

REINVENTING SYSTEMS

Collaborations to
Support Families

California
Colorado
New Mexico
West Virginia



HARVARD FAMILY RESEARCH PROJECT
Cambridge, Massachusetts

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**Collaborations to
Support Families**

Mia MacDonald

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Cambridge, Massachusetts

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Introduction

This [initiative] is brand new territory for us. Our approach has to be top-down and bottom-up at the same time.

Jane Henderson
Healthy Start, California

Today's most viable institutions are dancers, not marchers. They see opportunities, exploit them, and then move nimbly onto the next challenge.

Warren Bennis
Beyond Bureaucracy, 1993

The 1990s have begun with a renewed commitment to children and families on the part of federal, state, and local policy makers. This commitment is strongly welcomed by advocates who have worked for years to elicit more effective and humane governmental responses to the needs of families and children challenged by multiple stresses. And it comes none too soon: many key indicators of child and family health declined throughout the 1980s; federal, state and local budget cuts are putting a premium on the cost-effectiveness of services; and flagging local economies trigger increases in unemployment, homelessness, and domestic violence. The situation has escalated in a vicious circle: deteriorating family circumstances necessitate an increase in costly interventions that, in turn, aggravate the economic perils of local economies. As a result, existing services are stretched thin, and families have an increasingly hard time getting the help they need.

I. SYSTEMS CHANGE IS NEEDED

Indeed, it has become clear in the past few years — to policy makers, family advocates, businessmen, foundation representatives, and parents — that current state systems of child and family services are failing. In many states, these systems lack coordination, are duplicative, and focus their resources and energy on crisis intervention instead of prevention. They are particularly ineffective for families that need a range of supportive services, such as job training, parenting classes, and child and health care (Harvard Family Research Project, 1992:5). Truly integrated systems of child and family services are the exception, not the rule. Examples of families having six or seven caseworkers — one for each service they require — are not uncommon. Nor are instances of families filling out endless, duplicative forms each time they seek access to federal and state-funded programs; information is rarely coordinated between agencies.

A consensus is emerging that real systems change is needed, and needed now, if the decline in child and family social, educational, and health indicators is to be reversed. State policy makers, family advocates, local businesses, and parents have formed coalitions all over the country to reform, revitalize, and redirect current systems of child and family services (Morrill, 1993). They have been joined by several leading foundations that are supporting state and community efforts to test new service delivery methods. In California, a consortium of 14 foundations has joined with the state to fund the Healthy Start initiative (California State Department of Education et al., 1993), one of the four systems change efforts profiled in this booklet.

Many scholars and policy makers believe that government needs to be reinvented, a position articulated by David Osborne (1993:15). Bureaucracies must be made more responsive to the problems facing children and families today, in order to adapt flexibly to fast-changing social and economic structures. Osborne describes the kind of institution required in the 1990s:

It must deliver high-quality goods and services, squeezing ever more bang out of every buck. It demands institutions that are responsive to their customers, offering choices of non-standardized services; that lead by persuasion and incentives rather than commands. . . . It demands institutions that empower citizens rather than simply *servicing* them. (Osborne, 1993:15)

Fundamental systems change is taking place at both the state and local levels. In many states, a synergistic interaction has developed between those ideas that rise from the grass roots level and those that originate at the top and filter down. New community initiatives to improve child and family services, for example, inform and direct the actions of state policy makers, while a state-sponsored initiative, like Healthy Start, encourages local businesses, service providers, and school officials to work together in new ways.

The decline in federal funding for state-provided social services during the 1980s triggered a transformation in the states' role in family policymaking. Many states assumed leadership positions in debating and formulating policy, and have far outdistanced their federal counterparts. No longer do state governors and cabinet heads simply manage social policy made at the federal level; rather, they define and implement it for themselves (Harvard Family Research Project, 1992a:iii). While the new federal administration is expected to take a more active interest in child and family services and to increase the level of federal funding for these services, state policy makers are unlikely to retreat to their formerly limited role as policy managers now that they have demonstrated their capacity to develop their own innovative programs and policies.

II. PATHS TO SYSTEMS CHANGE

This booklet documents four state initiatives designed to bring about systems change: Healthy Start (California); the Governor's Families and Children Initiative (Colorado); the Children, Youth, and Families Department (New Mexico); and the Governor's Cabinet on Children and Families (West Virginia). Systems change is defined here as the reorganization of child and family services so that they become integrated, humane, and accessible to those who need them. While they share a common resolve to restructure child

and family service programs, each state has followed a unique course in building support for its actions and designing institutional structures appropriate to its needs and resources.

Each profile details a state's initiative — its origins, goals, planning process, governance structure, funding, and local level implementation — and includes the commentary of an individual who has been central, at the state level, in the development and implementation of the reform. Our goal is to provide state-level policy makers, administrators, and family advocates with information on the key components of these four initiatives and the paths of their development. Differences and similarities between the four state efforts offer insights into the challenges states confront as they move to replace fragmented delivery systems with collaborative ones.

Why were these states chosen as our models? Foremost, they provide clear examples of viable efforts to bring about systems change. Each has set in motion workable mechanisms for achieving broad reforms in family and child services at the state and local levels, and all are making progress. At a time when other states are planning or beginning to implement major changes in their own service systems (see Council of Governors' Policy Advisors, 1992, for a description of these efforts), California, Colorado, New Mexico, and West Virginia offer four different models for reinventing state bureaucracies and maps for transforming those reinventions into reality.

Central to all four initiatives is the goal of empowering families, so they can gain access to the resources they need in order to become — and remain — healthy, self-sufficient, and economically independent. The initiatives also share the following characteristics:

- a dedication to developing systems designed for prevention, education, and early intervention;
- a stress on interagency collaboration at the state level, with broad and often non-traditional membership on governing councils;
- an emphasis on local collaborations to develop and manage programs and family centers;
- the funding of local initiatives that make services more accessible to families through schools (in California), family support centers (in West Virginia and Colorado), and local decision

making councils that decide what interventions are needed by the community in areas like health and substance abuse prevention (in New Mexico);

- the leadership or strong support of the governor of the state;
- the bipartisan support of the state legislature;
- a determined effort to enlist community support for change through public forums and other means of outreach, and to incorporate parents' concerns into reform plans; and
- a commitment to be responsive to the cultural characteristics of individual communities.

Each state has created its own structure for achieving systems change: for example, a powerful cabinet council chaired by the governor in one case, a new cabinet-level agency that plans for and provides child and family services in another. Each structure provides critical information to those seeking to implement reform in their own states or communities — policy makers, administrators, service providers, and advocates. The appendix contains charts comparing the aspects of system change for the four states.

California

An effort led by the Department of Education to create a statewide network of school-based multiservice child and family centers

Healthy Start is a statewide effort to transform public schools into sites where comprehensive support services can be housed and delivered. A program of the Department of Education, Healthy Start has received strong support from the legislature and from Governor Pete Wilson, who signed the initiative into law in 1991. A 14-member consortium of private foundations has pledged between \$5 and \$6 million to the effort over three years. An interagency program council, whose members represent the seven principal agencies serving families and children in the state and private foundations, serves as the main policy making body. The goal is to integrate both the work and the funding of state agencies to facilitate the efforts at local sites; a significant reorganization of state agencies or the creation of new agencies is not within the scope of the initiative. Healthy Start grants provide school districts with "glue money," funds to link existing services rather than buy new ones. In 1991-92, the state appropriated \$20 million for Healthy

Start; in 1992-93, in the wake of a multibillion dollar state deficit, that funding was cut to \$15 million. Sixty-five operational grants and 182 planning grants have been awarded by the program since 1992. While the state is likely to continue funding Healthy Start, other sources — including local matches, foundation grants, and federal reimbursement to schools for providing Medicaid eligible services — are being explored for future financial support.

Colorado

Implementation by a cabinet council of a broad systems reform effort that grew from a two-year policy academy

The Governor's Families and Children Initiative grew out of earlier state efforts to provide early childhood services from a two-year Policy Academy on Families and Children at Risk, that was sponsored by the Council of Governors' Policy Advisors (an affiliate of the National Governors Association). A cabinet council, created by Governor Roy Romer's executive order in 1990, is charged with implementing a strategic plan to reform the child and family service system, as well as to restructure state departments to meet the plan's goals for family health and service efficiency. Comprised of the nine state agencies most involved with children and families, the cabinet can redeploy state resources and personnel to facilitate change. It also oversees planning and operational grants awarded to 11 local-level family centers. The centers offer a range of services at one site and are managed by interagency teams that must include at least two parents of children receiving services. The centers operate on pooled funds from state agencies and private foundations; an analysis of the prospects for long-term funding is currently being conducted.

New Mexico

Creation of a new children, youth, and families department consolidating child and family services in one agency

In 1992, New Mexico launched the new cabinet-level Children, Youth, and Families Department to consolidate most of the child and family services previously spread among several agencies. The affected services include foster care, child care, juvenile probation, family nutrition programs, shelter care, and the prevention and

treatment of substance abuse. The department is the first in the country dedicated to families and children that has a cabinet-level secretary. Creation of the new department reflected a desire shared by Governor Bruce King and the legislature to ensure that any systems changes they initiated would survive the transition to a new administration. The principal recommendation of the Task Force on Children and Families, following its year-long review of the state's system of child and family services, was that such a department be established. The department is charged with service delivery, coordination, and planning responsibilities. To ensure the continuity of state-level collaboration, the legislation creating the department mandated the establishment of an interagency coordinating group. The group, whose membership consists of the secretaries of the principal departments serving families and children, meets monthly to confer on policy and coordinate services. The total amount of state funding for child and family services increased when the new department was created. However, no set funding level has been established; the department's budget will be renegotiated each year. The department supports community-level initiatives, many of which receive foundation funding for improving and coordinating family services. While these initiatives are expected to expand over time, they are still, at this time, secondary mechanisms for achieving systems change.

West Virginia

A strong cabinet council facilitating local collaborations

In 1990, West Virginia's legislature established the Governor's Cabinet on Children and Families as part of a wide-ranging effort to improve the state's education and family service systems. The cabinet is chaired by Governor Gaston Caperton and is comprised of the heads of the principal state-level agencies serving children and families. Vested with strong powers, the cabinet's main role is to facilitate community efforts to create integrated service systems. The mechanisms available to the cabinet include decategorizing state budget funding and changing state rules that pose barriers to community collaborations. As part of the initiative, five family resource networks (family centers) have received implementation grants from the state in amounts ranging from \$100,000 to \$250,000;

five other networks have received smaller grants. The networks are run by local interagency and community governing boards; the cabinet provides them with technical assistance and support. While the state will continue to allocate operating funds for the initiative, the staff at local sites is encouraged to seek matching funds and in-kind contributions. A long-term funding analysis is underway.

III. SYSTEMS CHANGE: ISSUES AND CHALLENGES

As each of the four states has moved toward creating a coordinated and comprehensive system of child and family services, several key issues — and challenges — have arisen. These considerations, some of which are described in the following analysis, can be generalized to other states undertaking systems reform.

Issues

Instituting interagency collaborations. Collaboration — among agencies at the state level and among diverse community members at the local level — is the key to real systems reform and improved outcomes for children and families. Local collaborations through family centers that bring together parents, school officials, non-profit-service providers, family advocates, and representatives of businesses and county agencies are, in fact, an important means of achieving the systems reforms envisioned at the state level. How do interested parties actually go about creating collaborations? And, once achieved, how can those collaborations be sustained? Barriers need to be removed and incentives provided before the effort can begin. Concern with cost-effectiveness and citizen pressures for streamlining state bureaucracies often serve as strong incentives. Interagency collaboration — whether a cabinet council or a working group of agency heads — is mandated by the four state initiatives described here: certain people have to be at the table when policies and budgets for child and family services are being drawn up.

At the local level, collaborations among public and private agencies, schools, parents, and local government officials are required for state funding. Local-level collaboratives are also developing and managing multiservice family centers, built around community needs, and are working with state-level personnel to change regulations that impede interagency service coordination

and delivery. State agencies facilitate these collaborations by changing regulations and decategorizing funding (Harvard Family Research Project, 1993a:36). In a unique approach being used by the state of Oregon, each local family center is linked with a mentor in a state agency, who works closely with the community collaborative on strategies for integrating services.

Redefining the state's role. In the process of facilitating the reform of child and family service systems, many state governments are assuming an uncharacteristic role. No longer are agencies in state capitols setting policy and dictating procedures for local communities to follow. Their new roles as *facilitators* require that state agencies refrain from issuing orders and, instead, respond to communities' requests for technical assistance, funding waivers, or staff training. David Osborne (1992:16) points out that local governments were the first to recognize a new order in which institutions have to perform complex tasks in "competitive rapidly changing environments, with customers who want quality and choice." States are the support structures; communities are the change agents that determine how best to provide the services their children and families need. How can the state prepare itself for this role? Most of these changes are occurring gradually. In the meantime, efforts are underway to build support among agency administrators for the state's new functions.

Enlisting community support. This function is critical to the success of reform initiatives. Throughout the process of change, states reach out to communities, inform them of their plans, invite their reactions, and encourage them to take on leadership roles. Before finalizing their reform plans, each of the four states in this study held community forums in major cities to solicit community feedback. State-level policy documents for systems change are the final product of an evolutionary process incorporating community concerns, ideas, and strategies in a dialogue between state agencies and local collaborating partners. All four states initiating requests for proposals mandate that state-funded family support centers be managed by community collaborations. Cabinet councils (in West Virginia and Colorado) and a field office (in California) provide technical support and training to local-level collaboratives. Most of these services are free; all are supportive. Often, state-level advisory

commissions, like those in Colorado and New Mexico, are created to supplement the perspectives and expertise state agency heads bring to the process of planning systems reform. Many of these commissions include such nontraditional members as parents, child and family advocates, and local, nonprofit service providers; engaging these people in the planning process has the added benefit of enlisting their support for the restructuring efforts.

