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Challenges for the system

Kinship Partners:
An adventure in caring

On the Front Lines:
Focus on prevention

Family Centers:
New way of doing business

Integrated Services:
Linking families, systems

Project 4 Teens:
Straight-talking peers

Please
believe in me.

A special report on
the children of Cass County
and the Leech Lake Reservation



Family Centers:
New way of doing business

Integrated Services:
Linking families, systems

Project 4 Teens:
Straight-talking peers

helping communities

build strong families

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A collaborative effort of three Cass County newspapers and the Cass County/Leech Lake Reservation Children's Initiative



build strong families

A collaborative effort of three Cass County newspapers and the Cass County/Leech Lake Reservation Children's Initiative.



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Minnesota Milestones

1993 Progress Report

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Minnesota Milestones

1993 Progress Report



Kids Can't Wait

Action for Minnesota's Children

**A Report to the Governor and
People of Minnesota from
The Action for Children Commission**

February 1992

MN PLANNING

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Kids Can't Wait

Action for Minnesota's Children

A Report to the Governor
and People of Minnesota from
The Action for Children Commission
February 1992

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Dear Friends:

When we were first invited by Governor Arne Carlson to serve as co-chairs for the newly created **Action for Children Commission**, we knew we were engaging in an enormous task. Yet here was also an enormous opportunity: to develop recommendations for bettering the lives of Minnesota's children, and ensure that the recommendations would be implemented.

The Commission was able to meet this task because of the extraordinary commitment of its members. This was not a Commission for people who merely wanted to talk about problems, or develop strategies or policies on paper. Commission members regularly participated in full-day meetings, travelled around the state to listen to citizens in urban and rural communities, and spent significant time in additional committee meetings where major work of the Commission was accomplished. We are grateful for the expertise, dedication and enthusiasm Commission members brought to the work of the Commission. We are also grateful for the continued commitment which they have demonstrated to ensure that the next steps will be accomplished.

The Commission was also assisted in its work by many committee participants who spent numerous hours preparing for and participating in committees which, in some cases, met weekly, even during the summer. Without the commitment and assistance of these dedicated individuals, our work could not have been accomplished. Their names can be found in a listing following the body of the report.

The **Action for Children Commission** learned there is a strong commitment to children throughout the state of Minnesota. In many communities, there is significant consensus on what the problems are. What has been difficult for communities to know, and what we hope this report begins to address, is how and where to begin to achieve the changes that are needed.

We know that we are on a threshold. We have an opportunity to act, to begin implementation of the broad vision we see for Minnesota's children and youth. Our next step must be to begin the process of engagement and empowerment of local communities.

Minnesota's children cannot wait. Minnesota's youth cannot wait. We invite you, and urge you, to become engaged in the task of strengthening Minnesota's families and children. Begin in your own home, in your neighborhood, in your schools, where you worship, at your place of employment. Please join with us in our action for children.

Sincerely,



Ron James
Co-chair
Action for Children Commission

Sincerely,



Susan Carlson
Co-chair
Action for Children Commission

Executive Summary

In April 1991, the Action for Children Commission was created by Governor Arne H. Carlson to study the lives of young Minnesotans, develop a vision of what their lives should be like, and make recommendations to help the state achieve that vision. We drew on many sources for our information, beginning with a review of 25 recent state and national reports on children, and discussions with several hundred Minnesotans in meetings around the state and with communities of color. Though our primary intent was to determine the state's role in achieving our vision for children, it became clear that state government cannot do it alone. Public, private, and nonprofit organizations as well as every individual must be involved. This report does not mark the end of a process, but rather a beginning.

Minnesota's Children and Youth

Children in the 1990s are experiencing a childhood which is often far different from that of their parents.

- Today, 1.2 million Minnesotans, 27 percent of the population, are under age 18. This number has been decreasing, and will continue to decrease.
- Since 1980, the percent of married couples with children has decreased, while the number of single parent families has grown by nearly 42 percent.
- Mothers of young children are the fastest growing group of new entrants into Minnesota's labor force.

Even with all the changes that have occurred, childhood is still a good time for many Minnesota youth and their families. Families of all races and cultures are able to provide nurturing environments for children, some despite tremendous disadvantages and needs. Still, while life is good for many Minnesotan children, more and more children and families are not flourishing here. According to a 1990 Roper poll, 60 percent of Americans believe that the situation for children in this country has become worse over the past five years. Statistics support their beliefs.

- One child in five now lives in poverty in Minnesota. From 1979 to 1989, child poverty in this state increased 78 percent.

- Almost 69,000 children have no health insurance. Children make up 18 percent of the state's 370,000 uninsured people.
- Sixty-five percent of the 50,000 Minnesota families that turned to food shelves for help in 1990 included children under 18.
- Forty-seven percent of Minnesota's 9th graders report using alcohol; 76 percent of 12th graders do.

The barriers for children of color are even more striking:

- Minnesota's African American and American Indian children are much more likely than white children to die before age four.
- In 1989, children of color were over-represented in foster care in Minnesota by a ratio of 7-to-1, compared to a 2-to-1 ratio nationwide.
- While Minnesota has one of the highest high school graduation rates in the country at 88 percent in 1987, the rate for African American youth was 50 percent; for American Indian youth, 52 percent; and for Hispanic youth, 73 percent.

Families Coping with Change

Coping with changes in society often proves challenging for families. Schools and workplaces have not always adapted to meet changing family needs. Families continually encounter written and unwritten policies in communities, workplaces, and other institutions that make life stressful for them.

Families are the primary environment for nurturing children, but we must remember it is the way a family functions, not the way a family looks, that is important to children. A major influence on a family's functioning is the support parents receive from an informal support network of friends, relatives, neighbors, and community institutions. Unfortunately, many Minnesota families lack such a network and the assistance that it can provide. It is important to remember that all families have different needs, and that an environment which supports families is one in which families can decide for themselves what assistance they need and get that help when they decide they require it. Policies aimed

Executive Summary

at promoting such environments must acknowledge external influences on families while allowing the individual family to determine what it needs.

It Costs Money to Raise Children

"If you work, you shouldn't be poor," says David Ellwood, Harvard University Professor of Public Policy. Yet a full-time job at minimum wage earns barely two-thirds of the poverty level for a family of four. Most Minnesota families have at least one employed parent, yet it is estimated that 11.3 percent of these families live below the poverty level. Minnesota has nearly 120,000 single-parent families with children. Single-parent families are generally poorer because most are headed by women, who on average earn one-third less than men, and can rely on only one income. That only 36 percent of the \$315 million in child support obligations are paid makes life much harder for many single-parent families.

Poverty has many effects on children. It can lead to poor nutrition, which can have permanently damaging effects during the formative years and later. Vaccinations and prenatal and perinatal health care are crucial preventative care measures which families may not be getting. The number of children needing public assistance has risen steadily over the last decade, to 109,922 in 1990, and many of the counties with the highest AFDC dependency rates are in northern Minnesota, rather than the metro area.

Lost Potential

Without a positive sense of self esteem, it is difficult, if not impossible, for an individual to realize his or her full potential. Children with low self-esteem are found in all socioeconomic groups. This is partially indicated, for example, by the fact that alcohol use is widespread among young Minnesotans and that one in every nine respondents to the Minnesota Student Survey reported attempting suicide. Sexual harassment was identified by youth at our October Youth Conference as a problem in schools and places of work. Children often suffer from low self-esteem when they do not feel they are respected or consulted about things that directly affect their lives. Self-esteem can be enhanced, however, when young people are engaged in positive community leadership and service.

In 1988, 4,800 children were born to teen mothers, who often do not receive adequate prenatal care. Teen mothers are less likely to graduate from high school, and many end up raising children in poverty.

Many Minnesota children have experienced discrimination. One survey reported that minority youths were three to seven times more likely than whites to say that they worried about unfair treatment due to their cultural heritage. Others are caught between cultures as their families resettle in a new country.

