multi-service centers are looking to funding from Maternal and Child Health and Alcohol, Drug Abuse, and Mental Health Administration (**ADAMHA**) block grants and may also **find** the various categorical health prevention programs a source of funding.

---Redeployment, Perhaps the most ingenious of the emerging strategies is what **CSSP** calls redeployment or refinancing, a strategy being heavily used in several statewide reform initiatives. The escalating costs of unnecessary out-of-home care, including adolescent psychiatric hospitalization, has motivated many states to recognize the possible cost savings from reallocating these funds into preventive, in-home services. The transition to redeploying these funds is done basically in two ways.

First, by carefully projecting future expenditures for out-of-home **care**, a state then **agrees** upon redirecting a portion of these dollars into community-based services on the assumption that certain numbers of children can be kept in, or returned to, the community. The savings in **out-**of-home and out-of-state care can then be redeployed and used to fund new, home-based initiatives.

Second, states and local child welfare agencies have found ways of claiming substantially increased shares of federal entitlement dollars; Medicaid, Title IV-E, **EPSDT**, and others for instance (see **CSSP**, November 1988 (a) and (b)). Once this is done, the argument is made to the states that the savings in state dollars that would otherwise have been spent should be earmarked for family preservation or other related service activities. Successful claiming of increases in federal funds is a painstaking and time consuming process but several states have found that it can have substantial pay offs.

In those states where policymakers have been able to point to evidence of the success of crisis intervention services in avoiding placement, this redeployment strategy has been highly successful. In other states the savings have gone into state deficit reduction. When funds are successfully redeployed there is generally a requirement that the expenditures on new community-based initiatives must not exceed the cost of the institutional **care**. Also, to the extent possible, states have tried to provide incentives to local jurisdictions to participate in family preservation efforts by agreeing to pass on to them a high proportion of the expenses saved to fund additional prevention-oriented programs.

---Pooled, flexible dollars. In a few states, interagency agreements have been made to pool funds from different agencies and use them flexibly to fund integrative services. In four counties in Iowa an experiment in "decategorization" is underway where the counties have the flexibility to pool over 30 different funding sources for children's services and determine how best to spend these funds to meet children and families' needs. In some states special children's budget accounts are being set up to provide "flexible" dollars to spend on preventive, community-based services. In many reform efforts the existence of flexible dollars that can be spent at the service delivery level on whatever the family needs to make progress is a critical component of the new approaches to family-centered service delivery.

---Private foundation and federal grants. Many, if not most, of the local and state initiatives have sought and received foundation start up grants from both national and local foundations to cover expenditures involved in the time consuming process of planning a collaboration and underwriting the training, technical assistance, and evaluation activities that are so critical to successful implementation. Two foundations in particular have played a major role but several other foundations are increasingly getting involved.

The Edna McConnell Clark Foundation has provided substantial funding for many intensive family preservation services demonstrations and their replication and for technical assistance to statewide family preservation efforts. The Foundation's goal has been to use these funds strategically to leverage and stimulate broader public funding for family preservation services once these initiatives became more widely replicated and institutionalized in state government.

The Annie E. Casey Foundation has provided substantial funding for the New Futures Initiative and Maryland and North Dakota child welfare reform activities, although commitment of matching local and state funds was also required.

COMMUNITY-BASED SERVICES INTEGRATION

(Sources: Bruner, 1991; Levy, 1990; Melaville and Blank, 1991; Morrill and Gerry, Feb. 1991; Reisner and Morrill *et al.*, July 1991)

We have relied on several national collaborations for information about community-based services integration. It became clear two or three years ago that a number of communities were setting up new initiatives based on collaborations designed to integrate and coordinate services focused on "at-risk" children and families. New organizations were clearly needed to monitor these new developments and share their problems and achievements more widely. Several national organizations have begun to identify the scope and number of these initiatives and describe some of their characteristics in published documents (see Organizational Resources p. 31). Clearly the initiatives had many features and components in common, yet they were largely unconnected with each other, each was in danger of reinventing the wheel.

Mathtech, Inc., one of these organizations, has been conducting a study of community-based services integration projects. Its President, William Morrill, was Assistant Secretary for Planning and Evaluation in the Department of Health, Education, and Welfare in the seventies and was involved at that time in the federally funded services integration initiatives known as the "allied services." His interest in the subject was renewed while conducting an evaluation of school-based clinics for the Robert Wood Johnson Foundation when he noted that increasingly the health clinics were also providing a range of social services in their programs.

In 1991, Morrill, together with Elizabeth Reisner of Policy Study Associates Inc., and several colleagues, conducted an intensive study of community-based services integration through field visits to nine sites. Mathtech's focus in this study was primarily on projects that were designed to serve "at-risk" families with children of preschool and elementary school age and most of the sites visited were either school-based or school-linked. In a number of papers synthesizing the findings and conclusions of their field visits and other related experiences, **Morrill** and his colleagues identify several common components and characteristics of these collaborations. For instance:

---Developing a common philosophy and vision. Much time is spent on achieving a shared vision of purpose and operating philosophy among all the collaborators that transcends the immediate **focus** on individual agency and project activities.

---Lengthy planning periods. In part because the development of trust takes time, and in part because of the real complexity of designing collaborative initiatives, a long planning period of from **12- 18 months** appears necessary for success.

---Design of service package. Most collaborations undertake to combine the delivery of at least some educational, health, and social services, usually in a single location. The particular package varies enormously depending on the chosen problem and outcomes focused upon. Although linkage and referrals with other specialized services is an important function, the initiatives all moved beyond the purely brokerage function to provide some primary care services.

---Service delivery changes. In order to coordinate and combine different service approaches, changes are usually made in the agency's approach to intake, eligibility, and assessment, and some kind of case management is central.

---Provider participation and commitment. It is critical, both in the initial planning phase and as the services are implemented, that the main line service providers be fully involved and lend their support. This becomes especially important when the initial discretionary money that started the project comes to an end and the hope is that the regular funding streams will bear the whole cost. Consumer participation was also often sought in these **collaboratives**.

LOCAL EXAMPLES

(Sources: Reisner and **Morrill**, February 1991; and information from the programs)

The four examples of local SI initiatives we have chosen to sketch here represent a variety of auspices, goals, and target groups. They vary in the extent to which they were self-initiated by the community or stimulated, in part, in response to a federal law or foundation request for proposals.

The programs are rich and complex and all we can do here is to provide a vignette of a few of their financing and organizational features.

The Walbridge Caring Community Program (WCCP), St. Louis, MO

The WCCP is a collaboration of four state agencies---education, health, mental health, and social services---with the lead being taken by the Department of Mental Health. It provides a range of

family-centered and integrated health, education, and social services to children and families **living in** a 95% black inner city community confronted by many environmental problems of drugs, unemployment, and violence. The goals of the program are to help the children be more successful in school and avoid out-of-home placement and trouble with the law. The services **are** provided in the elementary school, at home, or in the community and the counseling can be very intensive---in the Families First crisis intervention program caseloads can be as few as two families.

This school-based program has three somewhat unusual features: a very strong family focus; its positive use of Afro-American culture to reinforce desired behavior; and though the services **are** available to all children in the school, educators can refer especially high-risk students for a more intensive level of services.

The initiative took two years of planning and is funded primarily from Department of Mental Health general revenue funds in order to emphasize the department's long-term commitment. Grants from the **Danforth** Foundation were critical in the start up phase, help support administrative salaries, and have helped the replication and adaptation of the model in a rural community site in northern Missouri. **Danforth** is now funding an evaluation of both projects.

Mathtech learned that Missouri's state agencies precluded direct funding of the staff and services due to unusually restrictive rules about whom they could fund. Instead, they had to develop a complex system of using a local state college, a private community mental health agency, and a public health department as pass through mechanisms.

Contact: Khatib Waheed, Walbridge Caring Community, 5019 Alcott, St. Louis, MO 63108. 314-261-8282.

Denver Family Opportunity Program, Colorado

The Denver Family Opportunity Program (DFOP) is a comprehensive services integration program designed to implement the goals of welfare reform at the county level. It grew out of a Governor's Task Force whose report predated the Family Support Act of 1988. Its central focus is to mobilize and integrate a wide range of services needed to move welfare dependent families into economic self-sufficiency. Its clients are primarily families receiving AFDC but occasionally include other very low-income families.

With the Department of Social Services taking the lead, the Mayor brought together over 100 community leaders from service, business, and public organizations to form the Denver Family Opportunity Council which serves as the governance entity for the program. Membership has now broadened to 250 people and includes a Client Advisory Board. The Council is divided into numerous task forces.

The DFOP represents a strong private-public partnership, funded largely with federal and county dollars and with the help of grants from several foundations and local businesses.

Key features of this program include:

---A strong case management process which includes an initial family assessment to determine the nature of any barriers to employment and to make plans to meet the children's and other family members' needs for services.

--Interagency agreements with a couple of dozen agencies which give the case managers considerable authority and a clear process for making referrals for services.