Building political will. It is critical to get legislatures to buy into reform efforts, most of which originate in the executive branch. Legislative approval is required in most states to set up new governance structures or change the role of existing agencies. How is this support gained? Mainly by hard work and the building of broad-based coalitions and alliances. Governors, interagency councils, and legislatures must work together on setting goals and implementation strategies. In West Virginia, for example, the initiative for systems change came from the governor and received strong support from the legislature. The appointment of Lyle Sattes, former head of the state's House Education Committee, to be director of the governor's Cabinet on Children and Families further solidified the links between the executive and legislative branches of state government, and modeled a collaboration essential to the restructuring process.

Gaining the support of agency staff for changes in job descriptions and duties. Many staff members resist changes that will affect the way they do their jobs. Changes resulting from the reform process may include reducing the number of cases a social worker will be responsible for, while, at the same time, increasing the worker's level of involvement with each family, or introducing case management to juvenile probation officers. Strong efforts to build support — before and during the process of systems change — are required to minimize staff resistance. An explicit goal written into New Mexico's mission statement for the Children, Youth, and Family Department is to create a work environment that values dedicated staff. Members of Colorado's cabinet council held briefings around the state to explain the Families and Children Initiative's goals to agency staff and managers and to get their

feedback. It is essential to inform agency staff members about changes that are planned, and mechanisms need to be established for soliciting their concerns and ideas on a regular basis.

Instituting systems of governance flexible enough to manage reform. In initiating systems changes, states must redefine the role agencies play and develop systems that build on existing strengths. Most states have chosen to give strong powers to interagency working groups or cabinet councils in order to facilitate collaboration across agencies and with communities. It is important to keep the membership of these commissions flexible so that new members can be added when appropriate or the size scaled back if a commission becomes unwieldy. Once they determine their goals, the commissions can make change happen quickly and effectively, due to the power and the interest of their members. A commission's functions will, in most cases, be transferred to line agencies once sufficient change has been effected. West Virginia's cabinet, for example, will eventually assume the role of advisor to local sites, stepping in to "govern" only when the local collaboratives seem unable to manage themselves.

Needs assessment and developing systems of accountability. How can states determine which services are working and which are inadequate? In what ways can state and local reform efforts be held accountable? Before launching reform efforts, states generally undertake a thorough needs assessment, carried out either by a task force appointed by the governor or by a private agency. State-level interagency councils also rely on agencies and advocates to compile quantitative and qualitative data on service delivery. Local collaboratives are strongly encouraged to make use of such data before they begin the process of service integration and expansion.

Building systems of accountability is an ongoing process. States require the staff at local sites to gather evaluative data and to provide progress reports on service system changes and family responses. However, it remains a challenge for states to ensure quality service provision by the staff at local sites at the same time that they are encouraging them to practice flexibility and control over programs and procedures. At the state level, the issue of accountability is still more complicated. Often, legislative committees, as in New Mexico's case, monitor the work of the agency (or

agencies) implementing reform. In other cases, the governor's office takes on the task. Methods for holding the state directly accountable for family and child indicators are not yet widely used.

Leadership. Who, why, how? Where should authority be situated? Many states, through cabinet councils and interagency working groups, confer leadership for systems change on a number of individuals. In these cases, turf issues can be minimized if decision making and the setting of goals are achieved collaboratively. In other states, the governor and first lady have played strong leadership roles. In Ohio, for example, if agency heads miss a Family and Children Initiative meeting, the governor calls them personally to find out why. In Colorado, Governor Roy Romer and First Lady Bea Romer campaigned around the state for the Families and Children Initiative. In New Mexico, Governor Bruce King presented reform of the child and family service system as the only major initiative in his 1991 state of the state address. Schools are often accorded leadership at the local level, although some states allocate responsibility for developing and managing family centers to a number and range of individuals. States also have to address the issue of second-generation leadership to make sure that reforms are sustained and fully supported by future administrations.

Challenges

In a 1992 General Accounting Office (GAO) report on federal, state, and local government efforts to integrate the delivery of health, educational, and social services to at-risk families, evaluators found that systems-oriented efforts had limited success. The report identified several deficiencies associated with the two initiatives studied by the GAO (Part H of the federal Individuals With Disabilities Act and the state Child Welfare Reform Initiative funded by the Annie E. Casey Foundation): the efforts failed to obtain and/or sustain the political support they needed from local and state policy makers; new organizational structures and multiagency service plans and budgets were, for the most part, impossible to achieve; and state and local agencies were reluctant to change traditional agency roles.

Leaders of new state initiatives need to be aware of the problems that may beset even the most carefully planned implementation efforts. They must identify strategies to overcome ongoing chal-

lenges — political, financial, and managerial — and anticipate obstacles. Managers of systems reform need to be problem finders rather than problem solvers (Bennis, 1993:xv). Warren Bennis (1993:xii) describes successful corporations of the 1990s in a way that is equally applicable to successful state agencies: “The organizations that thrive today are those that embrace change instead of trying to resist it. . . . [Rigid, pyramidal organizations] are doomed because they simply do not work, or more precisely, because they do not work fast enough.” Some of the most critical challenges to states initiating and managing change are as follows:

Sustainability. How can the outcomes of reform be sustained, both politically and financially? Many child and family systems reforms have failed to survive intact when a new administration, with its own set of priorities, succeeds the old (Council of Governors’ Policy Advisors, 1992:13, 44-45). A number of states have taken steps to protect reforms that have been instituted. New Mexico, for example, decided to institutionalize its systems change: the Children, Youth, and Families Department can be dissolved only by a legislative act. State strategies for ensuring long-term funding for systems change are often dependent on federal monies — either through decategorized funds (people funding, not problem funding) or reimbursements for Medicaid-eligible services. In order to stabilize funding prospects, a number of states are enlisting businesses and foundations in reform efforts. The Benedum Foundation, for example, gave West Virginia a \$300,000 grant to undertake an analysis of the funding streams for child and family services. Most states are also trying to cut their costs by eliminating duplicate services and providing more prevention programs that should, eventually, reduce the need for expensive interventions later. Nevertheless, funding remains a critical concern. At least two questions have yet to be answered: Can reform efforts be sustained without large infusions of new monies? And will a patchwork of funding result in efforts that are piecemeal, small-scale, and, ultimately, ineffective? (Farrow & Joe, 1992:56-57)

Sharing information across agencies. A host of federal and state confidentiality rules prevents many agencies that serve the same families from sharing data on those cases. In an effort to facilitate communication across agencies, a number of states, among them

Arkansas and West Virginia, are developing common intake forms for use by all state service providers. These forms would provide all social service programs with accurate and consistent information about family members and the services each is receiving. Such information would help track progress, eliminate prescriptions of duplicate services, and reduce the burden on families of filling out new forms each time they seek help. Confidentiality issues remain to be worked out, and the forms are being pilot tested before being placed in general use.

Another obstacle to sharing information across agencies is the inadequacy of most state data systems. "What's needed is a common data base at the state level," says one family support center worker. "For example, we don't even know how many kids we have that are Medicaid eligible in our school district who are plugged in somewhere to social services, plugged in somewhere to mental health services, and plugged in somewhere to a public medical care system." States are working to develop computer systems that can collect family data from all agencies for storage at a central site. Such data could then be retrieved as needed (and as confidentiality requirements allow). Yet questions remain: Will the lack or slow implementation of such information technology delay or derail systems reform? How much real integration can take place if agency records and funding streams cannot be coordinated quickly and cost-effectively?

Navigating federal rules and regulations. Federal funding often comes with strict requirements that specify who can be served and what interventions are covered. In order to facilitate the multiservice orientation of community family centers, states are trying to get more federal funds decategorized (Harvard Family Research Project, 1993a:37-38). They are also seeking access to Medicaid reimbursements, so that nontraditional sites delivering health services, such as family centers and schools, can receive this federal funding. States are also decategorizing many of their funds or pooling funding from various agencies to provide grants to local sites. But when and how will federal regulations be changed, and how will these changes affect system reform efforts? The new federal administration has declared its support for moving toward a profamily system of delivering social services and introducing

greater flexibility into federal regulations and guidelines (U.S. Department of Education and U.S. Department of Human Services, 1993:88). The administration is also likely to support decategorized funding (and perhaps even increased federal funding) that will be channeled through states, with the final uses determined at the community level. State and local pressure will be required to bring about these changes, and may even be welcomed (U.S. Department of Education and U.S. Department of Human Services, 1993:88).

Evaluating the results. As states implement major systems reforms and increasingly shift responsibility, decision making, and funding to communities, new forms of evaluating success, or at least progress, must be developed. State governments are beginning to measure agency performance in a new way — by outcomes, not inputs (Osborne, 1992:19). The four initiatives profiled here have adopted this method of evaluation. Still, there are clear and continuing challenges: What outcome measures for child and family well-being are appropriate? Who will define those outcomes? How can the outcomes be tied to agency accountability? It is incumbent upon the states to set up sound evaluation systems in order to satisfy skeptics as well as supporters of their reform initiatives (Weiss, 1988:3-4). While the four reform efforts profiled here are outcome-oriented, the operationalizing of benchmarks for measuring their impact is still being worked out. A new model of evaluation will likely emerge, one that combines quantitative indicators of family and child health (e.g., increased immunization rates, or reduced incidence of teen pregnancy) with expanded qualitative data.

Avoiding the creation of a parallel system. Initiatives being undertaken in California, Colorado, and West Virginia, and to a lesser extent the change efforts in New Mexico, are based on strategic alliances between local-level family support centers and state-level interagency collaboration. By funding family support centers, the states are offering a powerful incentive to providers of existing child and family services to coordinate their efforts. Yet the infusion of funds and the attendant interest could also result in the creation of a parallel system, where integrated family-focused services are delivered at schools or family centers, while more traditional social services continue to be provided by numerous state agencies at several locations. As part of the reform effort, many state agencies

have already pledged to move (co-locate) their services and staff to family centers. But it is not certain that these co-locations and collaborations will be implemented, or, if implemented, that they will be successful as management and service delivery strategies. Many systemwide reform efforts have failed in the past because agencies, staff, funds, and objectives were never truly integrated at the state level.

Showing that it's working. States are seeking ways to demonstrate to legislatures and taxpayers that systems change can be cost effective and can improve indicators of child and family health at the same time. This is often a difficult task, because many of the effects of changes undertaken in the service system now will not be apparent for years. For example, the impact of an early childhood education program may not be conclusively demonstrated until 10 years later when it can be shown that its graduates stay in school longer than other young people do. As Linda McCart of the National Governors Association says, "We don't know the answer to the question of what 'reinvented system' will work the best." Still, states are under pressure to demonstrate impact now, and support will be sustained only if there is some indication that reform is moving a state in the right direction. In response to this pressure, states must highlight whatever successes are currently demonstrable, such as a high level of interagency collaboration. They can also cite statistics showing how many more children and families receive services now that those services are centrally located in schools or family centers (Harvard Family Research Project, 1993b:31-32).

IV. DOCUMENTING THE PROGRESS SO FAR

Achieving the integration — fiscal and programmatic — of the work of state-level agencies, cabinet heads, the legislature, and the governor is a huge challenge in itself. Sustaining such change over the long term is even more problematic. Yet the four initiatives profiled here attest to the fact that real progress is being made. State agencies in Colorado are sharing resources to a degree that demonstrates that government can change the way it operates. In California, 65 Healthy Start sites offer a range of health and education services at schools or near them; a 14-member foundation consor-

tium is working out a plan to implement the model statewide. New Mexico has made children, family, and youth issues cabinet-level concerns and is promoting local family support initiatives and increased levels of interagency collaboration. And in West Virginia, family resource networks are becoming effective “one-stop shops” for family services; having fully funded five sites, the governor’s cabinet is providing technical assistance and training to at least 25 additional sites.

Reforming child and family services is an ongoing process. Ten years ago, Delaware established the Department of Children, Youth, and Their Families to consolidate a fragmented system of services. In early 1993, the newly appointed secretary of the department initiated a thorough program and management review that is expected to trigger substantial changes in the department’s operations and focus. Debate over implementing a family impact analysis — systematic criteria by which to evaluate family policy and the impact of program decisions on families — has been ongoing since the 1970s (for a detailed discussion see Ooms, 1993). It has finally become a formal part of a state’s reform efforts. Colorado’s governor will require that all state agencies and the Office of State Planning and Budgeting conduct family impact analyses of all new initiatives, policies, and rules.

Public and private efforts are also facilitating systems reform on the part of the states. Some of the incentives they have provided in recent years include private foundations’ funding of innovative state and local child/family programs; the federal government’s increasing willingness to decategorize funds distributed to the states for service provision; and the interest of state governors and the National Governors Association in fostering and supporting change. Since 1989, 17 states have participated in Policy Academies on Families and Children at Risk sponsored by the Council of Governors’ Policy Advisors. These sessions, attended by teams of state agency heads, foundations, and community members, provide states with guidance on how to draft and implement a plan for systems reform. While attending a policy academy is in no way a prerequisite for successful reform, it did help Colorado build a cohesive team that went on to draft a strategic plan for change that is at the heart of the Families and Children Initiative. New Mexico

officials, by contrast, decided not to participate in an academy, judging the two-year process as too long; they wanted to implement change more quickly.

V. FUTURE QUESTIONS

It is likely that state officials across the country, seeing the kinds of reform already initiated in some states, will decide to effect changes themselves, rather than be left with antiquated, fragmented, and ineffective service systems. Collaborative systems, like those being defined and implemented in California, West Virginia, Colorado, and New Mexico, have as their goals integrated services and objectives set jointly by agencies and communities. As more and more studies of successful collaborations are completed, some lessons have emerged about what works best to create and refine profamily systems. In a new publication, *Together We Can*, the U.S. Departments of Education and Health and Human Services (1993:16-17) defines the characteristics of initiatives that have successfully integrated the objectives and service potential of state agencies and local communities.

Viable systems are

- school-linked
- rooted in the community and closely connected to state government
- data driven
- financially pragmatic
- reliant on the use of collaboration to engage citizens in decisions about the social and economic well-being of the community's children, and to educate them about the needs of families and children
- adept at balancing the political and technical dimensions of systems change

This same publication also defines the stages of a successful collaboration. While the list that follows was crafted for local sites, it is also applicable to interagency efforts at the state level. Indeed, the four initiatives studied here have followed similar paths in establishing

collaborative change — each in its own way — although none has yet truly gone to scale (U.S. Departments of Education and Health and Human Services, 1993:16-17).