Traditional Services Inadequate

The Commission heard from people across the state that services exist that are effective and cost-efficient. Scores of individuals who work with children and families report remarkable changes. However, we also heard from many Minnesotans that services are often designed to "fix" problems rather than to prevent them from occurring. Often, services are provided with little understanding of the client family's cultural or ethnic background. The Commission's upcoming work will include further study of the service delivery system to ensure that the state continues in its role to create policies, secure ongoing funding, and assist in program development that places children and families as a high priority.

The Vision

Based on its work over the last year and its understanding of Minnesota's children and families, the Commission adopted the following vision statement to guide the Commission's work:

Children and youth live in families, nurtured and supported by parents and other caregivers. But caregivers need the support of the community, the state and society to fulfill their crucial role in bringing up children. Our vision for children and youth sees communities, neighborhoods and institutions of all kinds around the state devising strategies and goals to enhance their support of families. Every community in Minnesota will work toward the vision that every child:

- Experiences reciprocal, positive human relationships.

- Feels valued as a family member and a community member.
- Lives in a safe, secure, stable environment.
- Realizes his or her potential for good health.
- Learns to his or her utmost ability.
- Participates as a responsible community member.
- Values and respects his or her community, the world, and the diversity of its people.

The Commission also developed indicators of child well-being to allow us to see over time how changes in policy affect children and families in Minnesota. The indicators presented in the report should be considered preliminary, and may be refined and expanded as the Commission's work progresses.

Increase rate/percentage of:

- Prenatal care in first trimester.
- Children adequately immunized.
- Children and youth meeting national physical fitness standards.
- Children receiving child support.
- Infants with established paternity.
- Children and youth who volunteer.
- Children and youth in school-based service.

Decrease rate/percentage of:

- Low birthweight babies.
- Violent/accidental deaths of children.
- Youth using alcohol.
- Teen pregnancies.
- Children and youth in poverty.
- Child abuse or neglect.
- Children caring for themselves before and after school.
- Children and youth of color who worry about racial discrimination.
- Children and youth with low self-esteem.
- Hours children and youth watch television.

Recommendations and Strategies

The Commission has drafted recommendations on how the state may reach the vision put forth here. Strategies for implementation are included. Soon, the Commission will begin working with individuals and

communities to help them work out the specific actions that need to be taken in their communities to make the vision a reality.

The Commission was guided in developing these recommendations by a series of principles that strongly influenced the final shape of the recommendations. These principles assert that we must work on several fronts at once; that we must involve the public, private, and non-profit sectors; and that we must all take some responsibility in helping to support families in our communities.

Recommendation: Mobilize communities, workplaces, schools, and other institutions into an integrated, long-range effort to strengthen families' ability to successfully raise their children and assure that their children are fully ready for school.

- Mobilize communities to plan, develop and implement services.
- Convene a statewide meeting of business leaders and workers to develop guidelines for family-friendly workplaces.
- Develop community-based family support centers to assist parents and children before severe problems occur.
- Make the availability of quality early childhood care and education a top priority.
- Develop a "Family-Impact Statement" to assess the impact of state-funded programs on children and families.
- Institute community prenatal and post-natal home visits by paraprofessionals.
- Convene a task force to combat negative or inappropriate messages in the media.
- Establish a state accountability system of goals and indicators based on key desirable results for children.
- Create an information system integrated across state agencies.

Recommendation: Reduce poverty for all families with children.

- Ensure that within two years all of Minnesota's children will have access to quality health care and affordable health insurance coverage. Increase the number of children who are fully immunized.

Executive Summary

- Enforce child support agreements more vigorously, and provide a government-insured benefit when absent parents do not meet their obligations.
- Convene a bipartisan, multi-sector summit to devise strategies to lift children out of poverty.
- Develop and support pilot programs to help working poor and welfare-dependent families become economically self-sufficient.
- Ask state agencies and departments to give strong consideration to graduates of its job training programs when hiring.
- Create a work group under the direction of the Housing Finance Agency to study the housing aspects of various policies and actions.
- Increase the number of established paternities to ensure access to benefits from the father, such as Social Security.

Recommendation: Make children and youth active partners in community decision-making.

- Integrate mentor programs and community service work into all school curricula.
- Challenge institutions of higher learning to conduct research and incorporate curricula related to mentors and community service into all teacher training programs.
- Establish a statewide network for prospective mentors.
- Challenge all employers to develop internship and apprentice-type programs for youth.

Recommendation: Act to celebrate cultural diversity and end all forms of discrimination.

- Develop a statewide resource and monitoring network that will support local organizations and government in developing multi-cultural, gender-fair approaches to their work.
- Ensure that public entities take swift and decisive actions regarding employees or departments that do not adequately face human rights or diversity issues.
- Initiate a public awareness campaign to create the public will to eliminate racism and other forms of discrimination.
- Convene a meeting of leaders from diverse communities to discuss strategies to support families.
- Require compliance with Minnesota's human rights laws in order to receive state funding.

Recommendation: Require schools to become active partners with parents, youth and community agencies, social and health services, businesses, and young people.

- Make strong, effective, culturally diverse early childhood development programs part of the education system's mission.
- Integrate education, school, health, and social services for children of all ages.
- Designate agency-level responsibility for school readiness.
- Jointly locate services such as social, health, recreation, library, and educational services in all new or remodeled school facilities.
- Provide a choice of full-day programs for children by linking schools and community resources.
- Make the Career Teacher program available to all children.
- Fully fund comprehensive programs such as Head Start that have proven to be effective.
- Fully involve youth and parents in decision-making in schools.

Recommendation: Overhaul the state service delivery system to produce better results for children and families. Require improved coordination of local, county, state, and federal government programs. Make programs and services more accountable for results. Discontinue ineffective or inefficient services, and support services that produce results.

- Eliminate barriers that keep parents, youth, teachers, and social workers from becoming partners.
- Create a Children's Cabinet made up of the heads of the state departments which affect children most directly. The agency heads will keep the vision, plan and coordinate a budget and services for children, ensure that diversity is celebrated, stimulate local action on children's issues, and advocate support for children and families.
- Adopt the set of Guiding Principles for Service Delivery developed by the Commission's Service Delivery Committee.

The next step in elevating the priority of children's issues is to include the appropriate key players in developing specific action steps for each strategy.

A Time of Change, A Time for Change

The Action for Children Commission began, in April 1991, to assess the condition of Minnesota's children, to develop a vision of the kind of life young Minnesotans should have, and to propose ways to work with the changes happening around us to reach that vision.

We started by reading and summarizing more than 25 recent reports issued by various national and state commissions. Then we met with several hundred Minnesotans, many of them teens, around the state in nine different locations. We included individual meetings with African American, American Indian, Hispanic, and Southeast Asian communities. Our intent was to focus on what state government could do to achieve our vision for children. Determining the state's role continues to be a significant part of the Commission's efforts, but it has become obvious to us that state government alone cannot do what needs to be done for children. Reaching the vision will require the efforts of all sectors, public, private, and non-profit, from statewide groups and local institutions, as well as from each of us individually.

This report does not mark the end of a process, but rather a beginning. It is a framework for a long-term process of self-examination and self-education about what is happening in Minnesota and what the events happening around us mean for our children.

Kids Can't Wait contains several parts. Since we must know where we are before we can begin moving forward, it provides a brief overview of what life is like for young Minnesotans in the 1990s. It contains a vision for what the lives of Minnesota's children should be like that was created from the views of Minnesotans throughout the state. It contains a

series of recommendations to Governor Arne H. Carlson and to the people of the state, and broad strategies to reach the vision. And it includes a set of indicators — tools that we can use to measure how well we are doing in realizing our vision for children.

Kids Can't Wait contains one more element, something between a challenge and a plea to you to talk about this report, think about it, discuss it with friends and neighbors — maybe even get into a few arguments. The vision described here will be realized only if the people of Minnesota believe we are on the right track and want it to happen. Let us know what you think. Drop us a note with comments or suggestions. The task of working with others to figure out how needed to get Minnesota where it needs to be begins now. And we cannot do it right without you.