---An active client advisory board which ensures a responsiveness to clients' needs.

---A focus on **the** development and well-being of children to ensure that appropriate child care is found to meet the child's developmental needs.

One of the family-focused services is an on-site, drop-in, developmental child care program which the mother can use when she is attending appointments with the case manager, **JOBS orientations**, etc. In addition, parents **are** offered a child development screening and provided with parent education materials (Center for Law and Social Policy, July 1991).

Contact: Jeanne Orrben, Denver Family Opportunity Program, 2200 W. Alameda Ave., Denver, CO 80223.303-727-2919.

New Beginnings, San Diego

(Sources: California Tomorrow, 1990; Mathtech, Inc., 1991; New Beginnings, July 1990)

New Beginnings is a unusual interagency school-based collaboration involving five partners: the City and County of San Diego and the San Diego City Schools, Community College District, and Housing Commission. Initial discussions and planning began in the spring of 1988. The services became operational in the fall of 1991.

Feasibility study. With the aid of foundation grants a multi-level feasibility study was conducted in 1989. The study was designed to be a top-down and bottom-up look at child and family needs and how adequately they were being met by the existing systems in the catchment area of the Hamilton Elementary School. The neighborhood is densely populated with a multi-ethnic, highly mobile population. The community has one of the highest crime rates, high numbers of child abuse reports, and the school is very overcrowded.

The exceptionally thorough feasibility study, **which** has received much national attention, had five separate components: in-home interviews of families and students; focus group discussions with front-line workers from participating agencies; a data sharing effort to determine the extent of a common client base; a pilot test of case management with 20 families; and a system of liaisons to outside agencies.

The findings provided detailed evidence of the families poverty, high levels of physical and substance abuse, and many other multiple needs. It also provided concrete examples of **the** fragmentation of services and many others barriers. **In** particular, it documented the numbers of families known to several agencies and estimated the costs of **the** services these agencies were providing to families in the Hamilton School. This data was critical in persuading the partner agencies to reassign some of their staff and redefine their roles to provide case management services in the school as part of the New Beginnings program.

The New Beginnings approach is built upon the findings, conclusions, and implications for change developed in the feasibility study. Its primary goal is to provide easily accessible support for children and families. The program aims to provide a wide array of social services, counseling, health **care**, and education services in a center at the school site and to work for improved services in the community.

Three levels of intensity of services are being provided to families with preschool and school age children living in the catchment area.

(i) Extensive case management from Family Service Advocates to the approximately 250 children deemed "at risk" (failing in school and known to at least three service agencies).

(ii) **Less** intensive assessment and referral for the 600-900 students who **are** known only to **AFDC/Medi-Cal** or the free and reduced fee lunch program.

(iii) All families, at the time the children **are** registered for school, will receive an initial family assessment, parent and adult education, and a listing of available support services in the community. A prevention and outreach component is being planned for pregnant women and parents with children 0-5.

In addition to the unusual breadth of services offered and the three levels of targeting for services, a unique aspect of **the** program is that **the** key staff, the Family Service Advocates, are staff reassigned from the partner **agencies** and **given special training**. **These staff will remain on the payroll of the** parent agency.

In terms of funding, the New Beginnings project relies on in-kind contributions and the redirection of existing resources as well as some grant funds. It is important to note that, in addition, several aspects of the program will require waivers from, or changes in, state laws and regulations.

A management information system is being put in place and outcome measures have been determined for five primary areas including outcomes for preschool and school age children, parents, the school, and the unified case management program.

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Savannah New Futures, Georgia

(**Sources:** Center for the Study of Social Policy, April 1991 and November 1991)

New Futures Initiative, Savannah is one of four cities currently participating in the ambitious New Futures project funded by the Annie E. Casey Foundation. In 1988, in addition to Savannah, the cities awarded five year grants were Dayton, Ohio; Little Rock, Arkansas; and Pittsburgh, Pennsylvania. A fifth city, Lawrence, Massachusetts, dropped out of the project in its second year. Each city was awarded between \$5.7 million to \$12.9 million over five years, which in turn leveraged at least an equal amount of local resources.

The site selection and awards process began in 1986 and was extensive. It involved nominations of 70 mid-size cities, site visits, and ten cities receiving planning grants to develop full proposals. The cities were aided by a strategic planning guide and technical assistance from Foundation staff and consultants. The five **finalists** were chosen and awarded five year grants. Four other cities received smaller awards to participate as Innovation Cities (including Bridgeport, CT, Rochester, NY, Fresno, CA, and Reading, PA). Bridgeport has since received a larger award from the Casey Foundation and will join the core group of four New Futures cities.

Goals and components. **The New Futures Initiative** is designed to improve the school functioning and **well-being** of youth through integrating services and promoting school reform. It

differs from the previous three examples of local services integration programs (**Walbridge**, Denver Family Opportunity, and New Beginnings) in that its original focus was on older students attending middle and senior high schools. Gradually, however, the **collaboratives** are all beginning to take a look at the needs of younger children. The primary goals of the initiative were to improve school achievement and reduce school drop-out rates, teenage pregnancies, and youth unemployment and inactivity.

The Foundation asked the cities to build into their proposals the creation of an **Oversight Collaborative as the core** strategic component for creating change. This Collaborative should include representatives of all the stakeholders in the city who would have the responsibility to plan, implement, and monitor the integrated system of services. The rationale and goals of **the Collaboratives** have been described earlier in the section on local governing entities (**LGE**) (see pages 6-7).

There is no explicit mention of a family focus in this Initiative, although the Lawrence, MA New Futures project involved a strong parent education/involvement component which focused on helping Hispanic parents understand and support their children's school success. And the Bridgeport New Futures project includes several family-centered programs. Plans for a second generation of New Futures projects are currently under discussion and they are expected to include a stronger focus on services that support families.

Each funded site was also asked to develop a **management information system (MIS)** which recorded a wide range of school performance and attendance indicators for each student in the middle and high schools and is to be used to assess the projects success. A case **management system was also** a required component and designed to perform three functions---match individual "at-risk" students with one caring adult to provide support and encourage self-esteem throughout the school years; provide access to services from community institutions; and provide the collaborative with information about the problems young people face and system failures to meet their needs.

Savannah. In Savannah, the Chatham-Savannah Youth Futures Authority (CSYFA) was created in 1988 under legislation by the General Assembly. It currently has twenty-three members and ten ex-officio members who meet monthly. One of its **first** tasks was to document the scope of the problems experienced by Savannah's youth.

It then proceeded to develop an overarching plan to establish a wide spectrum of services for middle and high school students, focusing primarily on four middle schools. The case managers were called Youth Advocates. The services included a comprehensive adolescent health clinic; a special after-school learning center to help students catch up to grade level; the STAY counseling services team designed to prevent dropping out of schools; the Savannah Compact, a partnership between the business and school community to provide job ready graduates with employment; and youth service corps, mentoring and peer helper programs, and many other services that **were** delivered on site in all four schools.

The Youth Futures Authority has charted plans for the second phase of development which include a strong emphasis on prevention programs which target younger students and their families, teen parents, black males, and "inactive" youth. It has also set up a parent advisory council to obtain more input from parents.

Evaluation. The Year Three process evaluation report commended the Savannah New Futures for **its** many achievements in documenting youths' problems, maintaining high visibility and

respect for the program in the city, and establishing a strong data base (CSSP, November 1991). The project's great strength is undoubtedly its Collaborative, which it is generally agreed, has become well accepted and respected within the city. More so than those in the other New Futures cities. The executive director, Otis Johnson, said that "perhaps our greatest accomplishment has been helping the community accept some collective responsibility for the problems of its children."

The evaluation report pointed out several remaining problems and challenges for the future: for example, the case managers, Youth Advocates, were still not able to efficiently facilitate referrals, due in large part to the failure of the CSYFA to enact interagency agreements with the city's agencies so they would give these referrals priority. Nor were the Advocates providing feedback to the CSYPA about system problems.

In addition, neither Savannah nor the other New Futures projects have been able to make much headway towards achieving any significant school reforms. Thus, the new services were largely "add-on" in nature. In Savannah, the recent move within the city's schools to site-based management may make this a somewhat easier goal to make some progress on in the future.

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STATEWIDE SYSTEM REFORM

Statewide Services Integration in the Seventies

Beginning in the early seventies, there was a considerable amount of services integration activity at the local and state level, nurtured by several streams of federal demonstration funding. Although there is no published, in-depth, and comprehensive review of the considerable body of reports describing these experiences, a few recent reports do provide summaries of some of the lessons learned. These were discussed in the background briefing report for our first seminar in this series (Ooms and Owen, September 1991).

Although there are many themes and integration tools and strategies used in the seventies that **are** resurfacing today, there are also several differences. One of the main differences is that the focus in the seventies was primarily on integrating income maintenance programs and social services provided to individuals across all age groups. There was no special emphasis on children at risk, nor was there a family focus. The primary goals of SI in the seventies and early eighties seemed to be greater administrative efficiency, increasing clients' access to services, and to some extent improving the quality of service. Absent was the strong interest in redirecting dollars from **high-**cost, institutional services to lower-cost, community-based services which characterizes many of these reform initiatives today.