The process of change:

- Stage 1** Getting together
- Stage 2** Building trust
- Stage 3** Developing a strategic plan
- Stage 4** Taking action
- Stage 5** Going to scale

While the four state efforts profiled in this booklet provide sound models for other states' reform initiatives, many questions about reforming child and family service systems remain unanswered. Coalitions of federal, state, and local policy makers, agency administrators, family advocates, and community representatives need to address these questions in order, ultimately, to provide clear direction for systems change that will best meet the multiple needs of children and their families. The most important questions demanding further research, discussion, and debate include:

- How does the uncertainty of funding impact states' and communities' ability to develop strategies for long-term change and staff commitment? How does funding affect the viability of collaborations and the way people in state agencies perceive them?
- Foundations have played a key role in supporting institutional change at the state level, and in funding local family centers and services. How will states ensure long-term, sustainable funding beyond the first phase of reform when many foundation grants will end?
- What is the right time to launch a large-scale reform of family and child services? Are certain kinds of political and fiscal climates necessary? Whose support is key to facilitating reform?
- How can systems change be institutionalized? Are new institutions or agencies necessary? What conditions are essential to sustain change? How can states accomplish significant, lasting changes beyond the initial research and development phase of reform?

REINVENTING SYSTEMS

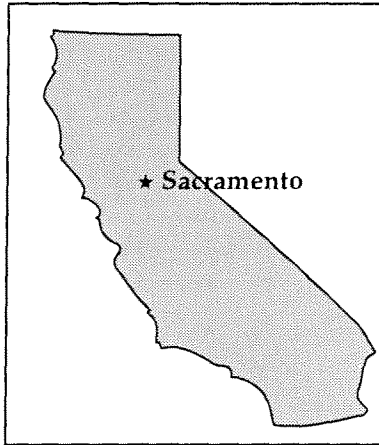
- In what ways can accountability systems be set up at the state and local levels? How can the impact of reform be measured? What are the indicators by which to judge success or failure? In what ways can and should the state monitor local initiatives?
- What role(s) should the state play once (and if) communities have developed strong and viable systems of local control?

Answers to these and other questions may become clear over the course of the next few years, in part through the experience of agencies, communities, parents, and children in California, Colorado, New Mexico, and West Virginia.

The four initiatives outlined in this book are not completed efforts or full-scale monuments to the success of reform; rather, they are works in progress, examples of new approaches to systems restructuring. The profiles that follow are intended to spur new thinking about humane and effective ways to reach children and their families. They identify strategies, obstacles, and opportunities, along with the kinds of resources that can be tapped at the state and local level. Service systems operate in the context of the society in which they are implemented. If they are to work, they need state- and community-level commitment to change, adequate resources, vision, hope, and a strong belief in the right of families and children to a sound system of comprehensive and integrated services.

CALIFORNIA

HEALTHY START A COMPREHENSIVE SCHOOL-LINKED INITIATIVE



Healthy Start sites have been funded in 52 California counties.

OVERVIEW

Healthy Start is California's first statewide effort to provide comprehensive support services for children and families at or near schools. In October 1991, Governor Pete Wilson signed into law the Healthy Start Support Services for Children Act, culminating a year-long, bipartisan effort to improve the state's support services for children and families. At the heart of the Healthy Start initiative is the development of collaborative, interagency efforts at the local and state levels to ensure that services are no longer fragmented, duplicative, or focused primarily on crisis intervention; the new focus will be prevention and support. Healthy Start is also a way to move from a categorical to an integrated approach to service

delivery; K-12 schools will be central to the process of restructuring service delivery. The initiative is coordinated by the state's Department of Education, with an interagency Healthy Start program council responsible for policy making. As part of a public-private partnership launched in 1992, a consortium of 14 California foundations has pledged \$2 million annually to the initiative, and representatives of the Foundation Consortium sit on the program council.

Under Healthy Start, schools — working in partnership with public agencies, private service providers, and parents — will grow into family and child centers that offer a range of health, mental health, and education support programs at or near a single location. Schools are not themselves expected to provide new services; rather, the expertise and resources of other agencies will be brought in. Not all services will be provided on site; integral to Healthy Start partnerships are systems for making referrals to community agencies when additional services are needed. Communities are to use state funding to refocus and integrate existing resources for children and families — particularly preventive services — rather than to “buy” new ones. Healthy Start grants are in essence “glue money” for funding the coordination of services and incorporating them at a central site.

The ultimate goals of the Healthy Start initiative are to make comprehensive and integrated school-linked services available statewide through a variety of program models and financing strategies, and to change the way agencies relate to each other both at the state policy-making and local implementation levels. The effort is large-scale: in 1991-92, the state allocated \$20 million to Healthy Start that funded 40 operational and 110 planning grants. About \$15 million was awarded by the state for Healthy Start initiatives in 1992-93, from which 25 new operational and 72 new planning grants were made. In addition, the Foundation Consortium will provide between \$5 and \$6 million for Healthy Start through 1995.

ORIGINS

In the mid 1980s, in response to declining indicators of children's social, physical, and mental health, California policy makers began working on initiatives that would address the developmental needs

of children in a holistic way. A consensus was growing at the state and community levels among legislators, agency heads, and children's advocates that, without early intervention and family support programs, children would experience substandard levels of health and well-being as they grew older.

The state proceeded to fund several programs that stressed the importance of community and family involvement in — and responsibility for — children's development. Then in 1987, the legislature appropriated \$3.9 million to the state Department of Education to establish pilot Parents as Teachers programs in five school districts. In 1989, Senate Bill 997, the Presley-Brown Interagency Children's Service Act of 1989, was passed, authorizing counties to set up interagency children and youth service councils. The goal was to encourage the local development of comprehensive and collaborative delivery systems for child and youth services. Once they established these systems, the councils could then apply to the state for waivers of regulations that impeded coordination of services; they could also enter into agreements with the state to integrate existing categorical programs in order to serve children with multiple needs more effectively. Also in 1989, the California Department of Education launched the Healthy Kids, Healthy California program to promote school/community collaborations on developing comprehensive health programs.

Drawing on these antecedents and extending the initial efforts to restructure the state's service delivery system, the legislature enacted Senate Bill 620, the Healthy Start act, written by state senator Robert Presley, in 1991. The legislation established the Healthy Start Support Services for Children Program Council, better known as the Principals Group, to facilitate the integration of children's services and to promote interagency coordination and collaboration among state agencies.

The Principals Group members are drawn from the state's leading child and family serving agencies:

- the Superintendent of Public Instruction (Department of Education)
- the Secretary of Child Development and Education (the governor's office)
- the Secretary of Health and Welfare
- the directors of the Departments of Social Services, Mental Health, Health Services, and Drug and Alcohol Programs
- representatives of the Foundation Consortium

The 14 current members of the Foundation Consortium are:

- the Arco Foundation
- the California Wellness Foundation
- the Walter S. Johnson Foundation
- the Fleischhacker Foundation
- the Walter and Elise Haas Fund
- the William Randolph Hearst Foundation
- the Hewlett Foundation
- the Walter S. Johnson Foundation
- the Henry J. Kaiser Family Foundation
- the Marin Community Foundation
- the San Diego Community Foundation
- the San Francisco Foundation
- the Sierra Health Foundation
- the Stuart Foundations
- the Zellerbach Family Fund

GOALS

Healthy Start seeks to provide significant, prevention-oriented assistance through systems of integrated service delivery at or near school sites throughout the state. Its goals include the following:

Family goals

- to help parents use existing service systems, advocate for the needs of their children, and work toward meeting their own needs
- to enable a child or family member to receive assistance for health and social problems through a unified system of on-site case management and referrals

Service system goals

- to create a service system that is prevention-focused instead of remedial
- to change schools' orientation to family service by establishing within them a holistic system of family-focused interventions
- to effect changes in participating agencies, schools, and communities that reduce service fragmentation and result in more effective collaborations at the local, county, and state levels
- to institute a community planning process in which parents, teachers, and students work with community service-providing agencies
- to build a statewide school-linked service system that cuts across disciplines and agencies and integrates state and local resources

KEY EVENTS IN THE PLANNING PROCESS

Healthy Start legislation becomes law

Building on the legislation passed in 1989 to promote the integration of education and health services, in October 1991 Governor Wilson signed into law Senate Bill 620, the Healthy Start Support Services for Children Act. The act authorized \$20 million in planning and operation grant funding for local school districts and county offices of education to set up coordinated services for children and families at or near school sites. The interagency Principals Group was also established by the legislation.

Public-private partnership entered

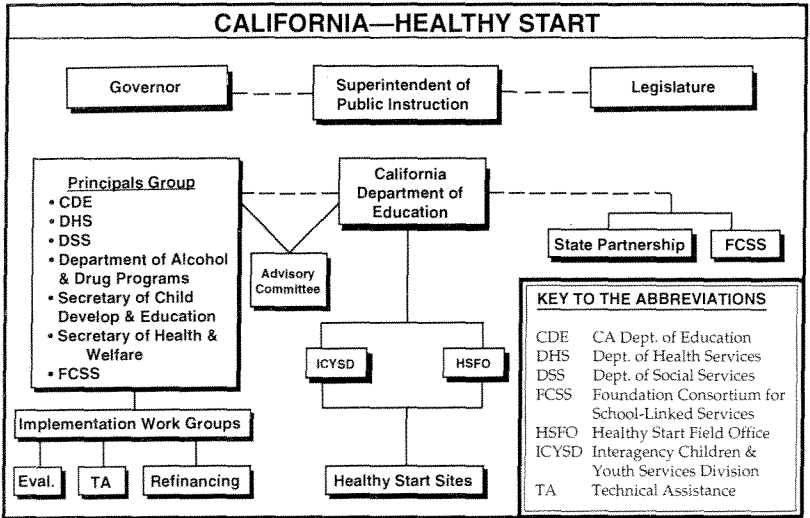
In January 1992, Healthy Start became a public-private partnership between the governor, the Superintendent of Public Instruction (Department of Education), the Department of Health Services, and an eight-member foundation consortium. Since its founding, the consortium has expanded and now includes 14 members. The goals of the partnership, which is called the Comprehensive Integrated School-Linked Services Initiative (CISLS), are to

- oversee implementation of the Healthy Start Act
- design and implement stable funding mechanisms to sustain and expand Healthy Start models statewide
- work toward statewide systems change

Representatives from the Foundation Consortium sit on the Healthy Start Program Council and on three Healthy Start implementation subcommittees.

TIME LINE

- 1989** Senate Bill 997, the Presley-Brown Interagency Children's Service Act of 1989, is passed, authorizing the establishment of countywide interagency children and youth service councils. In addition, the Healthy Kids, Healthy California program is launched by the Department of Education.
- 1991**
- October** The Healthy Start Support Services for Children Act is signed into law by Governor Pete Wilson; \$20 million is appropriated for planning and operational grants.
- 1992**
- January** A public-private partnership is established to expand Healthy Start. The partnership includes the governor, officials from the state Department of Education and the Department of Health Services, and representatives of the eight private foundations that comprise the Foundation Consortium.
- June** Forty operational and 110 planning grants are awarded in the first round of Healthy Start funding.
- 1993**
- April** The local education agencies' Medi-Cal billing option is approved by the Federal Health Care Financing Administration. Schools will now receive federal reimbursement for services they provide. Billing will begin in the summer of 1993.
- May** Twenty-five new operational grants and 72 new planning grants are awarded in the second round of Healthy Start funding; 19 of the operational grants are awarded to sites that had received planning grants.



GOVERNANCE

The Department of Education has the lead responsibility for Healthy Start program implementation and policy development. Governance of the initiative is carried out by two other entities: the Healthy Start Program Council, known as the Principals Group, and the Advisory Group. The ultimate goal of the Principals Group is to develop a strategic plan for establishing a statewide, comprehensive school-linked service system. The group serves in an advisory capacity to the Department of Education and gives policy direction on administrative, legal, and legislative issues, directs staff and projects, and provides direction and advocacy.

At a second level is the Advisory Group, comprised of senior staff members of the state officials in the Principals Group, field representatives, and foundation partners. The Advisory Group provides recommendations to the Principals Group on strategic planning and new state policies. It also offers support for project activities, assists in evaluating Healthy Start grant proposals, and provides technical assistance to local sites during the implementation process. In addition, three subcommittees — the Implementers Group — work

on specific issues: developing an evaluation system to measure systems change and child and family outcomes; establishing a system for providing technical assistance; and designing financing strategies that will permit more flexible use of categorical funds, better use of existing funding streams, and the pooling of funding sources. These subcommittees are staffed by Advisory Group members, state agency staff, Foundation Consortium representatives, and local school personnel.

To oversee local sites funded by Healthy Start, the Interagency Children and Youth Services Division was established within the state Department of Education. This office is charged with helping local educational agencies, state and local human services agencies, and community-based organizations collaborate on the restructuring and coordination of services.

In order to further facilitate local efforts, the Department of Education established a Healthy Start field office at the University of California, Davis. This office provides guidance, technical assistance, and support to school districts and their collaborative partners. It also serves as a resource center and clearinghouse for information related to the delivery of interagency children's services.

INTERAGENCY COORDINATION

Healthy Start's broad mandate will be facilitated by coordination between agencies at both the state and local levels.

At the state level: the Principals Group

Members of the Principals Group will work to integrate the functions and funding priorities of state agencies. Neither significant reorganization of existing agencies nor the creation of new agencies at the state level is anticipated.

At the local level: advisory boards

At the local level, the Healthy Start initiative requires significant collaborative efforts among health and human service agencies, schools, school districts, county offices of education, city and county governments, existing children's councils and networks, and other public and private agencies. No one agency, or school, will have full responsibility for program administration. Instead, all partners will be assigned joint responsibility for various aspects of the Healthy Start program. No new program can be started at the local level

without the participation of existing programs. This policy, mandated by the state, seeks to ensure that all effective resources will be fully utilized before new programs are added.