Minnesota's Children and Youth

We live in a time of great change, affecting everything from the shape of nations to the shape of families. Childhood is profoundly affected as well. The following trends and statistics portray a life for most children that is far different from childhoods of their parents:

■ Today in Minnesota there are nearly 1.2 million children under the age of eighteen — 27 percent of the state's total population, a slight decrease (.4 percent) since 1980. This will decline to 25 percent by 2010. We will see an increase (13 percent) in the number of 15- to 19-year-olds in the 1990s, however. [Minnesota State Demographer, U.S. Census Bureau]

■ In Minnesota, the percentage of married couples with children actually declined over the last decade, while the percentage of single-parent

families grew by nearly 42 percent. [Minnesota State Demographer, U.S. Census Bureau]

■ Mothers of young children are the fastest growing group of new entrants into the labor force in Minnesota. According to a report from the state Commission on the Economic Status of Women, of Minnesota's 5- to 12-year-olds living with married couples, 75 percent live in families where both parents work outside the home. By 1995, the rate is expected to climb to 80 percent. Today, almost 60 percent of all mothers of children under age 6 work outside the home.

Childhood is obviously different today, and yet life is good for many Minnesota children and youth of all races and cultures. They live in families that can provide them with the nurturance and guidance they need. They attend schools that challenge them to achieve their potential. Many of our youth spend time in their communities volunteering in day care centers and nursing homes. Some tutor younger children. Others demonstrate their community interests through commitments to religious activities or participation in local events. And they grow up with hope and optimism for the future. Some of these children come from backgrounds of extreme need and disadvantage, and it is through their tremendous resilience that they have managed to achieve their current health and growth. These children will become responsible adults, good parents, capable employees. Yet while life is good for many, an increasing number of children and families in Minnesota are not flourishing.

According to a Roper poll in 1990, 60 percent of Americans believe that the situation for

children in this country has become worse over the past five years; many (29 percent) believe it has become much worse. [National Association of Children's Hospitals and Related Institutions, Inc., *Kids' Clout.*] Some of our children and youth experience the kind of environments and conditions that we have come to associate with Third World countries. Many live in families that are in turmoil. Their parents are not able to nurture. They live in isolation within families or communities who never engage them in discussion or positive action. These children are suffering physically, mentally, and spiritually:

■ One child in five now lives in poverty in Minnesota. From 1979 to 1989, child poverty in this state increased 78 percent, compared to a national increase of 26 percent. Only one state, Wyoming, had a larger increase. [The Center for the Study of Social Policy, *Kids Count*]

■ Almost 69,000 Minnesota children are uninsured for health care. They make up 18 percent of the 370,000 uninsured Minnesotans. [Minnesota Health Care Access

Commission Survey, as reported by Children's Defense Fund]

■ Sixty-five percent of the 50,000 Minnesota families that turned to food shelves for help in 1990 included children under 18. In the suburbs of the Twin Cities, 77 percent of households using food shelves included children. [Urban Coalition, *Hunger Hurts*]

■ Almost half of Minnesota's 9th graders say they use alcohol. By 12th grade, the rate rises to 76 percent. One-fourth of all students report family alcohol and/or drug problems. [Minnesota Department of Education, *Student Survey Report*]

"Prevention has always been the cornerstone of public health. If we want good health for our people, we need to start laying the foundation from the earliest moments of life. The unmet health needs of mothers and children — especially in our communities of color — must be our highest priority."

-Marlene Marschall, Commissioner
Department of Health

■ The number of Minnesota children in foster care has risen dramatically from a total of 11,681 in 1986 to 15,332 in 1990. This year it is estimated that Minnesota will spend more than \$105 million for out-of-home placement, while less than \$15 million will be spent on efforts to keep children in their homes. [Minnesota Department of Human Services]

According to the 1990 Census, the population of children of color increased by 73 percent from 1980. During the same time the population of white children actually decreased by 4 percent. The barriers for children of color are even more striking:

■ Minnesota's African American and American Indian children are much more likely than white children to die before the age of four. [Minnesota Planning, *Minnesota Children: Indicators and Trends*]

■ In 1989, children of color were over-represented in foster care in Minnesota by a ratio of 7-to-1, compared to a 2-to-1 ratio nationwide. Children of color make up about 33 percent of the Minnesota children in foster care. [Minnesota Department of Human Services, *Minnesota Minority Foster and Adoptive Care, 1989*]

■ While Minnesota has one of the highest high school graduation rates in the country at 88 percent in 1987, the rate for African American youth was 50 percent; for American Indian youth, 52 percent; and for Hispanic youth, 73 percent in that year. [Minnesota Planning, *Minnesota Children: Indicators and Trends*]

■ While Minnesota's 8th grade students are tied for fourth in overall average mathematics proficiency, only 20 percent scored at or above anchor level 300 — mathematic materials that

should have been introduced during 7th grade. [U.S. Department of Education, National Center for Education Statistics, *The State of Mathematics Achievement*]

Families Coping with Change

At the same time that the trends for children are looking worse, many Minnesota families seem to be under more stress. A Gallup Poll conducted in 1988 found that only 23 percent of parents expressed a belief that society places a value on being a parent. [The Gallup Organization, *A Study of the Parental Experience of American Parents*.] A Winona resident agreed: "Society does not value child-rearing." The demands of work, a highly mobile society, and changing values have left parents feeling they have no

support system within their communities. Many can no longer count on extended families or neighbors to share in child rearing. "In the past, we had built-in support systems — neighbors, grandparents," a parent in Worthington said.

"People don't have time for coffee klatsches anymore, to get to know their neighbors or develop a support group."

For many parents and children, family life is locked on fast-forward. "We live in a microwave, push-button world, a 'right now' society," a parent in Winona said. "There never seems to be enough time." Affordable, quality child care is hard to find. The school day and school year are still structured on the assumption that each child has a parent waiting at home. Job demands make balancing work and parental responsibilities difficult and stressful. "The work place has the responsibility to be more flexible with their employees and to recognize the needs of the workers to put their family

"We need to know what works, and develop a list of what's there. We'll need to know where people are falling through the cracks and not participating in programs."

-Dr. Barbara Leone, Family Physician
Model Cities Health Center Inc.

matters first," said a participant in the Grand Rapids meeting. But that isn't happening.

For other parents and children, particularly in poor families, life is locked in slow motion. It takes many families an enormous amount of time and energy to make it through daily tasks that others regard as easy and routine. A parent's energy may be focused on how to obtain enough food for the children to eat today, whether the bus will run on time, whether the doctor will see the sick child even though there is no insurance and the family is behind in its bills, whether there will be beds at the shelter so the whole family can stay together this evening. Parents told us they must often fill out multiple application forms, endure long enrollment periods, and comply with duplicated procedures in order to obtain needed services.

"The family unit is so shaken up, compared to the Cleavers of *Leave it to Beaver*, that there is more depending on other structures," said a Grand Rapids parent. Those structures are not responding, however, with the kind of flexibility and assistance that families need, according to the parents, children, youth and others who spoke to the Action for Children Commission. Even though virtually all adults say they value children, we heard from parents that many communities, work places, and institutions have been organized with written and unwritten policies and understandings that are counterproductive to the well-being of children and families.

Families are the primary environment for nurturing their children. But how do we define today's family? The State of Colorado recently established a task force to examine its definition of family. In its report to Governor Roy Romer, the task force recommended the following definition:

"Every child deserves the opportunity to develop to the fullest potential, and the family unit is the primary institution for promoting the growth and development of children."

-Natalie Haas Steffen, Commissioner
Department of Human Services

*"Families are diverse in their structure, yet all families carry out a set of functions that meet the needs of family members. These functions include security and the ability to provide basic shelter, food, clothing, health care and economic sustenance. Families also provide nurturance, the emotional support, motivation, and caring needed by each individual. The family is also responsible for socialization or transmittal of basic values, beliefs, responsibility and accepted rules of society. Within the family structure the process of education begins as children learn to think critically, as well as develop attitudes about learning as a life-long endeavor. The family is also the arena in which self-esteem or positive self-regard and confidence are passed on to each member. Each develops a sense of belonging, of group identity, of validation that enables all family members to have the belief that the future holds hope and promise. These family functions are cumulative and must be built upon strong foundations." [Policy Academy Team on Families and Children at Risk, *Strategic Plan for Colorado's Families and Children*]*

If we acknowledge that it is what families provide for children rather than what they look like, it will be easier to provide support where it is needed. It is difficult but not impossible for a single parent to provide the above functions for children. If the single parent can count on friends and relatives for help, if the community institutions respond to the single parent's needs and circumstances with flexibility, respect and caring, and if the single parent feels competent at childrearing, then things can go well.