It may be useful to provide a brief vignette of these earlier SI initiatives in two states to illustrate some of these differences.

Wisconsin Community Human Services Departments (Source: Wisconsin Department of Human Services, 1982)

Between 1972-73, the Wisconsin Department of Health and Social Services conducted several surveys which noted the problems emanating from the proliferation of human services programs. In 1975, legislation in Wisconsin authorized eleven counties to set up **Community Human Services Departments (CHSD)**. These departments were to consolidate, in a single department under a single director and governing board, social services, mental health, alcohol and drug abuse, developmental disabilities, and, at county option, other services. They were to "make available a comprehensive range of human services in an integrated and efficient manner."

Over the next few years counties implemented this new mandate with the aid of some federal funding. Some of the points made in the internal evaluation report summarizing some of these experiences were as follows: Most of these services were co-located. The functions most genuinely integrated were information and referral, intake, crisis intervention, and case management. Services for adults and children, however, were separated (and there appeared to be no emphasis on family services).

The evaluation did not investigate outcomes for clients. However, it did report that there seemed to be only modest net dollar savings achieved from merging the agencies, since the savings in duplication, etc., were offset by some additional new costs. In addition, agencies were reluctant to reduce staff positions and actual spending patterns. Importantly, there was no evidence **that** the shift to the CHSD structure resulted in changes in the allocations of resources to different target groups, services, or clients.

On the positive side, some administrative efficiencies were achieved, it was easier to resolve internal disputes, and relations with outside agencies improved. Critical factors in the success of these initiatives seemed to be the local leadership and quality of staff. A major barrier was the incompatibility of personnel job descriptions and rules and the multiple labor unions.

Delaware Integrated Human Services (Source: Eichler, 1991)

In the seventies Delaware consolidated its health and human services into a super agency, the Department of Health and Social Services, providing direct services in a co-located manner in twelve state service centers located throughout the state. (Since Delaware is so small it has no counties and thus there are no bureaucratic layers for funding to pass through.) The two major goals of this consolidated agency were to maximize clients independence and for the Department to be a self-correcting organization. There was a commitment to integrate programs and their funding sources while making it simple for clients and families to access an ever more complex continuum of care. Service centers were encouraged to be housed with sister public or private agencies whenever possible.

These "one-stop" service shopping centers, which remain the core of the system today, have attracted a good deal of **recent** attention. They have benefitted from a high degree of investment in central computerized data management systems. The Health and Social Service **Secretary**, Thomas Eichler, has testified before Congress and members of Congress have made site visits to Delaware. One of the points he made in his testimony was that, although Delaware has managed to "integrate" the USDA and DHHS regulations on Food Stamps and AFDC, it

would be much more helpful if they could be integrated by the federal government before they got to the states.

Some additional features that remain part of, or have been added to, the current system are:

---Each client receives one ID number when first entering the system. All programs use this number, which allows the Department to cross-reference its clients.

---Eligibility workers have shifted to being considered case managers, and their paperwork burden has been considerably lightened, for example, by computerizing the calculation of the monthly welfare benefits and child support amounts.

---All hot lines have been combined and callers **are** able to be transferred at once to the relevant service.

---Attitudes toward service recipients have changed. Staff **are** encouraged to consider themselves as "working with" the clients. Client/consumer feedback about services received or gaps in service are regularly sought through interviews and surveys.

Current statewide child and family reform initiatives

Although there is currently a great deal of reform activity at the state level focusing on children and families, no one has yet attempted to describe its **full** scope. Information about states' efforts in the area of family preservation services is, however, **more** accessible (see Robison, 1990).

It is not well recognized that there are several parallel services reform efforts occurring simultaneously, which all incorporate efforts at increased coordination and collaboration, and many of these are focused on family-centered approaches (see Ooms and Owen, September 1991). Most target the clients of public services who are predominantly low income and many of whom have multiple needs and problems.

---For example, many states, in implementing welfare reform under the Family Support Act, are struggling with ways to coordinate their numerous job training and employment programs, especially the JTPA system, with the JOBS program and other support services in order to help more families become economically self-sufficient (see **Zank**, 1991; Jennings and **Zank**, forthcoming; **McCart**, 1992).

---There is the beginning of a movement to create more coordinated systems of child care and early childhood services.

---Several states, especially New Jersey and Kentucky, are setting up multi-service centers located in or near schools across the state. The centers provide coordinated services for youth. However, these school-based programs are largely add-ons to existing service systems and do not seem to require much collaboration between agencies at the state level (see Ooms and Owen, July 1991).

Importantly, there are three parallel movements occurring in the state child welfare, mental health, and health departments designed to establish coordinated, community-based systems of care. These reform movements share similar goals and philosophies and use similar organizational and financing strategies. Yet these movements **are** largely independent of one another. We briefly discuss each in turn.

State Child Welfare Reform Systems

(Sources: Smith, 1991; Tyler, 1990)

State policymakers facing escalating costs for out-of-home placements in the three major child serving systems have become increasingly interested in intensive crisis intervention and home-based services programs that aim to prevent placement or promote reunification. Pilot demonstration programs using **the** intensive family preservation model known as Homebuilders have been operating in at least thirty states. Other states have been using different home-based models and some use a diversity of models. Pennsylvania has both an intensive family preservation and a home-based program operating independently statewide. One is funded under child welfare and the other under mental health. States, counties, districts, and private agencies have all played a role in initiating the programs and they receive funding from multiple sources. Funding usually comes from child welfare streams, though occasionally from mental health or other monies.

Family preservation programs are regarded as examples of integrated services reforms for several reasons. They get referrals from, and serve clients of, several different systems and need to involve cross-system collaboration in developing their programs to ensure **that** children **are** not just shuffled from system to system. Their emphasis is on meeting the needs of the whole family and to do so they provide non-categorical services focused on outcomes. Finally, they emphasize preventive, community-based services not institutional services.

Increasingly, states have become interested in replicating these programs statewide and **are** developing ways to do so through enacting enabling legislation and designing creative financing strategies. No state has yet implemented system-wide, universal access to family preservation, although several---Connecticut, Iowa, Kentucky, Michigan, Missouri, New York, and Tennessee---are moving in that direction.

Importantly, family preservation services are becoming viewed as the catalyst or wedge for leveraging broader statewide services reform. Technical assistance has been provided to many interested parties and state policymakers by the CASSP Technical Assistance Forum and other individuals to help them plan, finance, and institutionalize family preservation programs and institute broader reforms such as are occurring in Maryland and Tennessee (see below p. 21-25).

State Child and Adolescent Service System Programs

(Sources: Lourie and Katz-Leavy 1990; Schlenger et *al.*, 1990; Soler and Shauffer, 1990)

In 1984, Congress appropriated funds to begin a small program of grants to states called the Child and Adolescent Service System Program (CASSP). These funds were to be used to catalyze changes in the current system of delivery of child mental health services. Among the goals of the CASSP program were: (i) To improve access to, and the availability of, a continuum of services for severely emotionally disturbed (SED) children and adolescents. (ii) Improve coordination and collaboration among the child serving agencies including mental health, education, child welfare, health, substance abuse, and juvenile justice. (It is important to note that SED children are defined as children whose mental, emotional, or behavioral problems prevent their functioning in **the** family, school, or community, and whose condition has lasted for at least a year, who are assigned a DSM III psychiatric diagnostic label, and who require multiple agency services.)

In its first seven years CASSP expanded to 47 states, 9 communities, and 2 territories, and the funding grew from \$1.5 million to \$9.8 million. Each state now has a state level staff position

responsible for children's mental health. CASSP has stimulated many laudable service initiatives in the states. It became the basis for an ambitious multi-year demonstration program funded by the R.W. Johnson Foundation and is the basis for current federal legislation.

A primary emphasis of state **CASSP** activity has **been** on coordinating existing services and redirecting spending from residential and hospital-based programs to increase the availability of less restrictive services in the community.

Most of the **CASSP-initiated** projects created some innovative organizational structures to facilitate coordinated planning and many created a permanent staff position for the first time at the state level to focus on children's mental health. In Ohio, and later in Hawaii, interagency bodies called Clusters were formed at the state and local level. Georgia set up Troubled Children's Committees at the county level and Maine and New Jersey established regional coordinating structures.

Most of the financing strategies outlined above were drawn upon by at least some of the CASSP projects---including pooling of funds, drawing on new Medicaid options to support non-traditional services, redeploying funds saved by the closing of inpatient children's hospital beds, and drawing on a small portion of their state's mental health block grant funds which served as "flexible" dollars. These strategies, however, have not been widely or consistently applied across states.