Local collaboratives engaged in program planning and management activities are encouraged to include groups and agencies, like the following, that represent a range of perspectives on child and family issues:

- county departments of health, mental health, and social services
- juvenile courts, probation departments, and local law enforcement agencies
- drug and alcohol programs
- child care agencies
- housing and transportation authorities
- local recreation departments
- non-profit service providers
- community colleges and universities

FUNDING

Funding for Healthy Start comes from state general fund appropriations. As far as possible, state categorical programs will be decentralized and integrated locally. Thus, funds that would have been used to operate more traditional programs will be reallocated to the new initiative. One of the goals of the Principals Group is to design stable, long-term funding mechanisms for Healthy Start.

Currently, Healthy Start planning grants are available for a one- or two-year period for a maximum of \$50,000. Operational grants, for establishing a Healthy Start program, are awarded for a three-year period and a maximum of \$300,000, plus a one-time start-up grant of \$100,000 (for a \$400,000 total). The legislation stipulates that the funds be used to redirect or relocate existing services, rather than to purchase new ones.

The governor has committed funding to Healthy Start sites for three years, 1991-92 through 1993-94, and is likely to advocate for continued funding beyond that time. The Department of Education will continue to seek state dollars for extending the program to new grant sites. Sources of funding, besides state resources, include:

Local-level matches

A primary goal of the Healthy Start legislation is for local sites to develop sources of permanent funds as alternatives to state funding. In applying for state funds, the staff at a local site must submit a three-year plan detailing how it will reduce or end the program's reliance on Healthy Start state funds for direct service delivery. At least 25 percent of a site's budget support is required to come from local matching funds from the outset. Matches from collaboration partners (agencies other than schools) are acceptable and may take the form of cash or in-kind local services and resources. In addition, local sites are eligible for grants from state-funded initiatives, such as programs for the provision of health care and social services.

Foundation funding

The Foundation Consortium has pledged funding for Healthy Start for three years, through 1993-94, at a level of about \$2 million annually. This supplementary funding covers expanded technical assistance services, collaboration activities, and evaluation.

Medi-Cal

In April 1993, the federal Health Care Financing Administration (HCFA) approved California's request for permission to reimburse local education agencies (schools) for services provided to students eligible for Medi-Cal (the state's Medicaid program). By billing services to Medi-Cal, schools will be reimbursed for 50 percent of their costs. This is an entirely new source of revenue — not a substitute for existing state or other federal funds — since most of the schools' full costs are already covered by state funds.

The state expects to receive about \$45 million annually from federal reimbursement for services provided to its special education population. School officials, with their collaborative partners (community and county service providers), can decide which family health and support services to invest the Medi-Cal funds in. The Medi-Cal billing option is being pilot-tested in two large school districts.

Coordinated budgeting for services among agencies that serve children and families has not yet taken place at the state level. Coordinated budgeting among state agencies is anticipated in the near future.

EVALUATION

Through its partnership with the Foundation Consortium, the Department of Education has contracted with a private agency to conduct a full evaluation of the Healthy Start initiative at the state agency and local implementation levels. This evaluation will be completed in June 1994 and will measure improvements in service delivery systems and student and family outcomes, along with progress in effecting the related systems changes. Outcomes for students and their families will be measured in three specific areas: school attendance and performance; physical and social health; and family functioning.

The evaluations contractor and the Healthy Start field office will provide technical assistance to help set up systems of evaluation at local sites. Currently, the staff at those sites is required to provide the Superintendent of Public Instruction, the Secretary of Child Development and Education, and the Secretary of Health and Welfare with regular evaluations that report on

- the school's ability to achieve stated goals
- problems encountered/recommendations for improving service delivery
- the degree of collaboration among participating agencies
- school retention and achievement rates
- client and practitioner satisfaction
- the utilization of outside agency services and funding sources

Ongoing, day-to-day self-evaluation by the staff at local sites is a critical component of the overall evaluation system. Preliminary data gathered from Healthy Start programs in 1993 show insufficient services to meet basic needs, such as food, clothing, and housing at some sites and inadequate services to help families at other sites deal with violence.

LOCAL-LEVEL IMPLEMENTATION

Healthy Start centers are designed to build collaborative, inter-agency decision making, with schools transformed into one-stop shops for delivering improved child and family health and developmental services. Identifying service to low-income children as a priority, Healthy Start legislation requires that 90 percent of grants go to schools where 50 percent of students are from families that

receive AFDC, have limited English proficiency, or are eligible to receive free or reduced-price school meals. Ten percent of the grants may go to schools that do not satisfy these criteria, so long as the schools' programs show evidence of strong local collaborations or other student needs.

With Healthy Start, local collaboratives can go beyond co-locating specific services; they will be equipped to build problem-solving partnerships that focus on meeting the total needs of students and families. Service provision will be based on an individualized, goal-oriented plan, developed under the supervision of a case manager. Case managers will make referrals as needed and will follow each family's progress. Services will be available to all children, regardless of income, but priority will be given to low-income children and their families.

Each Healthy Start program must provide a minimum of four support services to students and their families. Among the range of services that may be provided are

- Health: immunizations, physical exams, prenatal care, and nutrition education
- Mental health: crisis intervention, support groups, and referrals
- Substance abuse prevention and treatment
- Basic needs: clothing, food, housing, emergency funds, and transportation
- Legal services: advocacy, counseling, and attorney services
- Family support and parenting education: child abuse prevention and teen parenting programs
- Parent education: job search skills, and family and individual health advice
- Academic support: tutoring and mentoring
- Youth development services: employment development, recreation, and community service internships
- Counseling: family counseling, and teen violence and suicide prevention
- Entitlement services: assistance with paperwork and filing forms
- Other services including child care, probation, and services for foster children

Before setting up services, the staff at local sites must conduct a thorough needs assessment. They are encouraged to draw from survey data on child and family health collected by public and private agencies that work with youth and families in the community. School personnel — teachers, counselors, nurses, psychologists, and social workers — are another invaluable source of information for the planning process. So, too, are interviews with parents, guardians, and students; they provide first-hand data on what family members' needs are and what services they would like to see established or expanded. If a local site is already equipped for the operation of a Healthy Start program, the staff is not required to go through the planning phase. Instead, it may apply for a Healthy Start operational grant to begin or expand a service delivery system.

REFLECTIONS

Jane Henderson, Assistant Superintendent, Interagency Children and Youth Services Division:

“This is brand new territory for us. Our approach has to be top-down and bottom-up at the same time. We need to foster and support local independent problem solving. We allow local Healthy Start sites to develop their own priorities and set their own outcomes. California is so diverse that this approach makes sense: the state has 58 counties and 1,300 school districts.

“At the state level, too, we need to collaborate, to model collaborative decision making and understand the problems local sites have in collaborating. Healthy Start brings people together. But the state needs to take a leadership role in providing technical assistance to help them understand how to blend funding streams, develop common intake/eligibility forms, and develop outcome driven budgets and programs. We need to allow for waivers on policies and regulations that impede collaboration.

“At both the state and local level, families need to make decisions about what Healthy Start should look like. Family involvement is important in real ways; it's more than just providing them with services. As things too often stand now, professionals make policy decisions sitting around a table, without consulting and working with the families involved.

“In the future I would like every school district in the state to be a Healthy Start district. But it’s not likely that the resources will be there for every needy school to receive a Healthy Start grant. The hope is that local collaboratives can learn from one another, and can find and tap into new funding streams. With Healthy Start, we try to fund models which use existing resources differently and more effectively, which are based on outcomes and program effectiveness.”

For more information, contact:

Dr. Jane Henderson, Assistant Superintendent
Interagency Children and Youth Services Division
California Department of Education
721 Capitol Mall, Room 556; Sacramento, CA 95814
TEL: (916) 657-3558; FAX: (916) 657-4611

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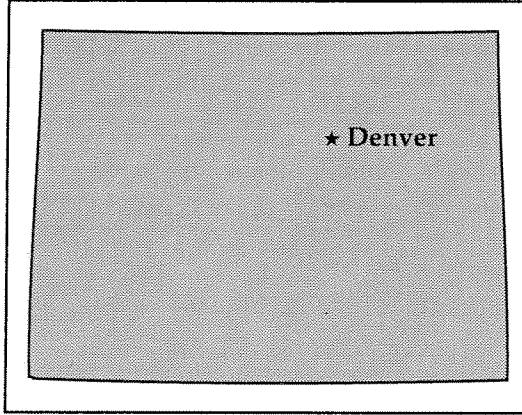
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COLORADO

THE GOVERNOR'S FAMILIES AND CHILDREN INITIATIVE



Family Resource Centers have been funded in six Colorado counties.

OVERVIEW

In 1990, Colorado produced a strategic plan to reform the state's fragmented system of services for children and families. Out of the plan grew the Governor's Families and Children Initiative, which offers a vision and blueprint for fundamentally restructuring the way agencies — health, education, social services, and others — serve families. The initiative is designed to create a service delivery system that is oriented to prevention and early intervention and is integrated across agencies at the state, county, and community levels — correcting the current lack of coordination and emphasis on services for crisis situations. It represents a shift in thinking that views families as *units*, rather than groups of individuals, and as partners in the provision of services and the shaping of new interventions. A central goal of the initiative is ensuring that communities, families, and the staff of service delivery agencies have

maximum input on systems change. The main vehicle for implementing the Governor's Families and Children Initiative are neighborhood-based, community-managed family centers that incorporate a range of child and family services at one site.

A cabinet council comprised of the directors of the nine state agencies concerned with children and families is the main implementing body for the initiative. Governor Roy Romer has charged the council with restructuring the functions of state departments to meet the goals for systems change; the council has the authority to redeploy state resources and personnel for this purpose. The state-level Commission on Families and Children, comprised of state employees, business representatives, elected officials, and parents, serves as an advisory body to the Governor and the cabinet.

ORIGINS

Colorado was hit hard by recession in the mid- to late-1980s. State-wide surveys show indicators of family health declining as a result, while unemployment, teen pregnancy, drug abuse, and school dropout rates are on the rise. Unemployment and low-wage jobs have left many of the state's families without enough money for adequate housing, health care, or child care. Children in these families are at greater risk of dropping out of school, getting pregnant as teenagers, using drugs, or engaging in crime. Measures have been taken by the governor's office and state agencies to improve early childhood care and education, K-12 education, and pre-natal and delivery care, and to address the related problems of drug abuse, teen pregnancy, and homelessness. Local governments and the private sector have also launched programs for children and families at risk.

First Impressions, the governor's initiative on early childhood launched in 1987, provided a strong foundation for the creation of the Governor's Families and Children Initiative. Determined outreach by First Impressions staff, spearheaded by First Lady Bea Romer, raised awareness around the state about the importance of the early childhood years. A series of community forums around the state sponsored by First Impressions helped create a basis of support for state action to improve child and family services.

In the fall of 1989, Colorado was one of 10 states selected to participate in a two-year Policy Academy on Families and Children at Risk, sponsored by the Council of Governors' Policy Advisors (an affiliate of the National Governors Association). The policy academy was designed to help states develop a family-focused strategic plan that would create a service delivery system integrated across agencies and oriented toward prevention, early intervention, and family self-sufficiency. To ensure that a breadth of perspectives and expertise was represented, Governor Romer and his top advisors included on the policy academy team people from outside state government, such as representatives of local governments and the private sector.

Colorado's policy academy team was comprised of:

- First Lady Bea Romer
- the deputy director of the Governor's Policy Office
- the director of First Impressions
- the executive directors of the Departments of Social Services, Institutions, Health, Education, and deputies to each department head
- the deputy director of the Department of Local Affairs
- the director of Children's Services at the Denver Department of Social Services
- the chairperson of the Hunt Alternatives Fund, a private foundation¹

¹ The chairperson of the Hunt Alternatives Fund was selected to participate because of the fund's history of working on children's issues and reform of child and family service delivery systems.

GOALS

Nine goals for policy change included in the strategic plan for children and families form the basis of the Governor's Families and Children Initiative. These goals address the problems in Colorado's existing service delivery system, and provide benchmarks to guide the state's systems reform. The goals are

- to create a vision for the welfare of Colorado families and children that is shared by all segments of society — government, private sector, nonprofits, advocates, and the general public
- to ensure that all family- and child-related policies, statutes, rules, regulations, practices, procedures, and legislation are consistent with the standards determined by the initiative
- to establish service delivery options that engage families and children in choosing among the available options for prevention and treatment services
- to ensure that efforts to prevent problems begin as early as possible in order to maximize benefits to society and its families and children
- to integrate and prioritize state planning and budgeting to achieve a coordinated service delivery system for families and children
- to establish communities as the focus of planning and delivery for children and families, and to provide services in environments most likely to maintain families' connection to the community, such as schools or family support centers
- to ensure a more coordinated and efficient service delivery system by establishing a single point of entry for access to services
- to implement a state accountability system based on key outcome indicators for children and families
- to develop a human service workforce with the skills and knowledge to help families and children increase their capacity to function in a productive and healthy manner

KEY EVENTS IN THE PLANNING PROCESS

Strategic plan drafted

After the policy academy concluded in 1990, Colorado's team of 14 policy makers, department heads, and representatives of local government and foundations drafted the state's strategic plan. Working with the state's official team was a resource group of 40 people representing local government, child advocacy groups, private non-profit service providers, churches, businesses, foundations, and state government. The planners researched other states' restructuring initiatives, giving particular attention to studies of their decategorization efforts and partnerships for delivering child and family services. The plan was completed in September 1990. One of its recommendations was that the governor establish a state-level commission on families and children to coordinate the plan's implementation.

State-level commission and cabinet council formed

In October 1990, Governor Romer simultaneously created the Commission on Families and Children and a cabinet council to carry out implementation of the strategic plan. The commission's 30 members are appointed by the governor and include directors of the Departments of Social Services, Institutions, Health, and Education, and directors of the Governor's Job Training Office, Office of State Planning and Budgeting, and the Colorado Commission on Higher Education, along with state legislators, local government officials, child and family advocates, service providers, the private sector, and families that interact with local and state service systems. The commission is bipartisan and members are appointed by the governor, with attention to cultural, geographic, and gender diversity. First Lady Bea Romer co-chaired the commission during its early capacity-building phase. The commission advises the governor on programs and policies affecting family and children. Its mandate is to:

- find ways of linking different programs and agencies to avoid duplication
- develop program budgets that ensure that state funds are spent effectively

- coordinate services more closely
- facilitate service delivery at the local level

The cabinet council was established as an offshoot of the commission to help remove barriers to state funding and service allocation that will facilitate systems change.