It is also true that two-parent families need help and support at times. "Increasingly in this

community," a St. Cloud resident said, "both parents are working and the kids are left alone. We need a community that kids can grow up and feel safe in." About 50,000 Minnesota children age 5 to 12 have no adult supervision after school, according to the Minnesota Department of Education. Research has shown that children who are regularly home alone after school for 11 or more hours a week are more likely to use alcohol, tobacco and drugs. [*Star Tribune*, September 7, 1989]

On a daily basis, children and youth spend less time with caring adults than ever before. The average time parents spent with their children decreased by 10 hours per week from 1960 to 1986, according to Victor R. Fuchs in *Women's Quest for Economic Equality*. Family time has become a rare luxury for many parents and children, and yet parents have the primary responsibility to provide a safe "home base," provide opportunities for their child to develop other caring relationships, demonstrate healthy role models, and to listen to their kids.

Television and advertising promote behaviors and attitudes that are detrimental to children and youth. By the time children graduate from high school, they will each have spent 15,000 to 20,000 hours watching television as compared with 11,000 to 12,000 hours in school. [Evelyn Kaye, *The Family Guide to Children's Television*.] A national committee of behavioral scientists has concluded that television violence has as strong a correlation with aggressive behavior as any other factor measured. [U.S. Department of Health and Human Services, *Television and Human Behavior*.] "Television does not provide

positive role models," a parent in Winona said. "On television, people deal with conflict by walking out or hitting each other."

Commission members believe many of the images and messages including violence, portrayed on television, in the movies, and in the recording industry, are harmful to children and families. The media reach more children directly and with greater impact than almost all other institutions.

Parents need support and assistance from friends, relatives, neighbors, and community institutions in order to combat these societal forces that seem to be tearing away at family life. When that happens, the quality of life for children is usually good. Many of Minnesota's families do not currently receive such help. In families that are isolated or alienated from sources of support, the quality of children's lives suffers. Developing environments that are supportive of families is a complex process, because all families are different and have different needs. Yet

all individuals can take responsibility to assist other adults and children in their families, neighborhoods and communities.

An environment that supports families is one in which families can identify what they need, and get help when it is needed. A successful family support policy acknowledges external pressures on families, allows the individual family to help determine what it needs, and accepts the role of culture in community and family decisions regarding children. It also acknowledges that families must have their basic needs met.

"We are seeing increasing gang problems with 13- to 17-year-old youth, and with that more violence. Adults make money out of kids' entertainment — movies, television — and the message sent out is that violence is good and entertaining. We as adults must take responsibility for this. There is a need to be very aware of what our youth see, and how we adults convey certain messages."

**-Orville Pung, Commissioner
Department of Corrections**

It Costs Money to Raise Children

"If you work, you shouldn't be poor," says David Ellwood, a Harvard University Professor of Public Policy who spoke to the Commission. Yet the national minimum wage is \$4.25 per hour, or \$8,840 a year for a full-time job; \$13,359 a year is the federal poverty level for a family of four in 1990. Ellwood maintains it is low pay, not unemployment, that is at the crux of poverty.

Even though most families have at least one employed parent, many Minnesota families have incomes inadequate to meet their basic needs.

According to the U.S. Census Bureau, 11.3 percent of families with children under age 18 with one or more workers lived below the poverty line in 1990. The State Demographer's Office expects that Minnesota will parallel the national trend when the state poverty statistics from the 1990 Census become available.

"The lower class is getting larger," a Chaska resident told the Commission. "If you have a family to raise, but a job with no benefits, you can't make it."

Single-parent families are more likely to be poor because they often depend on only one income. According to the 1990 Census, Minnesota has 119,297 single parent families with children, most headed by women who, on average, earn only two-thirds of what men do. A recent internal document of the Minneapolis Planning Department predicts that if past patterns continue, between 58 and 67 percent of all births in the city of Minneapolis will be to unwed mothers by 1999. Ellwood suggests that awarding adequate child support and enforcing it would go a long way toward helping these

families achieve economic security. Even though child support is awarded, it isn't always paid. According to the Children's Defense Fund, in 1988 Minnesota had 142,573 child support enforcement cases. Of these cases, only 36 percent of the total amount of support obligations due — \$115 million out of more than \$315 million — was actually paid.

There is also increasing concern that to be competitive economically, businesses require skilled, trained workers. Low skills, or lack of education or training, can reduce opportunities for some employees to earn higher salaries.

Some parents who would prefer to stay home with their children cannot afford the loss of wages.

"Most parents of newborns need to get back to work right away for the additional income," noted a mother in Chaska, "but does that give enough time for bonding?"

"In order to effectively create strategies to reduce poverty, there must be a recognition that poverty does not come from a single cause. Employment, training, and education must all develop strategies and all must work together toward solutions."

-Thomas H. Frost, Commissioner
Department of Public Safety

Families in poverty struggle to meet the most basic needs. A participant in a

Commission meeting on the Fond du Lac Indian Reservation said, "Without proper nutrition, medical care, and housing, children cannot learn academic or social values at all. This must be addressed before anything else."

One reason that poverty can be so devastating to children is that its effects can be permanent, beginning with lack of prenatal care. Many pregnant women in Minnesota do not receive proper prenatal or perinatal care. In 1988, 20.2 percent of babies born were to mothers who did not receive prenatal care within the first three months of pregnancy, according to the U.S. Department of Health and Human Services National Center for Health Statistics. That is

just the start of many health care problems for children. Children in families that lack health insurance may not receive necessary vaccinations or medical attention for a problem until it becomes an emergency. By that time, permanent harm may already have been done. "We're not creating even playing fields," a Winona participant said. "Kids with similar innate potential won't have the same chance."

The lack of proper nutrition can cause developmental problems. Infants need proper nutrition to develop healthy brain cells and bones. Poor nutrition in the formative years is directly linked to later poor performance in school. Good nutrition is needed throughout childhood and the teen years in order to create the best opportunities for children and youth to experience healthy growth and development.

The Urban Coalition has reported that more than 50,000 Minnesota families, including 110,000 children, turned to food shelves for help in 1990. Having a job is clearly no safeguard against hunger. One-third of the households using food shelves in Greater Minnesota and 44 percent of those in the Twin Cities suburbs report that paid employment is their major source of income.

The number of Minnesota children needing public assistance has risen steadily in the last ten years. In 1990, a total of 109,992 children received AFDC. In 1991, the number had increased to 115,507 according to the Minnesota Department of Human Services. Such assistance may provide for basic needs, but it may also have a serious psychological cost. "Being on welfare is real demeaning," said a Worthington resident. "It creates a feeling of [being] 'not good enough'. If parents don't have positive self-esteem, they can't teach their kids positive self-esteem." Children and youth without

positive self-esteem experience poverty in a way that is different from a lack of income. The impact on children and parents is enormous when a poverty of spirit results in a lack of hope.

Poverty in families is a statewide problem, not one confined to the inner cities. According to the Children's Defense Fund-Minnesota, the 10 poorest counties in the state are rural; most of the counties with the highest rates of dependency on Aid to Families with Dependent Children are in northern Minnesota; and family earnings are lower and unemployment rates higher in some rural areas compared with the metropolitan area.

Lost Potential

"We must be very accurate about teen pregnancy. Don't just blame teen moms. In some communities it is reported that more than half are impregnated by a male over age 20."

***-James Renier, Chairman and CEO
Honeywell, Inc.***

Positive self-esteem and a sense of hope for the future is necessary for people to realize their full potential. Many of Minnesota's children, however, do not hold themselves in very high regard. Said a Winona pastor, "They're feeling empty."