Coordinated, community-based systems of care for children with special health care needs

(Sources: Clifford, 1991; Gittler, 1991; Harbin, Gallagher, and Lillie, 1991)

It is instructive to compare these developments in the child welfare and children's mental health services field with the implementing strategies used to achieve the goals of other major national reform initiatives in the fields of both early intervention services for infants and toddlers and the care of children with special health care needs. These are both program areas in which coordination, integration, and a family-centered approach are central to the reforms.

Since 1986, states have been planning the implementation of the new federal law P.L. 99-457, Part H, which requires states to develop and implement a statewide, comprehensive, coordinated, multi-disciplinary, family-centered, interagency system of early intervention services for all infants and toddlers with disabilities and their families. All fifty states are now participating. The state program must be run by a designated lead agency and work with interagency coordinating councils. The program is administered by the Office of Special Education Programs in the Department of Education.

The law requires transforming a fragmented and often inaccessible array of services needed by these families and provided by different agencies and different disciplines into a coordinated system of care. It promotes case management (renamed in the 1991 IDEA reauthorization as "case coordination") and Individualized Family Services Plans as the core coordination tools at the service delivery level. States have recently completed the **fifth** year of the five-year planning and implementation phase. Due to congressional action last year, states have been given an additional two years, if needed, to complete the five-year phase. As of August **1992**, **20** states are fully implementing the Part H program.

The original assumption behind the law was that states should be able to access all relevant sources of funds---none of which **are** specifically targeted on this population---and then use the Part H federal funds to coordinate **and "glue" these various categorical sources together. However, the**

creation of a cohesive funding package has been very slow, in part, because it takes so much time for the limited staff at state level to become sufficiently knowledgeable about each of the numerous potential funding sources (Clifford, 1991). Financing strategies similar to those just discussed in the child welfare field would seem to be required to fund these service systems but appear to be less used by states to fund the early intervention services.

The area in which states initially made the least progress is in the setting up of the required state Interagency Coordinating Councils and in making the interagency agreements which would formalize plans for financing early intervention services. Although progress has been made in setting up the Councils, financing arrangements remain a problem.

In 1987, in a related reform development targeting a broader group of children, namely children and adolescents with disabilities or chronic illnesses, the Surgeon General's Office and the Bureau of Maternal and Child Health jointly announced the national goal of building family-centered, community-based, coordinated systems of services for children with special health care needs and their families. Many service development and training activities have since been promoting these concepts. In 1989, the MCH Block Grant mandated that the state Children With Special Health Care Needs programs must assume a leadership role in developing these community-based systems of services.

Integrating parallel, integrated systems

Coordination, collaboration, and the creation of a continuum of community-based, family-centered systems of care are at the core of these four parallel efforts to restructure and reorganize services for children and families. However, as Josephine Gittler points out, these federal/state initiatives, as well as others, have proceeded largely independently from each other, with no formal linkages. They are "parallel initiatives which have been undertaken with their relationship to each other being left largely undefined" (Gittler, May 1991, p. 17). The danger is that these reform efforts may themselves create another set of unrelated, parallel service systems. At the local level, service integration initiatives do occasionally make some bridges between these other systems, but at the state and federal level they remain administratively quite separate from one another. The state of Maryland, however, is making a real effort to create a system which integrates across all these and other program areas.

STATE EXAMPLES

(Sources: Robison, 1990; Smith, 1991; and information received from individuals in the states.)

MARYLAND Children and Family Services Initiative

Office for Children, Youth and Families. This new office provides the leadership and oversight for Maryland's ambitious reform program. For several years policymakers and program professionals in Maryland had launched a number of new program initiatives which became the initial building blocks in what has become a major comprehensive reform of the ways that Maryland's fragmented services systems responded to the needs of troubled families. This movement took a giant step forward in Governor Shaefer's administration in 1989 with the creation, by an executive order, of the sub-cabinet for Children, Youth and Families. The Governor named a special secretary to chair the sub-cabinet and head up its administrative office

(OCYF). In 1990, the General Assembly enacted a law that provided a legislative base to this new office and spelled out its goals and functions.

The law states that:

“(A) The special secretary of the Office for Children, Youth and Families is responsible for overseeing the general policy for children, youth, and family services in the state.

(B) (1) The policy shall be to promote a stable, safe, and healthy environment for children and families, thereby increasing self-sufficiency and family preservation.

(2) This requires a comprehensive, coordinated interagency approach to provide a continuum of care that is family and child oriented and emphasizes prevention, early intervention, and community-based services. Priority shall be given to children and families most at risk.”

Existing special units that were to be assigned to the new office included the Governor’s Council on Adolescent Pregnancy and the Infants and Toddlers (Part H) Interagency Coordinating Council. A policy advisory council was appointed to assist in this reform effort and includes as its members representatives of several government and private sector agencies, legislators, and advocates. The functions of the OCYF is to oversee the reform initiative, establish state priorities, develop interagency plans and budgets, develop guidelines for the local governing entities, and provide technical assistance to them. The Office has a director and nine full-time staff, some of whom are assigned and paid for by other Departments.

By the time the OCYF was created, Maryland had already developed many of the initial elements of the reform plan and implemented a few of them with the aid of several foundation grants and technical assistance from organizations and individuals. In addition, Maryland’s participation in **1989-90** in the first Academy for Children and Families at Risk, organized by the Council of Governor’s Policy Advisors, provided a very useful forum for collaborative interagency strategic planning among a core group of Maryland’s top policy officials (see p. 29).

The best known aspects of Maryland’s broad reform initiatives, which will be summarized below, **are** the components funded largely by the Annie E. Casey Foundation. These components primarily focus upon services to families at risk of child placement. However, the overall mandate and vision of the Maryland reform is much broader and comprehensive in scope, as is clear from a vision statement recently issued by the Office.

“...to have available to all families, a seamless system of family-focused services within a comprehensive, interagency system which is culturally sensitive and responsive to the strengths, needs and priorities of families. The goal is to strengthen the capacity of families and communities to care for their children.”

Casey child welfare reform. In 1988, after an extensive application and planning process, **three** states were funded by the Annie E. Casey Foundation to receive substantial five year funding to implement a broad and ambitious program of comprehensive child welfare system reform. The states were Maryland, North Dakota, and, a little later, Connecticut.

---During the **first** year the intensive, improved family services prototype program began operations in Prince George's County, supervised by the local governing entity (**LGE**), the Prince George's Commission on Families. The Prince George's site was mandated to provide a whole continuum of services including family support programs, after-school programs for latchkey children, a therapeutic nursery, a mental health school-based component, and two levels of social work services---an intensive service for families at risk of child placement (caseload **1:6**) and the case management services (caseload **1:15**).

Within the first two years Prince George's County had served 330 families (800 children) referred from many different agencies and including self-referrals. Over this period, foster care entry rates in P.G. County did decline.

---In 1990, after a competitive selection process, **three** expansion sites for the improved family services program were awarded grants. These were Baltimore County, Garrett County, and a regional commission of five counties on the Eastern Shore. Each is governed by an LGE, which is a private, non-profit organization. Since the funding levels were reduced from the levels of the P.G. County site, these expansion sites were charged with a more narrowly targeted set of goals in their first phase, namely to prevent unnecessary out-of-home placement, reduce the number of **out-**of-state placements, and redirect funding streams into more preventive services. The ultimate goal, however, is to incorporate early intervention, family support, and other preventive services in these expansion sites.

The expansion sites began operations in July 1991. Already, Baltimore City has been able to return 7 children from out-of-state placement and has set a goal of returning 12 more. (Maryland currently has about 700 children placed in out-of-state care, many of them are educational placements, which costs Maryland \$39 million annually.)

Maryland's fiscal strategy, which received legislative support, has been to use no new state funds by funding the project with redeployed funds from the savings in out-of-home and out-of-state **care**. Foundation dollars have been used for start up, planning, evaluation, and seed money. Another innovative aspect of the financing strategy is that if the LGE reaches its own goals for reducing placements, 75% of the monies thereby saved are returned to the LGE to use for preventive services. Plans are underway to set up an interagency data system and to streamline agency licensing procedures.

The program has had strong support from the Governor, but uneven support from the other agencies where there has been a lot of turnover in leadership. This Maryland child welfare reform effort is not yet integrated with the state welfare reform program, Project Independence, or the related family investment centers which are a collaboration of the city housing authority, job training programs, and social service departments. The best known of the centers is the Lafayette Court Family Development Center, in Baltimore (Harris, 1991).

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TENNESSEE **Children's Plan**

Tennessee's new and ambitious **statewide** Children's Plan targets children in state custody or those at risk of state custody. The impetus for the plan arose from the Governor's and the General Assembly's increased concern over the growing number and cost of children placed in **out-of-**

home care in Tennessee. They became aware that this was in part due to services fragmentation leaving many gaps and incentives for placement. Too often the decision regarding what treatment or services a troubled child received depended on what funding sources existed instead of what the child and family needed. In 1989, a comprehensive study conducted by the Department of Finance and Administration indicated that only 59% of children in out-of-home care were in appropriate placements.