The council is comprised of the cabinet heads of the nine agencies concerned with children and families:

- Department of Social Services
- Department of Institutions
- Department of Health
- Department of Education
- Department of Labor and Employment
- Department of Corrections
- Governor's Job Training Office
- Office of State Planning and Budgeting
- Commission of Higher Education

The work of the commission and the cabinet council are integrated: the council's work plan parallels that of the commission, and council and commission members serve together on subcommittees that are charged with developing the key mechanisms for implementing the strategic plan. The policy academy team sought information on optimal methods of governance from officials in 32 states before deciding on this system. The goal of the new structure is to transform a rigid, hierarchical system into a collaborative and flexible governing body.

Regional forums held to gather feedback

During the summer of 1991, a series of seven regional forums were held around the state to generate dialogue about the strategic plan's vision for Colorado children and families and the changes needed in

government and communities to transform that vision into a reality. Governor and Mrs. Romer, commission members, legislators, and state cabinet officers participated in these meetings, as did more than 1,200 citizens. The forums were sponsored by the Public Service Company of Colorado, the Colorado Children's Campaign, and the governor's office. Local planning committees comprised of locally elected officials, business representatives, human service providers, and private citizens planned the meetings at each site.

Gaining the support of government employees and acquiring funds

While the community forums were taking place, a parallel effort was underway to win government employees' support for the plan: members of the cabinet council held briefings for their staff; the strategic plan was explained to local government employees at 10 meetings around the state; and a meeting was held in Denver for top level state agency personnel. The briefings were useful both in gathering support for systems change and in laying the groundwork for pooling agencies' financial resources. A total of \$195,000 from state agencies' discretionary funds and federal block grants was obtained for planning grants that enabled communities to begin developing the neighborhood-based family centers recommended by the plan. This funding pool resulted from individual meetings among agency officials and from the personal efforts of cabinet department heads.

Local-level implementation

In late summer 1991, a subcommittee of the Commission on Families and Children was formed to begin fleshing out the concept of the family center. More than 25 people served on this development committee, including commission members, legislators, and state service agency representatives. Drawing on community feedback, the group created a blueprint for managing family centers and identifying the services they should provide. It issued an RFP inviting local communities to apply for planning grants. Eight communities received such grants in 1992 and began to address the issues of universal inclusion, community governance, refinancing, and confidentiality that are critical to the state's vision of a successful family center. Four of the communities have since received full

implementation grants to establish family centers; three others have received partial grants; and four new family center planning grants were awarded in March 1993.

Public-private partnerships

Private foundations helped plan and fund the restructured service delivery system recommended by First Impressions administrators, the policy academy team, and the Commission on Families and Children. Business and advocacy groups funded public forums on systems change, and several of their staff members were included on the policy academy team and the resource group that helped develop the strategic plan.

Foundation support has also helped the state move forward faster than it could have otherwise. One crucial role foundations played was to provide the governor's office with funding for two full-time staff members to work on developing policy, programs, and implementing strategies for the Governor's Families and Children Initiative.

Legislative action

Legislation is required for the constitutional changes and restructuring of state-level social service department that will be necessary to implement fully the Governor's Families and Children Initiative. Earlier restructuring bills were defeated by the legislature — in 1991 because of the opposition of conservative legislators, and in 1992 because they were introduced too late. However, Senate Bill 131, the Family Center bill, was passed by both houses of the legislature and was signed into law by Governor Romer in June 1993. Some family center grants were disbursed prior to passage of this bill, despite the lack of formal authorizing legislation.

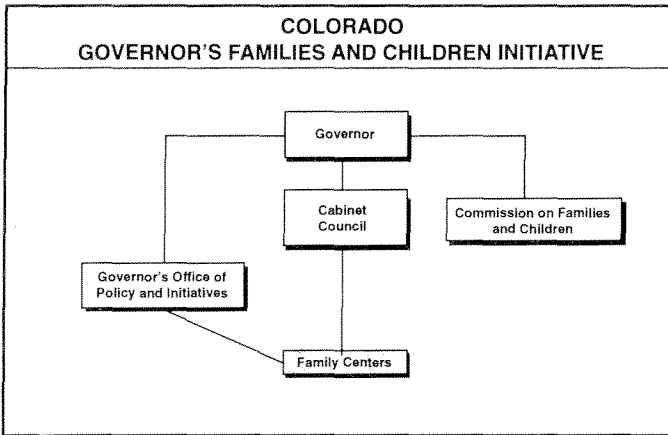
TIME LINE	
1987	The First Impressions program is launched to focus state resources on early childhood needs. Its outreach efforts lay a foundation for the systems restructuring envisioned in the strategic plan for children and families.
1989	Colorado is one of 10 states chosen to attend a Policy Academies on Families and Children at Risk sponsored by the National Governors Association.
1990 September	The strategic plan for Colorado's families and children is made public. Its objectives include systems restructuring, streamlining existing programs to avoid duplication, focusing on prevention, and empowering communities to make decisions about services.
1990 October	By executive order, Governor Romer creates the Commission on Families and Children and a cabinet council to oversee implementation of the state's strategic plan.
1991 June to August	Seven regional public forums are held to get feedback from communities and parents on the strategic plan and the services they need. An employee education effort is also undertaken to introduce state agency staff and local level employees to the proposed systems restructuring.

1991 The legislature establishes a task force on family issues, comprised of legislators, members of the executive branch, and private citizens. Its mandate is to review the work of the Commission on Families and Children.

1992
February An RFP is issued for family center planning grants to be funded with \$195,000 pooled by state agencies. Eight communities are selected to receive the first grants.

1993
March State agencies commit \$1.5 million to fund the implementation of family center plans. Four of the eight communities that received planning grants receive full implementation grants; three receive partial grants. Four new planning grants are also awarded.

June Senate Bill 131, the Family Center bill, is passed by both houses of the legislature and signed into law by Governor Romer.



GOVERNANCE

The cabinet council serves as the steering group for the restructuring of child and family services. Feedback is integral to the process of change; the council regularly meets with agency staff members to discuss problems and barriers to collaboration, as well as to offer ways for improving service delivery. In order to avoid interagency turf conflicts, the council uses a collaborative decision-making model, ensuring that consensus is reached on each issue. As the council's work progresses, a new division, or office of children and families, will likely be created by the governor to implement all the components of the state's strategic plan.

The Commission on Families and Children works, on another level, to advise the governor and the cabinet on the development of policies and programs for families and children.

A third level of governance is the governor's office itself, which — through the Governor's Families and Children Initiatives Team (located in the Office of Policy and Initiatives) — is responsible for staffing both the cabinet council and the commission. Most of the new state initiatives for children and families are directed by the governor's Office of Policy and Initiatives.

INTERAGENCY COORDINATION

Interagency collaboration was promoted from the start of the initiative through extensive outreach on the part of the governor, the policy academy team, and the task force implementing the First Impressions program. Then, it was institutionalized with the creation of the Commission on Families and Children and the cabinet council. Regular meetings of these bodies ensure that key people representing agencies with often disparate interests work together to plan and implement a coordinated service delivery system. Use of a shared decision-making process facilitates agency proposals for restructuring state agencies and the system serving children and families.

FUNDING

Funding for the family centers comes principally from a collaborative partnership of the following agencies that receive federal funds which they control: the governor's office, Colorado Department of Education, Colorado Department of Social Services, Colorado Department of Health, Colorado Department of Public Safety, Governor's Job Training Office, and Communities for a Drug-Free Colorado. Supplementary funds have come from the Ford Foundation and the Colorado Trust, as well as corporations and other private foundations. In fiscal year 1991, a total of \$195,000 was available for eight family center planning grants; the maximum grant that was awarded to a single site was \$30,000. Several state agencies have committed \$1.5 million to fund the implementation of family center plans, while other agencies have made commitments to move existing services to the family centers once they are operational.

The cabinet council is exploring ways of pooling funds to pay for child and family services and is studying other alternatives, such as the following, for increasing long term funding to these programs:

- cutting costs by restructuring services to eliminate duplication
- providing capitated block grants to communities to fund family and children's services, with a cost cutting incentive that allows a locality to retain any surplus funds and reinvest them in prevention and early intervention programs

REINVENTING SYSTEMS

- increasing prevention programs that result in a reduced need for services later on
- shifting funding from state to federal dollars by decategorizing and redefining eligible populations and services

EVALUATION

A two-year evaluation project, conducted at both the state and local levels, will assess the effectiveness of family centers in integrating services and programs for families and children. In the first year, a process evaluation will measure the degree to which the centers have improved outcomes for systems. In the second year, the project will assess improvements in outcomes for children and families.

The first year's evaluation will seek to answer the following questions:

- How effective was the planning process in producing a realistic plan for a neighborhood family center?
- At what level of governance is the implementation plan accomplishing the collaborative/integrated service delivery goals set by the state and local family center planning teams?
- How are members of the planning team involved in the implementation plan and in what ways are they supportive of the plan and the existing governance structure?
- How are the plans and activities of the local family center supported and enabled by local and state government agencies?

At the service delivery level, this evaluation will

- assess the planning process and the level of state-local collaborations, and will identify strengths and weaknesses in the early implementation of family center plans
- measure whether services are reaching the intended target populations
- document the changes in relationships between front-line workers and families resulting from collaboration.

At the system level, the evaluation will

- assess the collaboration process and the effectiveness of the collaborative governance structure

- measure ways in which partners are upholding interagency agreements, sharing resources, and putting new patterns of service delivery in place
- document the process by which partners identify and address systems-level barriers
- report what other changes collaboration has produced within and across agencies.

Outcomes for children and families will be evaluated in the second year. In addition to the evaluation, achievements will be measured by an outcome-based accountability system that is being developed for use by all state programs serving families and children; central to this effort is using the same outcome measures at the state and local levels.

LOCAL-LEVEL IMPLEMENTATION

Family centers will implement at the local level the kinds of changes in state-level systems envisioned by the Commission on Families and Children and the cabinet council. The centers provide comprehensive and integrated community-based services at one site to families defined as at risk. Family centers are charged with redirecting state systems of service delivery, including education, human services, and economic assistance, in order to increase a family's capacity to become and remain self-sufficient. Family centers house a range of programs and services that include the following:

- early childhood education
- child care
- basic health services
- parenting classes
- teen pregnancy prevention
- family literacy
- job training
- comprehensive health education
- home visits

Each community's family center team must include the superintendent of schools or a school principal; directors of county social services and health departments; a local elected official, such as a county legislator or mayor; a representative of the business commu-

nity; a local service provider; and at least two parents. These teams are required to devise a cultural sensitivity plan for management of their centers and development of programs, and are encouraged to include minority individuals and parents of at-risk families as members of the planning committees. The teams have primary responsibility for articulating a vision for the centers, and will be accorded maximum flexibility in developing the centers' governing structure and service delivery systems.

The oversight of family centers and the provision of ongoing technical assistance are coordinated by the Governor's Policy and Initiatives Office, under the guidance of the Commission on Families and Children. The cabinet council provides technical assistance and training to the centers, at no cost whenever possible.

REFLECTIONS

Donna Garnett, Deputy Director, Governor's Policy and Initiatives Office:

"We learned that process is critical. Things don't work very well from the top down in Colorado; we are a state with a lot of local control. You don't collaborate just because you're told to. You don't superimpose a family center on a community. You have to go through this process of building a common vision — that you really want to accomplish something together. The process makes a tremendous difference.

"What also became very clear is that you can only go so far making certain kinds of changes within the system as it exists. If we were really going to be effective at creating better programs and better responses to the needs of children and families, we needed to change our whole system of health and human services. We had to do some pretty extreme things in order to make that happen. Our goal was not just to rearrange state agencies; the end point that we're looking for is something that's much more intense. It's something that's much more enduring than just moving around deck chairs, or departments, or agencies. We spent a long period of time actually developing a set of values and principles to guide the

restructuring — prioritizing prevention, early intervention, and family preservation — so that we would ultimately see a difference on the deep end, or the back end, of the system.”

For more information, contact:

Donna Garnett

Center for Health Ethics, Policy & Human Investment

1445 Market Street

Suite 220

Denver, CO 80202

TEL: (303) 820-5631

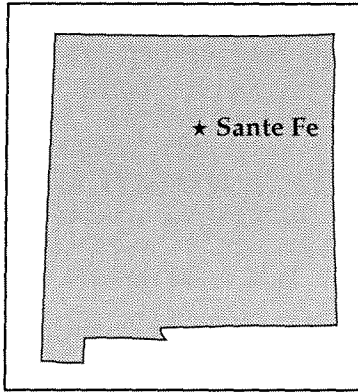
FAX: (303) 534-8774

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NEW MEXICO

THE CHILDREN, YOUTH, AND FAMILIES DEPARTMENT



The Children, Youth and Families Department provides services in all of New Mexico's 32 counties.

OVERVIEW

In July 1992, New Mexico established a Children, Youth, and Families Department, the first cabinet-level department in the country dedicated to child and family services. The department consolidates in one agency large portions of the 195 services that previously resided in five separate state-level departments, including family preservation services, foster care, child care, family nutrition programs, and juvenile justice treatment and remediation initiatives. The department's mandate combines service delivery, coordination, and planning responsibilities. The deputy secretary of the Department of Human Services was appointed to head the new department, becoming New Mexico's first Secretary of Children,

REINVENTING SYSTEMS

Youth, and Families. In 1993, the department received \$163 million in state and federal funds. A two-year phase-in process for the department is now underway.

Creation of the new department culminated a year-long review of New Mexico's system for delivering services to children — prenatal to age 21 — and their families. Throughout 1991, a review of the system was carried out by the Task Force on Children and Families, appointed by Governor Bruce King and chaired by First Lady Alice King. The task force found that New Mexico's services for children and families lacked coordination and were often fragmented, with insufficient resources directed to early prevention services. Having seen systems reform efforts in other states initiated by one administration often slowed or abandoned when a new administration took office, the proponents of change in New Mexico — chiefly, the governor and the task force — recommended that a cabinet-level department be created that could be abolished only by a legislative act.