In 1988, teenage girls in Minnesota gave birth to more than 4,800 children, according to the Minnesota Department of Health. "Teen pregnancy and mobility in families were not problems before, but they are now," observed a participant in the Commission's St. Cloud hearing. "Children are taking care of children without the support they need."

Teen mothers and their children often encounter problems associated with being a young parent. On average, only 50 percent of teen mothers begin prenatal care, an important indicator of future child health, within the first three months of pregnancy, compared to 80 percent of mothers over age nineteen. Correspondingly, teens are one and one-half times more likely to

A Time of Change, A Time for Change

have babies with low birthweight, a major cause of infant death and disability.

Teen pregnancy affects the mother as well. Nationally, only half of the young women who give birth before the age of 18 complete high school, compared to more than two-thirds of women who have their first baby at 18 or 19, and nine in 10 who waited until at least age 20 before having their first child. Three-fourths of single mothers under the age of 25 live in poverty. In Minnesota, almost half (47.5 percent) of the families in 1989 on AFDC began with a teen birth. [Children's Defense Fund-Minnesota, *Too Young Families*]

Alcohol use is widespread among Minnesota teenagers, but it is often ignored by parents and other adults. Young people and adults who spoke to the Commission cited alcohol use as a greater problem than drugs. Some youth commented that alcohol use occurs in the home, sanctioned by parents. Students and parents complained that punishment for alcohol use, particularly in the schools, is meted out less severely to some students than to others.

Many students we talked with indicated to us that sexual harassment was a problem for them either at the school or at their places of work. At the Youth Conference in October, one Commission member asked the participants to raise their hand if, since the beginning of the school year or during the last school year, they had been told about their school district's sexual harassment policy. Only a few hands were raised.

One of the student's responded, "At [my school], they said one sentence about sexual harassment and [it was] never brought up any more. I was sexually harassed at my job and

they were written up — that's one warning. Why do you have to have a warning? Why can't you be punished the first time?"

One reason some children do not feel valued and cared for is that they are rarely consulted about those things that directly affect their lives. Their perception is that adults don't value their opinions. "I want to be respected as a person and a student," said one teen at the Commission's Youth Conference. Another added, "We're not going to learn anything unless you give us the opportunity to do so. Part of that is giving us the respect that we deserve and not taking away our dignity." Many youth say they are not trusted with responsibility. A number of teens participating in Commission hearings raised issues concerning

their schools, such as why some incompetent teachers are allowed to keep their jobs, or why students aren't given a chance to work on improving their schools.

"Alcohol use by children and youth is a huge problem. We need action on teen alcoholism, including getting prevention and early intervention programs into schools."

***-Virginia Greenman, Consultant
Health and human services issues***

When young people are engaged in positive community leadership and service, self-esteem

is enhanced. This is where attitude change is most needed. Research shows that young people who serve as tutors, mentors to other children and caretakers of the environment increase their self-esteem. According to the Minnesota Department of Education, the number of youth participating in community service increased by 17,000 in 1991 over the previous year. Almost 57,000 youth are now involved in school-based youth service programs, including nearly 22,000 early-elementary-age youth.

The Minnesota Student Survey of 6th, 9th, and 12th graders found that one out of every nine students reported attempting suicide. In 6th grade, eight percent of both males and females report attempting suicide. Among students in

older grades, females are twice as likely as males to have made a suicide attempt. According to the Minnesota Department of Education, physical and sexual abuse are strong predictors of suicide attempts in adolescence. It is estimated that less than half of these children received professional help. Adolescent females are much more likely than their male counterparts to have suffered physical and/or sexual abuse and to feel alienated or disconnected from their families.

In addition, females also report higher levels of stress, poorer body-image and self-esteem, and eating disorder symptoms. As the Minnesota Women's Fund report on growing up female in Minnesota states, "One of the ironies about the kinds of problems girls face is that these problems often go unheeded by people in a position to help, because their problems tend to be quiet ones that don't directly affect other people." [The Minnesota Women's Fund, *Reflections of Risk*]

While children in many different circumstances feel excluded from life due to cultural or financial barriers, testimony from around the state indicated that children of color are experiencing greater feelings of exclusion from their schools and from the larger community in which they live. We heard in all parts of the state that many children in Minnesota suffer from discrimination and experiences that do not recognize and celebrate ethnic and cultural diversity. "Indian children are taught at home to experiment and *feel* things. This is not viewed as positive by the non-Indian world. Traditional classroom teaching methods don't allow for full learning," said one parent at the Fond du Lac Indian Reservation.

Compared to white children, African American and American Indian children are much more likely to drop out of school. In the 1989-90 school year, according to the Minnesota Department of Education, the drop-out rate for African American students in Minnesota was 13.1 percent, 12.4 percent for American Indians, 9.9 percent for Hispanics, and 4.9 percent for Asian and Pacific Islanders, compared to 2.8 percent for white students. Language barriers block many Hispanic and Southeast Asian youth from fully participating in the larger community.

In a 1990 youth survey conducted by the Urban Coalition, minority youths were three to seven times as likely as whites to say that they worry about being treated unfairly because of their race or ethnic group. The Urban Coalition reported that the result is that many minority adolescents see no positive future for themselves in mainstream society. "This denial of hope and vision has tragic consequences," the report states, "the worst

being that children start to lose faith in themselves and come to believe that rejecting drugs, staying in school, or being responsible about sexual behavior doesn't really matter one way or another." [Urban Coalition, *The Next Generation*]

Many Asian youth and families are experiencing additional stress. Family members may continue to reside in other countries. They may have survived incredible traumas before coming to the United States, and although they have resettled in a new country, they continue to experience acculturation difficulties. "It is hard being an Asian or minority person and getting caught

"In our meeting with the Hispanic community, parents expressed concern about placing their children in licensed day care because of the language barrier separating their young children from the care providers. The community is organizing to assist its own members in becoming licensed day care providers, but they require wider community assistance."

-Kathryn Checchi, Attorney

between cultures, so it's very important to be accepted by other people," an Asian youth told the Commission.

Traditional Services Inadequate

The Action for Children Commission identified services in Minnesota's communities that are effective, cost efficient, and provide significant opportunities for families and children to receive the help they need. Many communities have excellent programs demonstrating strong collaboration and partnerships to ensure that families receive the best services possible. Many individuals who work in programs observe remarkable changes in children and families.

But the Commission was also told by parents, children, and people who work with children that services are often designed to "fix" problems with little appreciation or understanding of the client family's cultural or ethnic background. Family needs are different, and family problems have changed dramatically over the years. The current system does not have the capacity to respond fully to current family needs. There are too many programs with different eligibility standards and cumbersome enrollment procedures. Many times family members participate in several different programs with little or no coordination. Too often, the system waits until the family is clearly in trouble before it can get help.

The Commission also discovered that there are a number of commonly-held misconceptions about the state's role in providing services to families and children:

Myth: The state delivers services. **Reality:** In most cases, the state does not directly provide services to families and children. Almost all services are delivered at the county or school district level. Many of the problems people relate concerning service delivery are issues or problems arising in the local setting at the point where services are delivered.

Myth: All services are good and helpful. **Reality:** This is not always true. Many examples were uncovered where services actually harmed the family more than helped

them, culture and heritage were ignored, negative attitudes of providers were a barrier to service, and some youth came away from the service worse off than when they began. Services must be provided in a setting with trust, mutual respect, privacy and confidentiality, and where people are not screened out because of subtle or blatant discriminatory policies and practices. Considerations of children's growth and development must be taken into account. We are beginning to

recognize the needs of the early years, but services available for children in middle childhood are often not appropriate to kids' needs and desires.

Myth: The "fix it" mentality is the right approach. **Reality:** In some cases, the idea that the family is broken and needs to be fixed is a significant barrier to receiving help. Families and children should not have to be labeled as broken or dysfunctional in order to receive services. Services should not be offered only to

"We must recognize the need to have local capacity, such as we saw in Minneapolis and in the Crookston area, to pull the pieces together and to provide for some overall direction and management of services. The scale depends on the area of the state; it might be a city, it might be a neighborhood, it might be a county, and in some parts of the state it could even be several counties. But flexibility and support for the kind of cooperation at the local level that we saw simply has to be a part of the what the state provides."