Tennessee's Plan also built upon the experience of several pilot projects. In two regions the Assessment, Intake and Management System (**AIMS**) was created to test a central, uniform way of assessing the child's needs and determining appropriate placement within the state system. At the same time, the newly created Select Joint Committee on Children and Youth helped to get several family preservation programs started in the state (with funding assistance from the Edna McConnell Clark Foundation). By 1991, eleven of these programs, known as Tennessee Home Ties, existed serving 33 counties. These experiences helped contribute to the Administration's shaping a plan to make fundamental changes in the service delivery system.

The Children's Plan, which began implementation in July 1991, is spearheaded by the Department of Finance and **Administration** as the sole department with responsibility to coordinate service delivery efforts across agencies using available resources. This Department also played a central role in compiling the data upon which the plan was based. The plan was developed with the strong involvement and support of other state agencies and the Select Joint Committee and with the help of technical assistance provided by the Center for the Study of Social Policy and others. Key components of the Children's Plan are as follows:

Financing strategies. There are several parts to this ambitious financing plan.

---First, the plan proposes to **restructure and deploy** funds by increasing the receipt of federal Medicaid and Title **IV-E** child welfare funds in order to reduce Tennessee's reliance on residential care, such as the Medicaid Under 21 Psychiatric Hospital program. Children's cases will be carefully reviewed and screened so that all mental and physical health problems identified in the EPSDT screening process can then receive appropriate community- and **home-**based services paid for by Medicaid funds.

---The second component of the financing plan is to transfer all state funding budgeted for **out-**of-home care and at-risk services in four different state departments **into a special budget account** for children and families. The monies from this account will then be used to pay for any **needed** services. All service providers will be reimbursed from this account through a centralized claims processing system.

---Third, a **separate children's Medicaid account** is being established in the Medicaid Division to track and improve the management of children's Medicaid dollars and services.

---Fourth, currently the state assumes all the financial and management responsibility for, children once in placement. The Administration believes that this has created additional perverse incentives for placement. Hence, in the future the state will ask the courts to require **parents to contribute** to the costs of placement by including child support orders in the court's commitment order.

---Fifth, when a child was placed in out-of-home care, the responsibility for his or her education was assumed by the custodial agency. In the Governor's education initiative,

legislation is proposed to require that, upon a child's placement, the Commissioner of Education should reimburse the state for the costs of educating that child.

Managed care system. At the heart of the plan is Tennessee's new managed care system, similar to a health maintenance organization, which will be developed by each Community Health Agency (CHA) region of the state. The CHA staff will work within the managed **care** system to ensure that the child and family get appropriate services in the least restrictive setting. A new computerized management information system will, for the first time, link assessment, placement, and expenditure data.

Regional child committees will serve to monitor needs, availability, and effectiveness of services and work with the **CHA's** to develop annual plans for the region. To the extent that a region is successful in reducing its rate of commitments, it will receive incentive funding to provide more preventive services. Each region will be required to provide certain core services.

Expanding home-based and specialized services. The plan intends to expand **home-**based family preservation services to make them universally available. In addition, one of the studies found that an important reason why so many children were hospitalized was that the special treatment services needed by sexual offenders or autistic or dual-diagnosed children were not available in the community. Hence, the plan outlines a request for proposals process to develop increased specialized services in the state to meet these children's needs in the community.

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IOWA Services Reform: Decategorization, Family Preservation, and Family Development Centers

(Sources: Bruner, 1990; Smith, 1991)

The reform movement in Iowa has three related but administratively separate strands involving financing initiatives, new models of governance, and service delivery. They share a similar philosophy towards viewing families holistically and serve a similar population of families who have multiple problems and needs. Taken together, they aim to provide more effective service, both to the population of families with children in placement or at risk of placement and for AFDC families to help reduce their barriers to becoming economically independent.

Decategorization project. Leaders in the state legislature and child and family advocates became concerned that, although the child population was declining, Iowa experienced a 40% increase in out-of-home foster care placements between **1982-87**. Moreover, since fewer people were willing to be foster parents, many more children were sent to costly out-of-state facilities. 80% of the child welfare budget was spent on out-of-home care. Many concluded that the service system was "driven by funding streams, as opposed to family needs," (Bruner, p. 7). A couple of family preservation demonstration programs served as the catalyst to encourage some broader thinking about systems reform.

In 1987, the General Assembly instructed the Department of Human Services to mount a pilot demonstration program in at least two counties to try to redirect the incentives and funding streams into community-based services. They did this through a process of "**decategorization**" of the thirty funding streams that funded children's services in Iowa, which included monies from mental health and juvenile justice. These dollars were to be consolidated at the county level and spent on

preventive and in-home services. In its request for proposals the state clarified that the demonstrations had to remain "budget neutral," that the Department would waive regulations that would impede the desired flexibility in spending, and that the counties must establish a collaborative governing entity to plan and monitor the demonstration.

Two counties, Polk and Scott (which included the cities of Davenport and Des Moines), were initially selected for the project. Planning committees involving private and public agency representatives and community leaders and advocates **were** involved in an intensive planning and consensus building process for about a year. Additional foundation funding and technical assistance from CSSP and NCSL was provided to help with this planning effort. Several promising changes have already occurred in the type and manner in which services **are** provided and there is a much greater shared understanding about future needed directions. In addition, the school system has been brought into the collaborative discussions (see Bruner, 1990). Three other counties are now involved in this demonstration decategorization project.

Statewide family preservation. A parallel development was occurring at the state level in which the Department of Human Services moved to expand family preservation services statewide. Family preservation services **are** now available in all eight of the human services districts and **all** of the state's 99 counties. The FY '92 state appropriation is over \$5 million. This expansion of state dollars spent on family preservation has received strong support from the Iowa legislators.

Family Development Programs. Another parallel development has evolved as part of Iowa's welfare reform initiative. The family development grant program is a demonstration program which attempts to integrate family support and education principles into a welfare-to-work system. It is based on the understanding that many **AFDC** families face a variety of barriers to their effective participation in the **JOBS** program and to moving towards economic self-sufficiency---for example, physical abuse, substance abuse, housing problems, difficulties with their children, etc. The enabling legislation established the multi-agency Family Development and Self-Sufficiency Council, which included the consumers, i.e., welfare clients. The Council awarded the grants and approved the rules and guidelines written by the department, which also negotiated with the federal government for matching funds.

The first programs received funding in July 1988 and currently there are 10 program sites which all employ family development specialists to work in partnership with families to identify their needs. Caseloads range from **10-15** families per worker. Training is provided by the National Resource Center on Family Based Services at the University of Iowa. The programs differ substantially in target group, program focus, and institutional auspices. All have home visiting components and group activities. Family participation is voluntary, although the referrals of potential participants are provided by the Department of Human Services. Both a process evaluation and an outcome evaluation involving comparison groups are underway.

Contact: Charles Bruner, Child and Family Policy Center, 100 Court Avenue, Suite 312, Des Moines, IA 50309.5 15-243-2000.

IDAHO Family and Children's Services

Since 1984, Idaho has been restructuring their family and children's services and promoting a family-centered model of service delivery that is now used throughout the state by the Department of Health and Welfare. In 1989, three service programs---child welfare, juvenile justice, and child mental health---became consolidated **into** one division---the Division of Family and Children's

Services---of a large umbrella agency, the Department of Health and Welfare. Gradually, the separate funding streams are being pooled to fund, from a single point of entry, the services which are now operating throughout the state.

A representative task force of field staff, supervisors, administrative staff, and interested community members hammered out a consensus on the goals and principles to guide the services reform effort and designed a detailed family-centered services delivery model. The philosophy emphasizes preventive, community-based services and avoidance of unnecessary placement. This has been the guiding force in the development of Idaho's approach to service delivery since 1985. Direct, community-based services **are** now being delivered in about 30 family and child service **offices** which implement the model.

In this model all families initially receive a comprehensive family assessment at intake from a team of generic social workers to determine what type and level of family service is required. If referral to services provided by other specialists is needed, then they become part of the service/treatment team. The social workers hired or reassigned to work in these centers, who are all state employees, are provided with inservice training in intensive **16-day** Training Academies which are held three to four times a year. The service delivery model and training curriculum are based on family systems concepts and many family therapists are employed in the centers.

Idaho has reported that the reorganization of services has reduced duplication, greatly improved coordination, and improved their ability to attract and retain qualified staff. Clearly the state's small population has made it much easier to implement the reform across the state than would have been the case in a more populous state with larger bureaucracies (**Robison, 1990**).

Contact: Kent Henderson, Bureau of Family Services, Division of Family and Children's Services, Department of Health and Welfare, 450 W. State Street, Boise, ID 83720. 208-334-5700.