The new department will spearhead systems reform to create a child and family service system that is holistic and coordinated, focused on prevention and family preservation, responsive to community needs, more accessible and more effective than its predecessor, and developed with significant community input. Additional goals are to expand the existing number of multiservice family centers and locate a range of social services in public schools across the state.

ORIGINS

The efforts of New Mexico's state policy makers to reform child and family services has built on the work accomplished by child advocates throughout the 1980s. Those advocates reported declining indicators of child and family health and urged the state to focus more on prevention than remediation. Child advocates and the state's cabinet secretaries have a history of collaborating to improve services. Out of this alliance came the legislature's 1988 act establishing a state-level Youth Authority to operate correctional institutions and programs for juveniles, and to act as a strong force for the provision of family and child services. When it was created, the Youth Authority was split off from the Department of Corrections,

where juvenile justice enforcement had been housed. The legislature intended the new agency to become a provider of comprehensive children's services. However, the Youth Authority lacked the support of the governor in office at the time and never grew beyond a corrections program.

Bruce King's election as governor in 1990 provided the catalyst for state-level restructuring of child and family services. During the campaign, King had promised to provide more efficient and cost-effective services for children and families, as well as to promote collaboration between state government and local communities. His wife, Alice, had been a strong advocate for children, serving on the boards of several agencies providing child and family services and speaking out for a state children's agenda.

Reorganization of state agencies has been a key objective of the King administration. In addition to creating the new Children, Youth, and Families Department, the administration has established the Environment Department as an entity separate from the Department of Health, and has created the departments of tourism and economic development as separate entities.

When he took office in 1991, Governor King appointed the Task Force on Children and Families to begin an immediate assessment of New Mexico's system of services.

Members of the 17-member Task Force were:

- the first lady
- the secretaries of the Departments of Health, Human Services, Labor, and Youth Authority
- the Superintendent of Public Instruction
- representatives of the juvenile justice system
- community providers
- child and family advocates
- child service professionals
- legislators
- private citizens

REINVENTING SYSTEMS

The task force undertook a thorough review of the services New Mexico offered to children and families at the state and local levels. In January 1992, after nine months of study, it submitted its report and recommendations to the governor. The report identified the following key issues:

- New Mexico's system of child and family services lacked coordination and was duplicative;
- multiple state agencies were delivering the same or similarly titled programs and;
- state support for early/primary prevention services was insufficient.

The task force recommended reorganizing child and family services into one new cabinet-level department, a strategy endorsed by the governor. By early 1992, 57 child and family service organizations, advocates, and professional health and education associations had also endorsed the plan for the new department.

GOALS

The department emphasizes preventive services as the starting point around which to build child and family services. It will continue, however, to be the chief agency for providing essential treatment and early intervention services. Thus, the department is acting as both a change agent and service provider. Its goals include the following:

Family goals

- to ensure that services for children, youth, and families remain a priority in New Mexico
- to strengthen families and build on these strengths
- to establish a strongly-mandated collaborating/coordinating function to help children, youth, and families satisfy their basic needs, including the need for economic security

Service system goals

- to develop a system of services that is community-based, with significant local control and collaboration among groups and agencies

- to develop, with strong community input, standards of service that focus on coordination, monitoring, and accountability
- to create a uniform system for access to services
- to develop and utilize community and/or regional councils to establish local priorities and service strategies
- to work with local communities to establish multiservice family centers and bring social services into schools
- to establish a single application process for families in need of multiple services, and develop a single intake document, a shared resource database, and a method of tracking delivery of multiple services
- to develop a system for decategorized flexible funding
- to coordinate, monitor, draft policy, set priorities, and oversee accountability systems for child and family services.

KEY EVENTS IN THE PLANNING PROCESS

Task force appointed to study New Mexico's services to children and families

The 17-member task force was appointed by Governor King in early 1991 and charged with

- studying the needs of New Mexico's children and families
- establishing a set of policies by which the state could address the issues facing children and families in the 1990s
- developing a plan for a continuum of services to close service gaps and eliminate duplication
- recommending ways to restructure, reduce, and/or reorganize the state's current system of child and family services

Forums held to assess needs and collect data

At each step in the review process, the task force solicited public opinion on what services were needed and how existing services could be improved.

- Town hall meetings were held by the task force during July and August 1991 in six of the state's largest cities and were attended by more than 1,000 people. Lack of service coordination and inadequate preventive services were the main themes that emerged from the meetings.

- The task force generated the state's first data set showing expenditures and numbers of people served for the full range of available services, from early/primary prevention to extreme intervention/institutional care.

Recommendations given to the governor

In January 1992, the task force reported to the governor that New Mexico's system of services to children and families was fragmented and in need of improvement. Seeking a mechanism for sustained reform, the task force recommended setting up a new cabinet-level department to oversee and deliver child and family services.

Legislation for the new department becomes law

In his state-of-the-state address in January 1992, Governor King proposed that the new department be established in order to restructure and strengthen the current service delivery system. This was the only major program initiative the Governor advanced in the address. House Bill 225, which was drafted by the task force to establish the new department and codify the functions and services the department would oversee, was introduced by the House Speaker in late January. In February, the bill passed with only six dissenting votes in the state House and Senate combined; in March, Governor King signed it into law.

Start-up funding approved

At the same legislative session, \$400,000 was appropriated to fund start-up costs of the new department; \$100,000 was contributed by state representative Robert Light, to demonstrate his commitment to the reform of the child and family service system, and the new department.

Cabinet secretary appointed

Wayne Powell, formerly deputy secretary of the Department of Human Services and a member of the Task Force on Children and Families, was appointed by the governor as Secretary of the Children, Youth, and Families Department. He took office on April 15, 1992, and assumed primary responsibility for establishing the agency and coordinating its work with the governor's office.

Department operations begin

On July 1, 1992, the Children, Youth, and Families Department began operation.

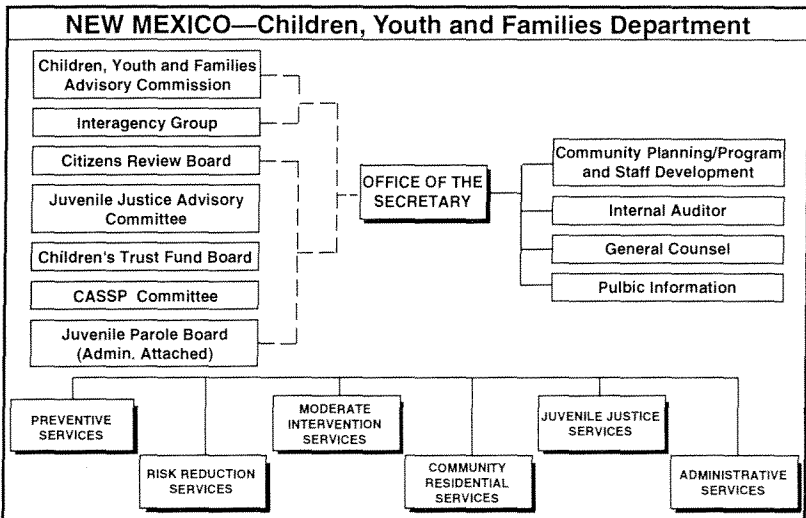
- The new department was established with a secretary, advisory committee, inter-agency group, community planning/program and staff development unit and six divisions: Preventive Services; Risk Reduction Services; Moderate Intervention Services; Community Residential Services; Juvenile Justice Services; and Administrative Services.
- The Youth Authority was transferred to the new department substantially intact; other programs, services, and staff from the Departments of Human Services, Health, and Education and the governor's office also moved to the new department.
- In July 1993, the social services division, comprising child and adult protective services, was transferred by the governor's executive order to the Children, Youth, and Families Department and is now a full division in itself.

Building support within the new agency

In an effort to make the department inclusive of those outside state government, two child advocates were appointed division directors.

- The director of preventive services is a long-time early childhood advocate; the head of the community planning/program and staff development unit was formerly the director of a family development center in Albuquerque.
- Steps have been taken to gain the support and build the morale of the department's 1,640-member staff, particularly as new procedures like case management for juvenile probation are introduced. Outreach to staff includes regular updates on the department's progress and goals; opportunities for staff input; training; the provision of needed equipment; and modification of the department's mission statement to highlight the important role of staff in delivering quality services.

TIME LINE	
1988	The legislature establishes the state-level Youth Authority to operate correction institutions and programs for juveniles, and to act as a strong force for family and child services.
1991	
March	The Task Force on Children and Families is appointed by Governor King and begins an evaluation of available services for children and families.
1992	
January	In its final report, the task force recommends that the governor establish a new Children, Youth, and Families Department. Governor King endorses House Bill 225, authorizing the creation of the new cabinet department.
February	House Bill 225 is passed, enacting as law the recommendations of the Task Force on Children and Families and establishing the Children, Youth, and Families Department.
March	Governor King signs House Bill 225 into law.
April	Secretary of Children, Youth, and Families Wayne Powell takes office to manage the organization of the new department.
July	New Mexico's Children, Youth, and Families Department begins operations.
1993	
March	A new statewide children's code is enacted. The legislature approves managed care for psycho-social services.
July	The Social Services Department becomes part of the Children, Youth, and Families Department.



GOVERNANCE

The Children, Youth, and Families Department has the same relationship with the governor and the legislature as do all other cabinet departments. It is run by the secretary, the deputy secretary, and directors of the six divisions. The secretary of the department reports to the governor and is a full member of the cabinet.

In addition to the six service divisions, a strong community planning/program and staff development unit is built into the department's governance structure. The unit is charged with

- setting priorities for state services and resources for children and families, based on state policy and local planning processes
- developing decategorized and flexible funding
- promoting and utilizing community and/or regional councils to establish community priorities and service strategies
- producing an evaluation mechanism for process and outcome assessment
- reviewing the policies of all departments whose work affects children, youth, and families

REINVENTING SYSTEMS

An 11-member Children, Youth, and Families Advisory Committee was created simultaneously with the department in order to provide community input into the department's functioning. This body is designed to continue the collaborative work of the task force, which has been disbanded. With a membership consisting of two parents, two advocates, two youths between the ages of 16 and 21, a representative of the juvenile justice system, and local service providers appointed by the governor, the committee's mandate is to review and comment on the department's progress. The committee has not met as often as planned, and there have been problems finding people who fit the statute's criteria to serve as members. The department will also continue to hold town meetings organized around revamping contracts to improve services.

INTERAGENCY COORDINATION

Coordinating group

To ensure that the department achieves real change in child and family service delivery, an ongoing, Interagency Coordinating Group was written into the legislation that established the new department. This body, comprised of the Secretaries of Health, Human Services, and Labor, the Superintendent of Public Instruction, a judge representing the children's court system, the chairperson of the Interim Health and Human Services Committee, and a representative of the governor's office, is chaired by the Secretary of Children, Youth and Families; a member of the Legislative Oversight Committee is an ex-officio member of the Group. The Group meets monthly to make policy and coordinate services, and has dealt with such issues as the co-location of staff, data systems, resource sharing, and the development of an overall state reporting system for the agencies.

The Children's Agenda

With support from the Center for the Study of Social Policy based in Washington, D.C., the state's cabinet secretaries collaborated to produce "New Mexico's Children's Agenda," a position paper that describes each department's goals for improving child and family

services, and how they will be achieved. All cabinet secretaries will prepare annual reports, beginning 1993, that assess department achievements on behalf of children and families.

Pooling resources

There has been collaboration among several cabinet departments to direct the funding needed to provide particular services. In a process known as "joint powers agreements," funds are transferred from one department to another. For example, a joint powers agreement between the Children, Youth, and Families Department and the Department of Education provided \$300,000 in education funds for a statewide elementary school-based substance abuse prevention program. This service, and the funding for it, have now been incorporated into the Children, Youth, and Families Department's operating budget.

FUNDING

The department is funded in the same manner as all cabinet agencies: the secretary submits an annual budget which is then approved or modified by the legislature. Agencies that were transferred to the new department brought their own budgets, but many services and old departments have been reorganized and their budget levels changed. For 1993, the department's budget is \$163 million, about \$63 million of which came from state funds. This amount is substantially more than state expenditures on child and family services before the new department was created. Most of the increase is due to the legislature's funding of new positions within the department. Each year, the department's budget must be re-authorized by the legislature; no funding floor or ceiling was set when the department was created. Because it takes about 18 months for a budget to be approved, the secretary has asked the legislature to allow the department greater flexibility in spending its funds; with the legislature's consent, the department could finance its programs by redeploying its resources and reinvesting them in needed services. Options for redeploying existing resources include shifting funds from foster care budgets to family preservation services and redirecting foster care funds to family reunification programs. State and

REINVENTING SYSTEMS

local funds freed up by increases in federal funds and shifts in state funding allocations can be used by state agencies and communities to implement improved children's services.

The department is also seeking ways to gain access to additional federal funds in order to provide holistic, prevention-focused services to greater numbers of people. Options being explored include:

- receiving federal Medicaid reimbursement for eligible services provided in schools
- securing funds from Title IV-A of the Social Security Act to cover the costs of providing protective and shelter services
- expanding claims for foster care expenses that are reimbursed through federal Title IV-E funds

When it recommended creating the department, the task force did not claim that better services could be delivered for less money, or that the overall child and family services budget could be cut. It did assert, however, that the coordination of services would result in more effective use of every dollar spent. To date, the legislature has been reluctant to pool the money allotted to cabinet departments as a means of increasing the funds available for child and family services.

EVALUATION

Legislative committee

No formal evaluation process has been established to assess the department's work. However, the legislature is monitoring its progress through the Legislative Oversight Committee, a subcommittee of the Legislative Finance Committee. A member of this subcommittee also sits on the Interagency Coordinating Group.

Internal assessment

A broad quality assessment program will be carried out by the general counsel's office of the Children, Youth, and Families Department. Each departmental division will have a quality assessment plan specifically addressed to the services it provides and the

level and quality of these services in given geographic areas. The department will report annually on quality issues, and an internal auditor will assess the progress.

Kids Count

New Mexico is one of the states participating in the Kids Count initiative funded by the Annie E. Casey Foundation to document key indicators of children's physical and emotional health. Outcomes of department programs will be measured against baseline figures of the Kids Count project.