-James Solem, Commissioner
Minnesota Housing Finance Agency

families and children who are in a state of crisis. Successful services emphasize prevention, enabling families and children to better control their lives and fostering long-term change.

Myth: Coordination, collaboration or integration of services is a replacement for resources.

Reality: Not enough resources are available for families and children. Collaboration alone will not make up for an underinvestment in children. Nevertheless, collaboration is needed at both the policy level and at the service delivery level. It is critical to focus on achieving good results for children and their families, rather than services that are coordinated, collaborative, and integrated but do not meet the needs of families or children.

Myth: By fixing the state's role, we will have solved all service delivery problems.

Reality: While some changes can be made to improve the state's role, one significant step for the state may be to get out of the way and let community efforts occur. Many state-imposed rules and requirements impose unnecessary restrictions, which result in more paperwork for professionals and limited access to services by families who are seeking help. Sometimes rules are beneficial in curtailing policies and practices that are culturally destructive. But in other cases, rules are major barriers and routinely block access to services. The rulemaking process itself has become complex and cumbersome, and drains significant resources. The end result may be little or no flexibility at the local level to respond to the situation of a family. This results too often in the most expensive interventions being used too late with little likelihood of success.

Many Minnesota children and families are prevented from getting the help they need in a timely manner. There are striking similarities around the state in those identified barriers: family isolation, community attitudes, lack of transportation, lack of information about programs, fear of professionals, denial of eligibility, lack of resources, language or cultural differences, excessive paperwork, privacy concerns, and suspicion of the system.

A St. Paul woman who has worked on early childhood issues for many years said that the service delivery system is designed backwards. "We deliver 'services' and try to match the needs of families to the services available," she said. "It should be the other way around. We should assess families and develop services to meet their needs."

Though young people spend thousands of hours in the classroom by the time they graduate from high school, schools are not well integrated into the network of services. They are not structured to foster real, day-to-day

partnerships with families to meet children's developmental needs. Too often, schools function independently and in isolation from the broader community. They do not get the assistance they need from other community programs to meet the needs of the child.

An educator in Chaska commented: "Regulations are a barrier. Schools can't talk to human services...We engage in non-phone calls, non-answers. Kids don't fit title funding so they can't be served...We're all working separately, not together."

"I don't understand how we can meet our challenge in the scope of the same number of days, given what we try to do in the education system. When a new problem comes before our society, when people are smoking too much and we want to have an anti-tobacco campaign, we put a unit in the schools on not smoking. When we need AIDS education we put a unit in the schools to do that. Every time we do that we shorten the time we have for other academic pursuits."

-Gene Mammenga, Commissioner
Department of Education

We heard of individual teachers achieving remarkable results with children and youth, and of schools that work well within the community. These successes must be highlighted, replicated and rewarded. And we must develop incentives for local design, implementation, and responsibility for good results.

The state's role must be to continue to create policies, secure ongoing funding for successful programs beyond their demonstration stage, and assist in program development that places children and families at a high priority. State government must strengthen its ability to support local communities in their efforts to support children, youth and families. A social worker in Minneapolis remarked, "The most effective and cost-effective resource for children is families. The more we support parents, the better off children will be."

The Call to Action

"We can talk about the problems forever...We need action now," declared an advocate for the Hispanic community in Worthington. "Children are suffering now."

And we — as a state, as organizations, and as individuals — must take action. A participant in the Crookston meeting said, "Problem resolution is everyone's job: individuals, parents, government, business, and community."

Historically, our approach in Minnesota has been to frame policy solutions in the context of specific 'problems' facing children or families. While well-meaning, that approach has created a fragmented and disjointed state bureaucracy.

The Commission discovered that as a state, Minnesota is spending an estimated \$4.5 billion in federal, state and local taxes every year on children and families, funding more than 250

services, programs and boards spread across 32 state agencies. Often our services provide too little, too late. We continually design programs and policies that deal with a single aspect of family life while ignoring the big picture — the larger social and economic forces that affect the well-being of children and families. Public policies that target families and children in isolation from their environment may avert some personal tragedies, but they do not break the cycle for many others.

We must begin to look at the whole range of issues that make it difficult for families to succeed. Blaming families and children for their misfortunes or simplistically creating more or different programs that offer a short-term fix is

"Focusing on the positive aspects of why certain families work will not necessarily foster success for others or cause them to act. We need to find things to make people act on behalf of their own, and indeed, all children."

-Elva Walker, CEO
National Purity

no solution. Blaming problems on families because of culture, economic circumstance, or marital status must end. While the primary responsibility for raising healthy children continues to rest with families, they cannot accomplish that mission alone. As the Commission was reminded in Minneapolis, "It takes all kinds of

people to raise children."

The Commission heard from people across the state that we need to increase the money Minnesota spends on programs that serve children and families. The need is great. Yet the 1990s are likely to be a period of economic contraction, not expansion. We need to consider how we can best use what we already have, set priorities for state spending by shifting dollars from other areas into much needed opportunities for children, and develop new sources of assistance. We also must enhance the ability of parents to provide financial and emotional support for their children, and of communities to support parents.

The economic future of Minnesota is directly connected to the state of its children. Public policies that promote a healthy business climate and create jobs that provide flexibility for working parents serve the interests of children and families. An investment in helping all Minnesota children attain their full potential will pay off in the long run, both socially and economically.

Likewise, achieving a strong economic environment in the state cannot be underestimated as a factor in improving conditions for Minnesota's children. It may well be that one of the most important things we can do for Minnesota's children is to ensure that the adults who care for them have access to jobs that

pay well and still allow workers to spend time with their families.

There is no single, or simple, answer to the problems facing children and families. Misplaced priorities have created a crisis. If we refuse to invest in Minnesota's human resources, we guarantee a bleak and dismal future. If every sector of society, including business, civic and community groups, religious organizations and government, acts to strengthen the lives of families and children in their community, Minnesota's children and youth will have opportunities to lead healthy, safe, educated, valued, and respected lives, in turn becoming active participants to ensure a stronger future for all of Minnesota.

"A ring of professional intervention services and treatment systems has too often taken over for the family and community rather than supporting and encouraging family and community roles."

-Terri Barreiro, Senior Director
United Way of Minneapolis

The Vision

Minnesota Communities that Care for Children and Families

We must change the way we think about and act toward Minnesota's children and families. Minnesota must make children its top priority for action and resource allocation. The primary role the state must play is one of active, visionary leadership.

We must take a new approach. There is no time left for patching here and adding pieces there. We must develop and provide services to children and families based on a developmental framework that accepts that all families at some times need help in doing some things.

This approach requires lifting children and families out of poverty. It also requires a multi-strategy plan that recognizes state government cannot "do it all": parents, individuals, communities, schools, churches, and businesses must all participate in the effort.

We cannot separate our children's well-being or destiny from our own. To sustain the high quality of social, economic, and cultural life in Minnesota, we must make a sustained commitment to value and care for all our children.

The Vision

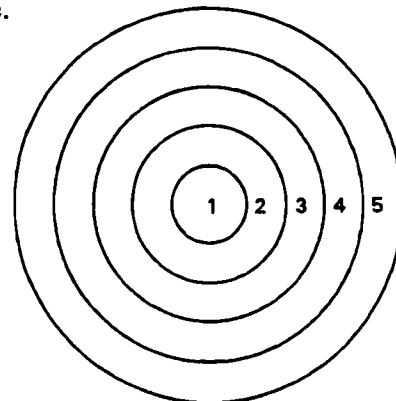
Our vision for children and youth sees individuals, communities, neighborhoods and institutions around the state devising strategies and goals to enhance their support of families. Every community in Minnesota should adopt and work toward the vision that every child:

- *Experiences reciprocal, positive human relationships.*
- *Feels valued as a family member and a community member.*

- *Lives in a safe, secure, stable environment.*
- *Realizes his or her potential for good health.*
- *Learns to his or her utmost ability.*
- *Participates as a responsible community member.*
- *Values and respects his or her community, the world, and the diversity of its people.*

A Community That Works

In trying to get an understanding of the forces at work in a child's environment, the Commission adopted an ecosystem model of child development originally developed by Urie Bronfenbrenner, a Professor of Human Development at Cornell University, and further refined by Dr. James Garbarino and others. This model illustrates and describes the sociocultural context in which children and families live and develop. A successful strategy must strengthen each element of the community's formal and informal support structure.