VIRGINIA Collaborative System of Services and Funding for Troubled and At-Risk Youth and their Families

(Source: Council on Community Services for Youth and Families, November 1991)

Virginia has recently launched an ambitious, legislatively based, interagency restructuring of child and family services. The immediate impetus for these reforms was a report conducted by the Department of Planning and Budget (DPB) which documented the rising costs of residential care provided by four child service agencies (child welfare, juvenile justice, child mental health, and special education). The original DPB study pointed out that while the numbers of children in care had remained fairly stable, the cost of care had significantly increased. It also **affirmed** that the children and families had multiple needs, and many received services from several different systems. A total of 16 funding streams were used to pay for these residential services. Importantly, localities had little or no incentive to consider the cost effectiveness of some residential placement as the state paid 100% of its cost, whereas, if the child and family received community-based services, local matching funds were required. Although foster care, which was the highest number of all placements, has always required a 50% match for children not eligible for AFDC (federal IV-E dollars).

In early 1990 the Secretary of Health and Human Resources called for major changes in the delivery of services for at-risk and troubled youth and their families. Together with two other department secretaries, (Education and Public Safety) the Secretary set up an interagency Council

on Community Services for Youth and Families. The charge of this Council was to improve services for troubled children, youth, and families, and at the same time reduce the escalating costs for residential services. The Council was to recommend within the year, creative and realistic changes for statewide implementation.

The Council was comprised of 145 leaders from the public, private, and family sectors across the Commonwealth, including agency staff, state and local government officials, parents, judges, and private sector providers. The Council was time limited and disbanded in 1992.

The Council launched a study which involved holding regional meetings across the state and soliciting individual written input. It also awarded almost \$3.4 million for demonstration projects in five communities designed to test ways of improving services and controlling costs. Based on the preliminary evaluation of these demonstrations and information from other sources the Council presented a report at the end of 1991 which outlined a restructured system of services that redirected resources into community-based, collaborative, early intervention services involving both public and private sectors. At the heart of the proposal were interagency service teams appointed by local collaborative bodies.

The Council report proposed several new ways of financing these restructured services including:

(i) A **State Pool**, consolidating nine funds that purchased public or private services across the four child-serving agencies. The authority and accountability for spending these pooled funds would be vested in the community level which would be allocated funds based on the proportion of youth "at risk" and on historical spending patterns for these services. Communities would be required to match the allocation based on ability to pay with shares capped at 45%.

(ii) A **Trust Fund** would be established to disburse grants to local communities for innovative projects. The fund would pay 100% of the costs for the first two years. The purpose of this fund was to create incentives for developing creative, new services for early intervention for young children at risk of developing emotional and/or behavioral problems and for community-based services for troubled youth.

In April 1992, the legislature passed the Comprehensive Services Act for At-Risk Youth and Families which wrote into law most of the report's proposals and spelled out a phased-in implementation plan. For example, the Trust Fund was to be set up by January 1993 and the State Pool was to come into effect in July 1993.

By the late fall in 1992, the state implementation structure, which models the interagency, collaborative approach required of localities, was in place. Applications for the first allocation of Trust Funds have been submitted to the state, a funding formula for the State Pool has been developed for submission to the General Assembly in January 1993, and 120 community orientation sessions had been conducted between mid-September and the end of October 1992.

Contact: Demis Stewart, Director, Service Programs, Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229. (804) 662-9308.

Statewide reforms in the early planning stages

(Source: Ooms and Binder, October, 1992; U.S. Department of Labor, 1992)

Clearly a number of states have been, or are in the midst of, implementing a number of innovative family policy reforms. There are no comprehensive surveys of the status of these reforms occurring across program areas. However, a 50 state survey of reforms in the child welfare/mental health area revealed that the large majority of states are implementing family preservation reforms, ten **are** already on planned on a statewide basis, and another ten are planning to expand statewide. In several of these states, the family preservation initiative has been the catalyst for broader systems reform (see Ooms and Binder, October, 1992).

Policy Academies on Children and Families at Risk. Another source of information about what is happening in the states is a new report on two Academies organized by the Council of Governor's Policy Advisors (CGPA), an organization affiliated with the Governors (Department of Labor, 1992). In 1989, CGPA invited Governor appointed teams of top level policymakers from ten states to join in its first Policy Academy on Families and Children at Risk. Funded by the U.S. Department of Labor and several Foundations, these Family Academies are a collaboration between CGPA, the National Governors' Association, the American Public Welfare Association, and the Council of Chief State School Officers.

The Policy Academy was an intensive process which included three, four-day working sessions and personal follow up visits by CGPA staff and consultants to the states. The goal of the Academy was for each state to develop a set of outcome-oriented family policies that would guide the state's public and private efforts to help at-risk families (see organizational resources). Each team consisted of representatives from the Governor's office as well as high level administrators from state agencies such as human services, education, health, and community development.

Members of the first Academy were: Arkansas, Colorado, Illinois, Iowa, New York, North Dakota, Maryland, Oregon, and Texas.

The Academy process provided background briefing information on families and family policy and helped the participants work through a seven step strategic planning process. The first Academy became the basis of a published guide for state policymakers and a report on the progress of the participating states implementation of reforms (see Chynoweth and Dyer, 1991; Department of Labor, 1992).

While the details of the policies produced by each state vary considerably, they have several common characteristics: an emphasis on family problems as opposed to individual problems; a focus on the community as the locus of effective action; and presupposition of a state commitment to make fundamental changes in the major systems governing family services. Most of the state teams established broad goals and strategies in areas such as health, education, employment, and family stability. The change strategies they used were of five major types:

- **State-level coordination.** Each team's action plan called for a state council or commission to oversee and coordinate the proposed policies for families and children. Four states created new such bodies, other states revamped existing bodies.
- **Legislation and budgeting.** States worked hard to develop legislative and budget proposals that supported their policy objectives. However, the recession constrained these states from funding new programs to preparing only budget neutral or low cost proposals such

as permitting increased local flexibility, integrating existing services, and initiating management changes to improve efficiency.

- **Accountability.** Several Academy states, notably Maryland, Colorado, Oregon, and Texas, have focused on identifying a set of indicators of desired child and family outcomes and requiring that these indicators be collected and reported on a periodic basis to serve as benchmarks for assessing policies and programs. In addition, Maryland is designing an accountability system to track outcomes for families that use its family-investment centers, and is attempting to develop an integrated, cross agency data system that would make it possible to track over time the services children and their families receive from several government departments and agencies.
- **Access to integrated services.** Seven of the states are committed to improving families access to an integrated array of services rather than to loosely-coordinated categorical programming and, in view of the budget constraints, are beginning with pilot demonstration programs. As part of this process New York and Washington have been identifying federal and state regulatory barriers to integration and coordination.

The first phase of the First Policy Academy is now complete but as the report state “follow-up implementation is not...It may be some time before the 10 participating states can declare major victories, but this report documents that states are well on their way” (U.S. Department of Labor, 1992, p. 7).

Phase Two of the Academy is designed to encompass four interrelated activities: state-by-state implementation of policies developed during Phase One; dissemination of implementation lessons; replication of the Academy in new states; and evaluation of Academy results.

In December 1991, CGPA convened a Second Policy Academy involving seven additional states and an interagency team of top-level federal officials. States selected for the Round Two were Arizona, Georgia, Hawaii, Indiana, Nevada, Ohio, and Oklahoma. The second meeting was held in July 1992.

An evaluation of the CGPA Policy Academy on Children and Families At Risk was conducted by Policy Research Associates. The study conducted a mailed survey to all state team members, interviews with team leaders and other key informants in the states, and reviewed documents during the Spring of 1992. It examined the effectiveness of the Academy process, the outcomes and identified key lessons learned. The study report was published in July, 1992.

Participants clearly highly valued the unique opportunity the Academy afforded them to be away from their day to day pressures and exchange information and ideas with colleagues. They were not so positive about the expert presentations at the Academy sessions. In general, they felt that their understanding of the problems of children and families at risk had been strengthened and the process had definitely improved communication between agencies, levels of collaboration, and helped create a new willingness to share resources.

The report of this evaluation concluded that while the Academy had served a very useful purpose as a catalyst of change, many other initiatives leading in the same direction were occurring simultaneously so it was hard to identify specific results that could be directly attributed to the Academy (Policy Research Associates, 1992).

ORGANIZATIONS WITH A MAJOR INTEREST IN SERVICES INTEGRATION, COLLABORATION, AND COORDINATION

(Note: Private Foundations with a major interest in this issue include: Annie E. Casey Foundation, the For Foundation, Kaiser Family Foundation, and Pew Memorial Trust)

American Enterprise Institute/White House Working Seminar on Integrated Services

With the collaboration of the White House and funding from several private foundations, the American Enterprise Institute launched a 24-month project in the summer of 1991 called the Working Seminar on Integrated Services for Children and Families. Members of this approximately **35-person** seminar include high level government officials from six departments, members of congress, prominent scholars, and others. The Seminar will continue to meet several times over the remainder of 1992. The purpose of the project is to examine the strengths and weaknesses of the current categorical social welfare system and possibilities for services integration. The project has a special focus on child welfare and teenage parenthood. Based on the work of the seminar discussions, the final report will present recommendations for legislative and administrative reform.

Contact: Douglas Besharov, American Enterprise Institute, 2250 17th Street N.W., Washington, DC 20036.202-862-5800.