Outcome measures

As part of New Mexico's Children's Agenda, all state agencies will define a core set of outcomes for children; state and local progress in achieving those outcomes will be measured. The Children, Youth, and Families Department will lead this initiative, in consultation with the Interagency Coordinating Group.

Reaching agreement on which outcome measures will be used is a key mechanism for building collaboration among the state agencies: Many of those agencies will need to work collaboratively toward achieving these outcomes. However, there are significant barriers to developing a statewide system for measuring the impact of interventions; these include inadequate technology for storing and sharing information, and incomplete data collection. To build consensus around the need for outcomes that can be tracked at the state and local levels, the measures will be formulated jointly by state agencies and local communities. Still to be determined are the process by which outcomes will be tracked, the groups or persons who will be accountable at the local level, and a set of incentives and sanctions for progress and lack of progress. When these outcome measures are finalized, implemented, refined and then adjusted, they will become the key indicators of how well the state's service delivery system is functioning.

Federal oversight

Specific programs housed in the Department that receive federal funding are evaluated by federal agencies. Among these are family nutrition, WIC and child care services.

LOCAL-LEVEL IMPLEMENTATION

Several programs, previously assigned to other departments, now housed in the Children, Youth and Families Department work to build collaborative service models at the local level. The "Healthier Communities" program allows local communities to determine the interventions they want to deal with local public health issues. In addition, state-funded maternal and child health councils have been organized in 22 of New Mexico's 33 counties to determine which pre- and post-natal programs and services are most needed in their communities. The Community Planning/Program and Staff Development Unit has a staff of 13 working to establish more community-based, community-managed service centers and models. The state's revised children's code also requires local education agencies and community groups to take on greater responsibility for families in need of services, and to provide these services at the local level.

Department plans call for more community governance initiatives, through which communities define their needs and develop and implement programs.

In the future, state agency personnel from social service and health departments will be co-located to schools in two or three districts in order to deliver services in places more accessible to families. Additional school/community collaborations, including school-linked services and multiservice family centers, will be encouraged. Providing the funding and technical assistance for communities to set up multiservice family centers is another direction in which the Department may move in the near future. The goal is for local committees and collaboratives to have great flexibility in determining the service needs of their communities, and how best to meet them. Among the functions the state envisions local governing entities carrying out are:

- developing strategies to address community problems
- promoting innovative approaches to service delivery
- coordinating local level fiscal strategies
- monitoring outcomes

Community governance is viewed by the state as an evolving process, which will proceed from functions that require little formal organization to those that require extensive organization along with delegation of authority to a local body.

REFLECTIONS

Wayne Powell, Secretary, Children, Youth and Families Department:

“The task associated with simply setting up, logistically supporting and maintaining a new department has gone well. People have worked extremely hard to do this. Staff have been rejuvenated, people have bought into the concept of not only changing where they deliver services from, but how they deliver those services. I think there is still room for growth, not growth related to employee numbers or budget numbers, but growth related to our own ability as a department and as individuals in our communities in New Mexico to really deal with and solve some of our problems.

“There are still challenges for us in other systems. The courts, prosecutors, the law enforcement people are going to have to see results from our department in order for them to choose alternative or diverse kinds of responses to juveniles. Essential to the reform effort is having successes, being able to demonstrate that having done business this way we are more successful, that folks feel better about what’s happening, that there is change, that there are results. Time is an important piece of this. And that time will be out of necessity compressed by the department. Hopefully in the next year we’ll download the resources to support local people as they reallocate and allocate these resources to services. The effort should look different every day. It should have fewer lines, fewer boxes and more focus on outcomes.”

Caroline Gaston, Chief of Staff, First Lady’s Office:

“I think that the Department and the interagency cooperative effort are definitely moving in the directions that the expectations set up. I think we’ve learned that it’s a hard process. It takes a lot to get people’s buy-in down at the worker level. But, on the other hand, I think we can report tremendous strides in certain areas, and an increasing sense of the need to do this kind of thing, an increasing sense of the need to work with communities and to focus on prevention. What’s essential is support from the top, which means from

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the governor's office and, at the same time, support from the grass roots, at the community level. Just like education reform, you have to do both of these things at the same time. You can't say one over the other, because you have to do both of them.

"In the future I think the Department will be more community-based, with communities identifying what their needs are. I think it will be a much closer collaboration between schools and community; the family resource center concept will have grown. We're going to be delivering services to families in a more family-friendly, user-friendly way."

For more information, contact:

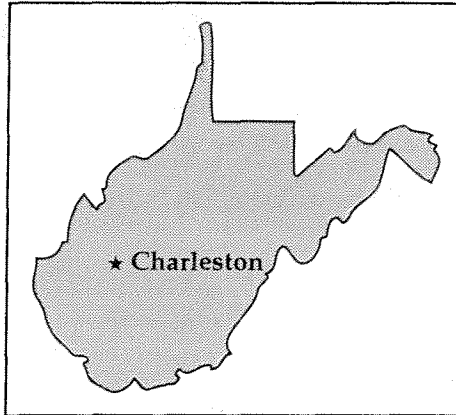
Wayne Powell, Secretary
Children, Youth and Families Department
P.O. Drawer 5160
Santa Fe, NM 87503-5160
TEL: (505) 827-7602; FAX: (505) 827-7914

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WEST VIRGINIA

THE GOVERNOR'S CABINET ON CHILDREN AND FAMILIES



Family Resource Networks have been established in 33 West Virginia counties.

OVERVIEW

In 1990, the West Virginia Senate enacted broad legislation to reform the state's education system. Included in this legislation was a provision establishing the Governor's Cabinet on Children and Families to oversee a restructuring of the state's system of children's and family services. The cabinet's mandate is to create a comprehensive family-centered and community-based system, along with programs and facilities for children and families that can be supported financially and politically at the highest levels of state government. This restructuring effort is driven by the twin goals of achieving school readiness for all West Virginia children and working around budget constraints that require increased cost effectiveness. The legislature and Governor Gaston Caperton agreed

that the system of child and family services as it was then, in 1990, was fragmented, duplicative, overly hierarchical, and too focused on crisis intervention. The cabinet is now working towards a system that will respond to children and families in a collaborative and integrated way; the system will be effected within and across agencies — federal, state, and local; public, non-profit, and private.

Family Resource Network (FRN) sites around the state are the primary vehicle for achieving this systems change. At these sites, local community members define the needs of the community's children and families, and then work to put in place a comprehensive system of health, education, and social services with a single intake point. Funding has been provided by the legislature for FRN start-ups. Five communities have been fully funded to develop FRNs with grants ranging from \$100,000 to \$250,000 per site. Having completed the planning process, these communities are now developing implementation strategies. Five other FRNs have received smaller grants, and more will receive funding as the state secures federal and foundation support. Family Resource Networks have been established in 33 West Virginia counties; 25 of them are receiving technical assistance from staff of the Cabinet on Children and Families.

The state has disbursed approximately \$1.2 million for this initiative to date. Changes in budget and administrative procedures are expected to enable the state to develop a network of community-managed family resource centers across the state over the next five to ten years.

The cabinet is working to bridge the gap between state agencies and people in the system by building the capacity of local communities to envision and implement change. It provides technical assistance and training to communities across the state, and encourages collaborations between state administrators and community leaders to devise better systems of service delivery and amend regulations that impede change and community initiatives.

ORIGINS

Over the last decade, the West Virginia legislature has worked proactively to build consensus within the state around the need for education reform and major improvements in the skills children and

teenagers acquire at school. The Carnegie Foundation for the Advancement of Teaching reported in a 1989 study that the state's elementary and secondary schools were facing an "emergency" that would leave "students civically and economically unempowered," if measures were not taken to improve the schools significantly. The report was released days after a budget crisis resulted in six percent cuts in state aid for public schools and higher education.

In 1989, Governor Caperton set up the Governor's Committee on Education in response to the combined pressures of the Carnegie report's findings, the 1989 Governor's Education Summit, and the desire of state legislators to improve West Virginia's public education system. The committee's membership was wide-ranging and included educators, business leaders, and government agency staff members.

In the summer of 1990, the committee held nine town meetings around the state that were open to anyone who wanted to make a statement about education. Then, incorporating insights gained from the town meetings, the committee drew up school reform legislation that was passed in August, as Senate Bill 1, in a special legislative session on education reform. Included in the legislation was a mandate for the governor to establish a Cabinet on Children and Families to manage a statewide restructuring of child and family services. The cabinet decided on Family Resource Networks as the central means of achieving systems overhaul.

The cabinet's current members are:

- the secretaries of the Department of Health and Human Resources, the Department of Administration, and the Department of Commerce, Labor, and Environmental Resources
- the Attorney General
- the State Superintendent of Schools
- the Secretary of Education and the Arts
- the vice chancellor of Health Systems (of the University of West Virginia system)

In addition, two advisory (non-voting) members are also chosen by the governor, one each from the Senate and the House of Delegates. The governor chairs the cabinet.

GOALS

The mandate of the Cabinet on Children and Families is to develop and oversee a service delivery system that meets the following goals for family support and systems change:

Family goals

- to promote health, development, and well-being within the family
- to focus services on the entire family unit, and strengthen incentives for self-sufficiency and economic independence
- to involve families in all aspects of planning for and delivering services
- to provide consistent support to families in addressing and resolving problems as they develop
- to concentrate services around prevention, education, and early intervention

Service system goals

- to develop a system that is community-developed, community-based, and consumer-driven
- to ensure accountability through evaluations based on system goals and family outcomes
- to provide services to children and families through a system that is administratively flexible, collaborative, comprehensive, effective, and integrated within and across agencies
- to shift program delivery from strongly centralized state programs to regional and local service delivery systems
- to ensure that programs are sensitive to regional, cultural, and ethnic sensitivities among families, are based on community needs, and encourage local input
- to promote the idea that responsibility for children and families is held by a shared partnership of citizens, community organizations, the business sector, labor organizations, local and state governments, advocacy groups, and religious, educational, and legal communities

KEY EVENTS IN THE PLANNING PROCESS

Governor's Committee on Education formed with mandate for integrated service delivery

Formed as an outcome of the 1989 Education Summit, the Governor's Committee on Education studied the education reform legislation of other states and found that little of it integrated health, human services, and family support programs. The committee decided that adding a preschool program to West Virginia's current child and family service system would not in itself satisfy the readiness goal; instead, the whole system needed to be overhauled.

Education reform legislation passed; Cabinet on Children and Families created

In August 1990, the governor convened a special session of the legislature to enact education reform. The legislature passed the reform package, known as Senate Bill 1, that the Governor's Committee on Education had prepared. The Cabinet on Children and Families was established as the central component of the restructuring plan. The cabinet is independent of any state agency and is vested with the power to waive or change state rules or regulations to facilitate better and more innovative service delivery. The cabinet is also empowered by the legislation to shift money within the state budget.

Family Resource Network planning grants initiated

Senate Bill 1 established funding for the cabinet to provide technical assistance to as many as 12 communities to facilitate the planning and implementation of their Family Resource Networks. Five communities received initial awards between \$100,000 and \$250,000 in December 1991. Family Resource Networks share certain characteristics:

- They are directed by a community board, comprised of service providers, school representatives, and families. To ensure citizen control, service providers must comprise a minority of the board's membership;
- They will provide a comprehensive system of health, education, and social services, with a single-intake point;

- They involve families as full partners in promoting their well-being and independence.

Communities are awarded FRN grants on the basis not of documented needs for services but rather on the strength of their capability to do collaborative planning. The cabinet prefers to fund comprehensive programs available to everyone in the community, regardless of income.

Statewide needs assessment conducted

In 1990, Price-Waterhouse was retained to conduct an assessment of child and family well-being throughout the state. The cabinet will use the information to make policy decisions and chart trends, as well as for evaluation purposes.

Early Childhood Implementation Commission established

In April 1992, the governor appointed the Early Childhood Implementation Commission to develop strategies — and build support — for long-term funding and administrative changes that will facilitate implementation of the cabinet's plan. The commission is charged specifically with assuring that high quality early childhood services will be available to all preschool children (from birth to five years of age) in the state. These services include health and nutrition, family support and education, and early childhood development. The 33-member commission is comprised of state program administrators, schools superintendents, family advocates, parents, and local providers of services for young children. Staff support is provided by the cabinet. In February, 1993, the commission submitted to the cabinet a report on its initial work. This report recommended that the state undertake a financing analysis of early childhood programs and identified measures for coordinating and expanding the early childhood service system.

Public-Private partnerships

The cabinet is administering a grant of \$30,000 from the Appalachian Regional Commission (ARC) and \$29,000 in matching funds from the Benedum Foundation for community-based planning projects at three Family Resource Network sites. These grants were awarded to foster collaborative problem solving among people and across agencies involved in community and economic development,

education, and human services. Additionally, the Benedum Foundation has provided a two year grant of \$300,000 for the cabinet to determine — through a major funding analysis — how best to use federal, state, local, and private funds available for family and child services. The grant also provides funds to two Family Resource Network sites.

Cabinet's mandate extended

Legislation was passed in 1993 to extend the cabinet's mandate through 1997, overriding a provision in Senate Bill 1 that required the cabinet to disband in June 1993, if its work had been completed. It is intended that existing agencies will be reorganized in such a way that they can ultimately take over the cabinet's functions.

TIME LINE**1990****August**

At a special legislative session on education reform, the West Virginia Senate passes Bill No. 1, establishing the Governor's Cabinet on Children and Families to improve the policy making process for families and children.

1991**January**

The Governor's Cabinet on Children and Families writes its mission statement.

May

Lyle Sattes, former head of the West Virginia House Education Committee, is appointed the cabinet's director.

August

A letter of solicitation is issued for Family Resource Network planning grants.