1. The center of the model includes the child and the parent(s) or other primary caregivers.

2. The second ring includes extended family, grandparents, neighbors, and other chosen relationships. The second ring is vital to the healthy development of the child. These are the people who can support the parent or caregiver and form positive, nurturing relationships with the child. Today, in some lives, this ring is impoverished. When there are not enough caring adults active in parents' and children's lives, the parent-child relationship can begin to wither. Social service, health, and education programs are designed to substitute for these relationships, but unless they act to help families reach out to friends and neighbors to establish an informal support network, the formal programs will never be enough.

3. The third ring includes community institutions such as churches, child-care centers, schools, parks, libraries, neighborhood organizations, employers, community centers, and businesses. When working together, they build the framework that undergirds family life. If family members feel supported by these institutions, they can count on them to help meet their children's needs. Schools that welcome parents as partners help the child bridge the gap between home and the classroom. Employers also play a role by allowing parents the flexibility they need to avoid family crises.

4. The fourth ring includes policymakers and those who govern or directly make decisions concerning the inner rings: city councils, county government, state government, school boards, park boards, and corporate boards. Policies developed in this ring may control or circumscribe the actions of persons or institutions in other rings. Decisionmakers in this ring often hinder the functioning of informal support systems.

5. The fifth ring includes advertising, the media, societal values and pressures, and global conditions. These forces often seem to intrude into family life in ways that parents feel powerless to combat.

As the diagram illustrates, parents and families do not exist in isolation. Research consistently shows that families function best when surrounded by strong, informal support systems that share their values and culture. Parents who can turn to their neighbors — in the broadest sense — are less stressed and healthier than those who feel alone and alienated. Just as children need to feel that their needs are valued by caring adults, parents must receive respect from the outside community. The late Earl Craig, Executive Director of the Minneapolis Neighborhood Revitalization Program commented: "The first and most important goal is to develop the people capacity of each neighborhood to address the issue facing it without having to rely completely on the public sector and private foundations...Every neighborhood, even the poorest, has people assets. Our job is to assist neighborhoods in utilizing those assets."

A Model Minnesota Community

If all support systems were working together to raise healthy, successful children, what would a model community look like? First, parents and others who are primarily responsible for children would be able to ensure that their children would be fed, housed, clothed, and kept physically safe. They would be able to nurture their children, a primary ingredient for positive self-esteem, developing a sense of trust, and becoming a successful adult. Parents also would transmit basic values and beliefs, and insist on responsible behavior. They would act as the child's first teacher, helping the child to create a thirst for learning. Parents and others who are primarily responsible for children would also value the child's place within the family, and convey a sense of hope for the future.

In a community that takes its role of supporting and helping families seriously:

- Families would have enough other caring adults to call on for support and encouragement.

Relatives, neighbors and friends could help create a safety net and give children a rich variety of adults to care about and to use as positive role models.

- Neighbors would band together to send clear messages to children and youth. They would look out for all kids' safety. They would help in times of need. They would let all children know they are valued as community members.

- Employment policies and procedures would be flexible enough to accommodate parents' schedules and enable them to spend time with their children without jeopardizing their jobs. Employers would recognize their role in supporting families by providing on-site child care or referral services, developing leave and schedule policies that help parents better balance work and family demands, and by creating a work place that acknowledges family priorities.

- Schools would be better integrated into community life. School officials, principals and teachers would work with parents and invite them to become partners in the education of their children. Teachers and school counselors would learn more about the child's home environment. Parents would feel comfortable and welcome in the school and become actively engaged. Children and youth would benefit by a better "match" between the culture of their home and their school. Teachers would get the support they need to do their jobs.

- Caring adults would take concerted action to combat alcohol and illicit drug use among children and youth, as well as other risky behaviors. The whole community would band

together to prevent alcohol and drug problems from destroying the lives of children and youth. Society's signals on alcohol and illicit drugs would be clear and consistent; children and youth would be deterred from ever using these dangerous substances.

- Children and youth would select from, and participate in, a broad range of educational and community service projects and programs. The entire community would serve as a classroom in which a variety of adults would help kids to develop the social and intellectual skills needed to become competent and productive citizens.

As valued community resources, children would be involved in decision-making in school and in the community.

- Culture, race, and gender would be viewed as resources in the community. Children with disabilities would enjoy full participation. Decision-making groups at all levels would include a racial and culturally diverse membership.

"My hope is that as we think about young people we will consider them as active partners in addressing important community needs. We need strategies for further leveraging the resources of young people in tutoring, mentoring, peer helping, substance abuse prevention, care for elders, environmental protection, economic development and a myriad of other models which benefit others while benefitting young people and improving learning."

-James Kielmeier, President and CEO
National Youth Leadership Council

- Religious organizations, non-profit agencies, and institutions would form partnerships with social services, neighborhood groups, and all levels of government to help develop innovative ways to reach out to children and youth. Caring adults would spend time with children and youth, and would be available to provide moral guidance and instruction.

- Every child would have access to life's basic necessities. No child would go to bed hungry or malnourished. All children and youth would have decent clothing, a safe, permanent place to live, and access to quality health care.

■ Policy makers (at both local and state levels) would spend time listening to the needs of children and families and develop strategies to support them. They would tailor human services to meet the identified needs of families, not to satisfy interest groups or bureaucrats. They would involve parents and youth as decision-makers and problem-solvers rather than seeing them as problems to solve. They would ensure a comprehensive approach to helping those in need.

■ Community leaders would develop an inventory of community strengths and weaknesses, and would plan to be accountable for improving the quality of life for children and families.

■ Major media organizations would develop programs to educate, inform, and inspire youth, not cater to appetites for sex and violence. Media leaders would work with civic, community, and religious organizations to develop public awareness campaigns and regular programs that support family and community values. Television would run educational and informational programs and advertisements for parents.

Children's Indicators

Minnesota is in an excellent position to demonstrate national leadership in shaping specific policies to support children and families. Its citizens can draw upon a wealth of community resources, a rich tradition of active participation in community life, and a cultural history of responding to social concerns. Before debating broad policy options, however, it is wise to consider and establish specific indicators of success. These indicators will enable us to know if we are moving in the right direction, and if we are moving fast enough toward our vision.

The indicators described below should be considered preliminary. They are intended to provide guidance to policy makers and individuals working on behalf of children and families. While the list has been evaluated by experts in various fields, it should not be considered exhaustive or comprehensive. There are currently several major initiatives underway in the state, each examining a separate field or area of focus concerning children. These initiatives may suggest added indicators.