Center for the Study of Social Policy

Established in 1979, the Center for the Study of Social Policy (CSSP) is a non-profit research and study organization whose current activities include a major focus on improving child welfare systems in the states and, most recently, in the District of Columbia. The Center conducts a number of activities related to promoting family preservation including maintaining a clearinghouse of information on state and local family preservation projects, developing of a series of working papers, and providing technical assistance to states on how to develop, finance, and administer family preservation programs.

The Center also serves as a research and evaluation resource to the Annie E. Casey Foundation's New Futures program, a collaborative effort to reform services for youth at risk in four sites and to its statewide child welfare services reform projects in Maryland, Connecticut, Iowa, and North Dakota. The Center is also the publisher of KIDS Count, a state by state data book on indicators of child well-being. The Center has assisted 17 states to produce their own state-based KIDS Count indicators. In November **1992, 20** additional states were funded to produce their own indicators. The Center would like for each state to produce their own indicators.

Contact: Judy Weitz, CSSP, 1250 Eye St. NW, Washington, DC 20005. 202-371-1565.

Council of Chief State School Officers (CCSSO)

The Council of Chief State School Officers is a nationwide, non-profit organization comprised of the 57 public officials who head the departments of elementary and secondary education in the fifty states, the District of Columbia, five U.S. extra-state jurisdictions, and the Department of Defense

Dependent Schools. The Council provides professional development opportunities for its members on issues of **current** state concern and conducts various research and resource activities. The Council's Resource Center on Educational Equity provides services designed to achieve equity and high quality education for minorities, women, and girls, and for disabled, limited English proficient, and low-income students.

The Council advocates the involvement of its membership in state level strategies to facilitate collaboration and the delivery of comprehensive services. The Council is working with other organizations to examine the federal and state legislative and regulatory barriers to achieving the goals of compensatory education programs (Chapter 1), special education, and bilingual education, with the goal of making recommendations about possible **decategorization**.

Contact: Cynthia Brown, Resource Center on Educational Equity, CCSSO, One Massachusetts Ave., NW, Suite 700, Washington, DC 20001. 202-408-5505.

Council of Governors' Policy Advisors (CGPA)

CGPA, formerly the Council of State Policy and Planning Agencies, is a membership organization comprising key executive aides, appointed to CGPA membership by their Governors, in the fifty states and U.S. territories. With the dramatic shift in federal-state relations, the nation's statehouses have assumed greater responsibility for domestic policy and services, enhancing the **CGPA's** strategic role.

To develop and disseminate policy innovations the Council conducts research, stages roundtables, academies, and conferences; and publishes proceedings, books, working papers, and policy papers. It provides management training and technical assistance for its members and their states and administers the State Scanning network. **CGPA's** funds come principally from membership dues, foundation grants, and government contracts.

In 1989, CGPA held its first **Policy Academy on Families and Children At Risk**. The ten states participating were: Arkansas, Colorado, Illinois, Iowa, Maryland, New York, North Dakota, Oregon, Texas, and Washington. States participating in a second Academy which began in December 1991 are: Arizona, Georgia, Hawaii, Indiana, Nevada, Ohio, and Oklahoma.

Contact: Kent Peterson, 400 North Capitol Street, Suite 285, Washington, DC 20001. 202-624-5386.

Institute for Educational Leadership

The Institute for Educational Leadership (**IEL**) is an independent, non-profit organization whose mission is to improve leadership and policymaking for public schools and other human and social services critical to students and their families. IEL conducts policy studies and demonstration programs, convenes key individuals and organizations across sectors, conducts evaluations of partnership and collaborative programs, and works to develop leaders, at all levels, with the skills needed to collaborate.

Contact: Michael D. Usdan, President, IEL, 1001 Connecticut Ave, NW, Suite 310, Washington, DC 20036. 202-822-8405.

Listed below are a number of IEL programs and activities related to services integration.

Collaborative Leadership Development Program (CLDP). This program focuses on development of community collaborative leadership and problem-solving among elected, community, and professional leaders. The network of **five** cities is also the focus of **IEL** activities in other collaborative programs, such as the program funded by the Department of Health and Human Services. The **five** cities are: Flint, MI; Fort Worth, TX; Kansas City, MO; Tucson, **AZ**; and Washington, DC. CLDP is supported by the Mott and **Danforth** Foundations.

Contact: Jacqueline P. Danzberger, Director of Governance Programs

Facilitation of Community-Based Service Integration Planning: An Urban Network. The five-city CLDP network is the focus of activities to facilitate service integration through a process of community problem-solving and negotiations. This project is funded by the U.S. Department of Health and Human Services.

Contact: Martin Blank, Senior Associate, Governance Programs

National Health/Education Consortium: Founded on the assumption that ‘children must be healthy in order to learn and they must be educated to keep themselves healthy,’ the Consortium is promoting a variety of joint collaborative activities designed to stimulate integration between health and education. The Consortium identifies and disseminates model initiatives, convenes conferences and meetings to promote dialogue, and issues publications. The Consortium involves leaders from over 50 health and education organizations. It was convened by **IEL** and the National Commission to Prevent Infant Mortality.

Contact: Michael Usdan, President, IEL

Community Education Leaders Program. IEL has been funded by the Charles Stewart Mott Foundation to launch the Community Education Leadership Program (CELP), a 12-month training program designed to prepare and support a network of leaders who are skilled at working collaboratively and effectively across agency systems within culturally, ethnically, and racially diverse communities.

Beginning in the fall of 1992 in San Antonio and Detroit, CELP will serve a variety of community leaders, including those who represent grassroots community organizations, as well as those who hold leadership positions in education, health, human services, religious, political, business and other community-serving institutions. The Community Education Leaders Program is particularly well-suited for providing leadership development training to individuals who are currently working in community improvement **collaboratives**. Two additional program sites will be established over the two-year grant period.

Contact: Linda Moore, Senior Associate, Leadership Programs

Intergovernmental/Interagency Policy Exchange. The Policy Exchange is a national, nonpartisan effort to help reshape the policy landscape to reflect the interconnected realities of children, families and communities where educational, health, nutritional, social services, recreational, employment, housing and other needs are inextricably intertwined in real lives.

The aim of the Exchange is to provide a forum where policymakers and practitioners can learn about effective and cutting edge ideas so that they can lead the way to systematic change.

Major activities of the Exchange include national seminars for policymakers and publications as well as parallel activities in selected states.

Contact: Margaret Dunkle, Director, **Intergovernmental/Interagency** Policy Exchange

Dewitt Wallace-Reader's Digest Collaborative Leaders Program. The Dewitt Wallace-Reader's Digest Fund awarded **IEL** a four-year grant to **increase** the collaborative skills of mid-level staff in schools, government agencies, and other private, public, and non-profit organizations that provide educational, social, or health services to young people and their families. The goal of the program is to enable "middle managers" to develop and **refine** leadership skills and capacities that promote collaboration within agencies and across fragmented service delivery systems. Five new leadership development sites will **be** established by 1994, two of which opened in New Jersey and Virginia in 1991.

Contact: Jacqueline P. Danzberger or Martin Blank

Education and Human Services Consortium. The Education and Human Services Consortium is a loosely knit coalition of Washington, DC-based national organizations concerned with interagency efforts to connect children and families with comprehensive services. It uses its capacity to distribute materials to large cross-sector audiences to generate discussion and constructive action on collaboration at the local level.

Contact: Martin Blank

National Academy of Public Administration (NAPA)

The National Academy of Public Administration is a nonpartisan, non-profit organization of elected Fellows established to improve the effectiveness of government at all levels. Formed in 1967, the Academy conducts studies and provides counsel on public management issues and the practical implications of public policy. Among its major current priorities are: (a) improving the competence and quality of the public service; (b) strengthening the nation's ability to set goals, ensure effective execution, and measure public performance; and (c) making federalism work.

The Academy conducts studies and seminars, provides scholarships and awards, and has a program of publications. **NAPA** is working with governors and other leaders to design human investment budgets. It also has a broad interest in the governance and accountability issues raised by human service integration programs.

Contact: Brett Hammond or Barbara Dyer, **NAPA** 1120 G St. NW, Suite 850, Washington, DC 20005. 202-347-3190.

National Commission for Employment Policy (NCEP)

The National Commission for Employment Policy is an independent agency established under Title IV (f) of the Job Training Partnership Act. It is charged with making recommendations to the President and Congress on national employment and training issues and, *inter alia*, **assessing the**

extent to which public assistance policies represent a consistent, integrated, and coordinated approach in meeting the nation's employment goals and needs. The Commission's 15 members **are** appointed to these voluntary positions by the President while they serve as business and labor leaders, human resource professionals, and state and local elected officials.

In 1990, the Commission launched a project to focus on Improving Coordination in Government Sponsored Public Assistance Programs. Under this project the Commission held three large seminars in Washington, DC, San Antonio, TX, and San, Diego CA; conducted hearings across the country; and commissioned numerous papers focusing on federal, state, and local issues of coordination.