December

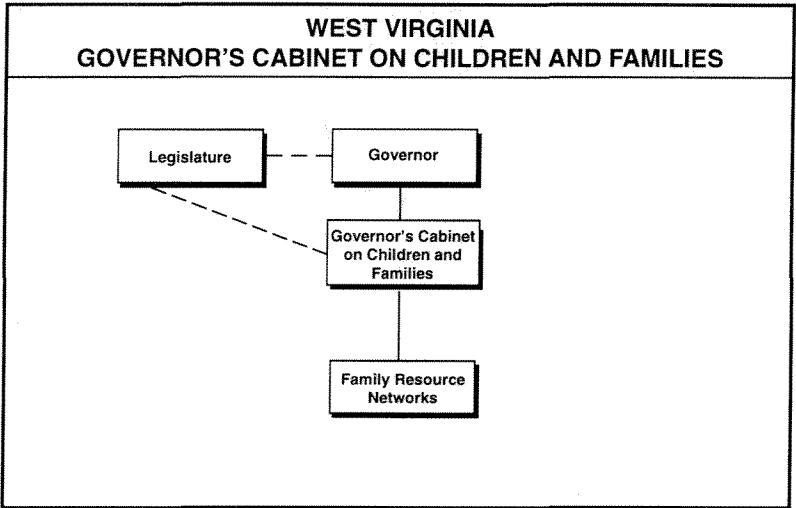
Planning grants are awarded to five communities to establish Family Resource Networks. Thirty-five communities submitted proposals.

1992**April**

The Governor's Early Childhood Implementation Commission is launched as a project of the cabinet. Its mandate is to develop a long-term plan for making quality early childhood services available to all pre-schoolers (from birth to five years of age).

1993**April**

The legislature extends the cabinet's mandate through 1997.



GOVERNANCE

The lead agency for all the state's reform efforts is the Cabinet on Children and Families. The cabinet is empowered by the legislature to develop a plan for systems restructuring and then to oversee and facilitate its implementation. The goal is for the cabinet to make possible the "bottom up" changes that communities decide they want. In developing a plan for overhauling the current delivery system, the legislature wanted to create a community-based, community-planned, and community-implemented reform process, assured of success through the support of the top levels of state government.

The vision for the new system centers on communities, which will determine organizational structures and mechanisms. State-level policy makers and agencies will follow their lead. Rather than controlling local service delivery, state agencies will play a supportive role by providing technical assistance, training, and evaluation services. The state will participate in local site management only if

things go wrong. In order to advance the new system's *modus operandi* based on coordination and early intervention, cabinet staff provide technical assistance and training to community groups as they plan for and implement Family Resource Network operations.

Under Senate Bill 1, the cabinet has the power and the means to reduce the number of restrictions and by-laws that prevent communities from launching new services:

- The cabinet can intervene with state agencies to get them to change standard operating procedures and to shift money, as requested by communities;
- It can transfer money from one line in the budget to another — in effect decategorizing it — so that child and family programs can be funded. The intention is not for the cabinet to re-budget money after the legislature allocates it, but rather to see what changes can be made in the budget so funds can be earmarked and disbursed directly to community programs, bypassing the traditional hierarchical funding structure. Before deciding on this system of restructuring, the legislature looked at other state initiatives, including those in Maryland and Iowa, and considered recommendations received from staff members of the Center for the Study of Social Policy in Washington, DC.

The rationale for vesting the cabinet with such strong powers is multifaceted:

- Many state policy makers believe that no real systems change will take place — no matter how much money is spent — unless a strong body like the cabinet works across agencies to implement the change;
- A major goal is to effect a paradigm shift in the way state agencies think about service delivery, and to make the current system less hierarchical and rigid. By giving communities more responsibility, the cabinet provides an incentive for local innovation, and reduces the need for close oversight from service providers, which the state can no longer afford;
- Community needs differ widely across the state. A West Virginia suburb of Washington, D.C., may have family and child needs very different from a coal mining town in the southern portion of the state. The Cabinet aids communities as they develop programs to respond to the particular needs of

their region or locality; such programs, governed by community, can be far more effective than statewide initiatives that do not take into account the unique needs of diverse communities.

INTERAGENCY COORDINATION

Cabinet representation

During the current stage of restructuring, the cabinet is taking the lead in making interagency coordination a reality. The legislature stipulated that the cabinet's membership be broad enough to ensure that all changes in family and child policy are, from the outset, interagency efforts. In this way, the goals, programs, operating procedures, and budgets of each agency can be coordinated as changes in the current system are discussed and implemented. The end-product envisioned is a cost-effective and efficient system that eliminates service duplication and the fragmentation of state oversight responsibilities.

Streamlining bureaucratic procedures

The cabinet is taking the following first steps toward integrating services across agencies:

- developing a single intake document for all services;
- creating a statewide information and referral service and a toll-free number for child and family programs;
- managing the Governor's Early Childhood Implementation Commission, which has undertaken a review of existing early childhood services and their funding;
- administering the West Virginia Children's Fund, a trust funded by taxpayer contributions that awards organizational grants for prevention and public awareness projects and for research into child abuse and neglect;
- undertaking a funding stream analysis that will result in a plan for using available funding to support changes in the education system; a principal method will be to decategorize funds.

Building support for change

In order to win the support of government agencies for the cabinet's work, midlevel managers from the Departments of Health and Human Resources, Education and the Arts, and Social Services were included in the process of selecting communities for Family Resource Network planning grants. Another reason for including these staffers was to introduce them to the process of working with their counterparts in other departments so that, as systems change occurs, agency turf issues will be reduced or eliminated. As an additional means of building support, the director of the cabinet has presented the state's plan to the West Virginia chapter of the National Association of Social Workers and the state's Human Resource Association; presentations have also been made in communities around the state.

Family resource coordination

The cabinet has approved statutes and policy for a system built around family resource coordination that moves away from the current system of case management. Family Resource Coordinators, each with a caseload of no more than 10 families, work with entire families, helping them develop a plan to address their problems and needs. The cabinet is also testing two methods of managing service delivery at the local level and will adopt the one that proves more efficient. In the first method, the current delivery agency — education, social services, or health — assumes lead responsibility for case management. In the second, case management is provided by an independent entity created for the purpose. Both methods are being used at the pilot Family Resource Network sites in a comparative study of outcomes.

Case management is crucial to interagency coordination, because it is reimbursed by federal Medicaid funds. Health and many other state agencies do case management but will not provide services that are not reimbursable. As a result, some families have as many as six case managers but have difficulty getting actual services.

Long-term structure

Once the cabinet's work is complete, all of its responsibilities will be apportioned to existing agencies. Since all the agencies that are central to the development of family and child policy are repre-

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sented on the cabinet itself, this transfer of authority should be relatively smooth. In order to make itself obsolete, the cabinet will have to accomplish a state-level reorganization, establishing line agency control in order to provide communities with technical assistance, evaluation methods, and help with funding mechanisms. Although this process may take another 10 years, the cabinet has passed one of the biggest hurdles to systems restructuring by persuading people at the state level to relinquish some control, renounce turf battles, and engage in collaborative decision making.

FUNDING

The legislature has provided money for the first stage of systems restructuring and for Family Resource Network start-up funds. So far, the state has allocated \$1.2 million to FRNs. The grants — ranging from \$100,000 to \$250,000 per site — are intended as seed money for funding local staff to design and implement a coordinated system of service delivery. Operating money will be provided by the legislature on an annual basis; additional lump sum funding may be forthcoming. Other funding mechanisms to sustain the restructuring include the following:

Matching funds

The cabinet encourages communities to develop strategies that use state program funds to attract matching contributions from additional sources, such as the federal government and private foundations or corporations. The cabinet has advised communities that the state will reduce or eliminate its support as replacement dollars become available through the local control of administrative functions.

The Children's Fund

The cabinet has also established a children's fund to award grants, loans, and loan guarantees to programs working to prevent child abuse and neglect. This fund makes a number of small grants annually to help communities address these problems. All unrestricted federal funds and grants, gifts, bequests, and donations are deposited in a special revenue account that is independent of any executive or other department, with the exception of the governor's

office. State taxpayers may also contribute a portion of their state tax refund to the children's fund by checking a box on their tax returns. Matching funds are provided by the federal government.

Shifting funding

Because the state has limited extra funds which it can allocate to child and family programs, the main strategy for increasing dollars is to shift funds between programs and work toward decategorizing federal grant monies. The Benedum Foundation has provided a two year grant of \$300,000 for the cabinet to undertake a major funding analysis that will determine the best use of state funds currently available for family and child services. The goal of the study is to find ways of maximizing federal, state, local, and private revenues.

Expanding federal funding

Another strategy to build in long-term funding is for the state to get Medicaid to fund not only case management but the provision of services. The state will reduce and redirect its expenditures in order to improve the quality of services: the plan is to eliminate service duplication and to invest funds in prevention and early intervention programs that will reduce the need for costly services later on. Federal grant monies for specific programs are also being sought to fund FRNs. The Department of Education has awarded the state a \$400,000 grant to provide transition services for disabled youth to obtain jobs after completing high school. About \$300,000 of this sum will be awarded to FRNs for delivery of these services.

EVALUATION

An outcome-based evaluation system was adopted following a statewide team review. The Jacobs-Weiss five-tiered model of evaluation will use an ecological schematic of child development to measure program effectiveness. The five outcome areas for evaluation are the child, the parent, the parent-child relationship, family functioning, and informal and formal networks of support. The evaluation will assess the needs of families; document the services delivered; compare program intent to actual achievements; fine-tune service and evaluation methods; and produce evidence of effectiveness. It will also measure whether stakeholders in the

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restructuring process — families, funders, FRN members, the cabinet, the legislature, and the community at large — are receiving better service.

Management of the evaluation process has been assigned to an evaluation committee comprised of FRN representatives, professional evaluators, and a cabinet staff member. The committee will attempt to present the information it gathers in the most user-friendly way. Independent ethnographic evaluations will also be completed in each FRN community.

Technical assistance and training methods for the staff of Family Resource Networks will be developed further, and implemented by the cabinet. At the community level, FRN management committees will undertake regular needs assessments to determine what additional programs or services are required for their target populations.

The cabinet will compare the two systems of case management used by FRNs: the first in which a lead agency provides case management, the second in which the case management system is separate from the service organization. The system that proves more effective will be adopted for use statewide.

LOCAL IMPLEMENTATION: THE FIRST STAGE

Family Resource Networks are envisioned as one-stop shops and the main means by which West Virginia will restructure and improve its delivery of services. Eventually, they will be established throughout the state. The following are the main features of FRNs:

Local-level decision making and broad representation

In order to build interagency cooperation into the FRN structure, representatives of health and human services agencies, the school system, and families must be involved in the planning stage. This planning group determines which services to provide and carries out regular needs assessments.

A single-intake point

FRNs must establish a system with a single intake point, where service eligibility is determined and an individual plan written for each family. Services are provided by private as well as public agencies, and state, federal, and community programs will all be linked at the single intake site.

Development of a comprehensive delivery system

Although the cabinet recommends that FRNs focus services around the readiness goal and invest in pre-natal and early childhood programs, each community's plan is its own to develop. Strategies may include setting up a comprehensive economic development plan, or co-locating staff so that a wide range of services is housed at a single site.

Decategorization

Initially, communities are free to develop plans that are focused on a single service — health, child care, parenting training — or a specific population — teenage parents, unemployed adults, disabled children. But, over time, as the state starts to shift funding and the cabinet begins to provide technical assistance, categorical programs like these are expected to evolve into broad, multi-service initiatives.

In accord with the state's goal of vesting control at the local level, communities will monitor their own progress, in partnership with the cabinet. State agencies will take directions from communities, waiving regulations and statutes as needed.

REFLECTIONS

Lyle Sattes, Director, Governor's Cabinet on Children and Families:

"Change requires a community to start creating a vision of what it wants to do, and they've never been asked to do that before. It's mind-expanding to watch people. At first, they have a great deal of skepticism about the state asking them to construct a plan that it [the state] will support. For the first time, community members really feel they can begin to think what system will serve them best.

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It's like a wild dream. And there's a sense of great responsibility; as communities realize they have the freedom to do this planning, they realize they also have an incredible responsibility.

"For change to occur, people have to set aside their personal agendas and really start working together as a group. The system has to be inclusive and related to the mind sets of all the people involved. We have to move beyond turf battles to collaboration. If people are ready for change, you can do it. If they're not, you can't. It's a dynamic process. We're fortunate to have a lot of people ready for this change process.

"The biggest obstacle to change is that you have to sustain the political support for the process while you don't have a lot of big outcome measures to show. So, you need to show some successes, even little successes, as you move along."

For more information, contact:

Lyle Sattes, Director
The Governor's Cabinet on Children and Families
2 Players Club Drive
Charleston, WV 25311
TEL: (304) 558-0600
FAX: (304) 558-0596

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Appendix

Table 1

Key Strategies Used in Planning the Collaboration				
	CA	CO	WV	NM
Town meetings held		X	X	X
Task force or interagency commission set up	X	X	X	X
Needs assessment conducted		X	X	X
Public-private partnership formed	X	X	X	X
Key child and family-focused legislation passed	X		X	X

Table 2

Sources of Technical Assistance and Support				
	CA	CO	WV	NM
Policy Academy		X		
Interagency task force/commission	X	X	X	X
Foundations	X	X	X	X
Citizen committees/boards	X	X	X	X

Table 3

Creation of Governance Structure				
	CA	CO	WV	NM
<i>Source of Initiative</i>				
Governor		X	X	X
Legislature	X		X	X
<i>Pattern of Development</i>				
Grew from existing structures	X			X
New, interagency entities formed		X	X	
<i>State-Local Relations</i>				
Process established for enlisting local input	X	X	X	X
Local autonomy central to governance of initiative	X	X	X	

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The Harvard Family Research Project

The Harvard Family Research Project was established in 1983 at the Harvard Graduate School of Education by Dr. Heather B. Weiss, who continues as its director. The project conducts and disseminates research about programs and policies to strengthen and support families with young children.

The project's mission is to examine and assist in the development of policies and programs to empower families and communities as contexts of human development.

Specializing in applied policy research, the project's outlook encompasses the view that to educate the whole child, parents, schools, and other community agencies must redefine their roles to include partnerships to support child development from infancy through adolescence. It maintains that to sustain gains, support initiatives must be continuous over a child's life.

The project is nationally recognized for providing much of the data demonstrating the value of preventive, comprehensive, collaborative, and family-focuses services. It has a diverse research agenda, supported by public and private funders, that is designed to inform and shape national policy debates, advance evaluative practice, and encourage progressive program development.

The audience for the project's work ranges from national and state policy makers to researchers and local practitioners, many of whom have benefited from the project's ability to provide new perspectives and suggest creative solutions.