In early October 1991, the Commission issued its recommendations to the President and the Congress in the form of letters to the President and the Congressional leadership. A Commission **report** containing the recommendation letters and some background material has been published. A published volume of the commissioned papers is forthcoming.

Contact: Neal Zank, Associate Director, NCEP, 1522 K St. NW, Suite 300, Washington, DC 20005. 202-724-1553.

National Maternal and Child Health Resource Center (NMCHRC)/National Resource Center on Community-Based Service Systems

The National Maternal and Child Health Resource Center's mission is to improve health and related services for mothers and **children**, including children with special health care needs. Its activities include maintaining an information clearinghouse and conducting a number of interdisciplinary research studies and special projects with an emphasis on public policy. The Resource Center staff provide technical assistance, training, and consultation upon request.

The Resource Center has as its primary focus the development of community systems of comprehensive, coordinated, family-centered services for children; including, but not limited to, children with special health care needs and their families.

Contact: Josephine Gittler, NMCHRC, College of Law Building, University of Iowa, Iowa City, Iowa 52242. 319-335-9067.

National Center for Service Integration

The National Center for Service Integration (NSCI) was established in late 1991 with support from the Department of Health and Human Services and private foundations to assist efforts to improve life outcomes for families and individuals through the creative integration of education, health, and human services. NSCI is itself a collaboration of six organizations---Mathtech, Inc., Child and Family Policy Center, National Center for Children in Poverty, National Governors' Association, Policy Studies Associates, and the Bush Center at Yale University.

The primary purpose of NSCI is to stimulate, guide, and actively support service integration efforts throughout the country. To accomplish this objective, NSCI has developed an Information Clearinghouse on Service Integration and a Technical Assistance Network which offer a variety of products and activities that provide information and technical assistance to federal, state, and local

service integration initiatives, practitioners, and others involved in the development and operations of integrated service delivery systems.

Contact: For Technical Assistance: Deborah Both, Mathtech, Inc., 5 111 Leesburg Pike, Suite 702, Falls Church, VA 22041. 703/824-0800. **For the Information Clearinghouse:** National Center for Children in Poverty, 154 Haven Avenue, New York, NY 10032. 212/927-8793.

SERVICES INTEGRATION FACILITATOR GRANTS

In October 1991, the Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services announced the award of several facilitator grants to organizations in different locations around the country. These **are** designed to serve as a resource for technical assistance to ongoing or planned community-based service integration initiatives. In addition, ASPE awarded a grant to a consortium of organizations, led by Mathtech, Inc., for a National Center for Service Integration (see above).

Facilitation of Community-Based Service Integration Planning: An Urban Network

The Institute for Educational Leadership, Inc., (**IEL**) will facilitate service integration through a process of community problem-solving and negotiations exercises combined with a leadership development strategy. IEL will build on its network of cities participating in its Collaborative Leadership Development Program (CLDP) which is supported by the **Danforth** and Mott Foundations and other local public and private resources. This grant will target four communities during the first year of funding: Flint, MI; Fort Worth, TX; Kansas City, MO; and Washington, DC. A fifth location, Tucson, AZ, will be added during the second year of funding.

Contact: Martin J. Blank, Project Director, Institute for Educational Leadership, 1001 Connecticut Avenue NW, Suite 310, Washington, DC 20036. 202-822-8405.

School-Based Integrated Services

This project, headed by a facilitation team at Florida International University, plans to assist seven schools and their surrounding communities in Broward and Dade Counties to change their relationship. Local facilitation teams that are headed by the school social workers and include parents will be organized at each school to plan and advise on improving the integration of services. One mechanism is the establishment of school-based family resource centers at each school. Also, local consortia, including parents, will be organized to seek resources and support. The Florida Department of Human Resources is committed to participating in this process and contributing staff to work in the schools or in other capacities as defined with the communities.

Contact: Katharine Briar, Project Director, Florida International University, North Miami Campus, North Miami, FL 33 18 1. 305-940-5684.

Facilitation of Community-Based Service Integration Planning at Eight Urban and Two Rural Sites in Ohio.

Ohio has **created** (in statute) the Interdepartmental Cluster for Services to Youth at the state and **local** levels to build networks and relationships across departmental boundaries, thus facilitating joint planning. This grant will enable the Department of Human Resources to assign a facilitator to each of the seven urban sites to conduct needs assessments, a resource inventory, and to be part of the community-based planning process. Local agencies will provide an array of educational, health, family support, and child **welfare** services. Depending on the site, services will be provided through public schools, family resource centers, or public housing developments. The seven sites are: Summit (Akron), Hamilton (Cincinnati), Franklin (Columbus), Lucas (Toledo), Trumbull (Warren), Montgomery (Dayton), Allen (Lima), Cuyahoga (Cleveland and Lakewood), and Madison and Washington counties.

Contact: Ellen Abraham, Project Director, Ohio Department of Human Services, 30 East Broad Street, Columbus, OH 43266-0423.614-466-1213.

The Family Connection: Facilitating Community-Based Service Integration for Rural Communities in Georgia

Three of Georgia's major state agencies--The Georgia Departments of Human Resources, Education, and Medical Assistance--have formed a collaborative partnership entitled "The Family Connection." With funding from the Joseph B. Whitehead Foundation, this group will integrate service delivery at the local level through restructuring organizational relationships and delivery mechanisms among these departments, under the premise that this leads to earlier and more effective delivery of services to children, youth, and families at risk. Community-based coalitions will include: public schools; public health, family, and children's services; county commissioners; businesses; juvenile courts; mental health services; substance abuse councils; and community action agencies.

The federal "facilitator" grant will be used to create an office to manage this effort across the seven rural sites: the counties of Murray, **Dawson/Hall**, Elbert, Emanuel, Coffee/Ware, **Lowndes/Mitchell**, and the City of Carrollton.

Contact: James Freeman, Team Leader, The Family Connection, 260 Peachtree Street, Suite 800, Atlanta, GA 30303.404-527-7394.

California School-Based Service Integration Project

San Francisco State University is working with six California municipalities--Los Angeles Oakland, Fresno, Watsonville, San Bernardino, and San Francisco--to develop models for the integration of services through the schools to children and families at risk. The project is facilitating the expansion and networking of local community efforts for service integration and also providing the state leadership with a sufficient base of demonstrations and evaluative data to ensure that emerging, successful models of service integration can be implemented statewide.

The facilitation efforts include: (a) providing directly or brokering technical assistance on specific topics such as financing, evaluation, training, confidentiality, and liability; (b) providing guidance

to various interagency collaborative bodies as they plan and implement their service integration efforts; (c) developing linkages between local sites and state leadership and among local sites; and, (d) assisting local sites in reducing legislative and regulatory barriers through the work of their state policy consultant. The ultimate goal of these activities is to ensure effectiveness and stability of existing service integration efforts, document lessons learned, and facilitate the expansion of these developing models throughout the state.

Contact: Wendy **Jameson**, Project Coordinator, San Francisco State University, 612 Font Blvd., San Francisco, CA 94132. 415-338-2860.

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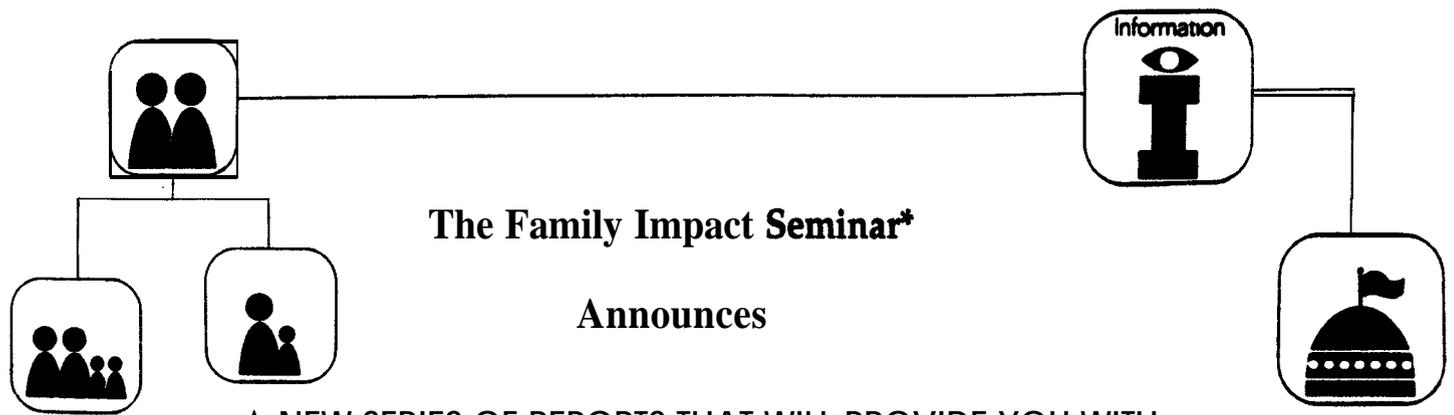
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