Healthy Children

Indicator	Past	Present	Future*
Decrease the percentage of low birthweight babies born in Minnesota	5.1% (1980)	5.0% (1988)	
Increase the percentage of babies whose mothers begin prenatal care in the first trimester of pregnancy	77.9% (1980)	79.8% (1988)	
Increase the percentage of children who are adequately immunized	73.8% (1980)	56.4% (1990)	
Increase the percentage of children and youth who meet national physical fitness standards	n/a (1980)	n/a (1990)	
Decrease the percentage of violent and accidental deaths for children and youth	34% (1980)	33.5% (1988)	

Decrease the percentage of youth using alcohol:			
9th grade	n/a	48%	
12th grade	n/a	76%	
	(1980)	(1989)	
Decrease the rate of pregnancies for teens:			
under age 15	1.5/1000	1.5/1000	
age 15 - 17	36.9/1000	29.6/1000	
	(1980)	(1988)	

Basic Needs Being Met

Indicator	Past	Present	Future*
Increase the percentage of children who receive full payment of awarded child support	n/a (1980)	56% 1990	
Reduce the percentage of children and youth in poverty	10.2% (1980)	n/a (1990)	

Nurtured Children

Indicator	Past	Present	Future*
Increase the percentage of infants born to single mothers where paternity is established at birth	315/1000 (1981)	347/1000 (1987)	
Reduce the number of children abused or neglected	360/100,000 (1980)	790/100,000 (1990)	
Reduce the percentage of children caring for themselves before and after school hours	n/a (1980)	25.5% (1991)	
Decrease the percentage of children and youth of color who worry about racial discrimination	n/a (1980)	33% (1989)	
Decrease the percentage of children and youth with low self-esteem	n/a (1980)	n/a (1990)	

Involved Children and Youth

Indicators	Past	Present	Future*
Increase the percentage of children and youth who volunteer one to five hours per week	n/a (1980)	n/a (1990)	
Increase the number of children and youth who participate in school-based youth service programs	n/a (1980)	56,968 (1991)	
Decrease the percentage of children and youth who spend 21 or more hours per week watching television or videos	n/a (1980)	n/a (1990)	

* In Phase II, the Action for Children Commission will work with Minnesota Milestones to set benchmark targets.

The Vision

The Action for Children Commission has identified other indicators considered to be vital to establishing accountability for the well-being of children, youth and families. However, they are not currently being measured:

Percentage of students who view the rules set by their parents as fair and reasonable

Percentage of students who feel they can talk to their parents

Percentage of students who feel they have adults other than their parents they can talk to

Percentage of young children who are read to regularly

Percentage of young children who must repeat kindergarten or be placed in a transitional classroom

Percentage of youth who believe in their future and have hope

Percentage of time children and youth spend one-on-one with an adult during the day

mathematics, science, history, and geography; and every school in America will ensure that all students will be prepared for responsible citizenship, further learning, and productive employment in our modern economy.

■ U.S. students will be first in the world in science and mathematics achievement.

■ Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

■ Every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning.

"Because children in poverty are at greatest risk, we must give them our first consideration. The best way to do this is with Head Start; national studies continue to document the effectiveness of Head Start in ameliorating the life long impact of childhood poverty."

*-R. Jane Brown, Commissioner
Department of Jobs and Training*

The National Governor's Association and Minnesota 2000 are developing a number of indicators to assess progress toward these goals:

High school graduation rate

Education Indicators

In addition, the Commission recommends the development of measurements to assess the national education goals which are being adopted (with modifications) and promoted by the Minnesota 2000 initiative. By the year 2000:

■ All children in America will start school ready to learn.

■ The high school graduation rate will increase to at least 90 percent.

■ American students will leave grades 4, 8, and 12 having demonstrated competency in English,

4th, 8th, and 12th grade student scores on national math test, or comparable test

4th, 8th and 12th grade student scores on national science test, or comparable test

Percentage of students engaged in some form of community service

Percentage of Minnesota students attending and completing some form of post-secondary education

Percentage of Minnesota 18-to-24-year-olds registered to vote

Recommendations

Our recommendations to the Governor and the people of Minnesota are based on our vision for Minnesota's children. Following each recommendation are suggested strategies.

The next phase of the Commission's work will be to stimulate and, in some cases, to create action plans or tactics for each strategy, including costs, cost savings, and assigned responsibilities. It is inappropriate at this time to develop specific tactics without the participation of communities and individuals from across the state. The Commission learned in its work that some of the least successful strategies and programs were designed from the top down, instead of from the bottom up. The state Legislature also must be recognized as vital in our effort to strengthen and support families and children, and legislators must be involved in the next phase. The legislative process provides important opportunities for public commentary, open hearings on policy and funding issues, and legislative decisionmaking, which is crucial to strengthen and support Minnesota's children and families. A Legislative Commission on Children, Youth and Families, created in 1991, will provide an additional forum for policy and funding discussions.

There are no simple solutions to the issues facing Minnesota's children and families. There is no single, easy-to-implement strategy to reduce teen pregnancies, or alcohol and drug use. We have tried simple solutions and miracle programs in the past. Now we must work on all the recommendations in concert to ensure that

when children or youth need help, we have comprehensive approaches that work. Good single-focused programs are no longer good enough. We need more than rhetoric extolling the virtues and importance of strong families. We must find the political will and leadership to make a unified and sustained commitment to helping families succeed. We already have an excellent understanding of what needs to be done to ensure better results. In framing its recommendations and strategies, the Action for Children Commission was guided by the following principles and recommends these guide all state government actions:

Principles for Action

- Children and youth live in families, nurtured and supported by parents and others. The crucial role and influence of these adults cannot be overemphasized. But caregivers need the support of the community, the state, and society to fulfill their responsibilities. All families require some support in raising healthy, successful children.
- Families need to be able to provide for the basic needs of their children, including food, clothing, health care, safety, and adequate, stable housing. No child in any Minnesota community should ever go without these necessities.
- All Minnesota children and youth can be successful in school and become contributing adults. Schools, families, and communities together create the conditions for success.

"The cost of ignoring the problems of children and their families is overwhelming. How many prisons can we afford to build?"

-Alice Johnson, State Representative
Minnesota House of Representatives

Recommendations

Strong, healthy development is a goal for each child in Minnesota.

- Children and youth are resources within their families and communities. Beginning at an early age, every young person in Minnesota should be encouraged to regularly contribute time and talent to the community. Youth participation in community life builds self-esteem and competence. Children and youth need the opportunity to serve and to provide community leadership.

- Cultural diversity is one of Minnesota's greatest riches and should be cherished and preserved. Children of all backgrounds must have an equal opportunity to enter the social and economic mainstream. Racial, cultural, and ethnic diversity must be respected and celebrated in all policies and programs for children and families. Policies to support the family should recognize and build on unique family strengths.

- Increased emphasis must be placed on providing a continuum of services, from prevention and early intervention to crisis intervention and treatment. We need to change our focus from managing crises to preventing them. Services should be easily accessible and focus on achieving specific positive results.

- Human services must be offered in a manner that helps children and families help themselves. Services should be shaped to meet the needs of their consumers — children and families. Youth must have a voice and should be included or represented in discussions concerning design and delivery of services for them.

- Communities, neighborhoods, and institutions of all kinds must play a role in supporting families. State government's role is to support the community by setting policy, basic funding levels, and establishing a framework for serving families and children.

Recommendations and Strategies

Recommendation:

Mobilize communities, workplaces, schools, and other institutions into an integrated, long-range effort to strengthen families' ability to successfully raise their children and assure that their children are fully ready for school.

Strategies

Community Planning and Service Delivery: Plan and implement services at the community level. They must be comprehensive to address the needs of the whole family. Include all sectors in decision-making and problem-solving. Include parents and youth. Develop technical assistance and incentives such as planning money, funding flexibility, and information and training for communities wanting to better coordinate services and policies to support their families. This might include forming local action councils made up of representatives from the community's public, private, and nonprofit sectors. The statewide Action for Children Commission would provide assistance, and the collaboration would spark community dialogue on common values and on the need to respect children.

Family-Friendly Work Places: Convene meetings of business leaders and workers around the state to discuss their successful experiences and roles in supporting families and to develop guidelines for encouraging "family-friendly employment policies." The Action for Children Commission could help arrange these meetings. Chief executive officers and business owners need to require their managers to follow through on company policies allowing for flexibility.

Family Centers: Develop community-based support centers to enhance school readiness before problems of children become multiple and severe. Parents should have the opportunity in these centers to support and learn from each other. The centers would also provide opportunities to manage neighborhood issues. Models are already in place in the state that, if fully funded, would accomplish this strategy.

Early Childhood Care and Education Support: Make quality early childhood care and education a top priority. Support the recommendations of the Child Care Task Force, Commission on the Economic Status of Women, to (1) increase the Basic Sliding Fee Program to all eligible families; (2) improve quality and availability of child care by improving worker skills, improving worker wages, and improving licensing services; and, (3) create the Early Childhood Care and Education Council to coordinate child care and related policy and to improve accessibility for families.

Family-Impact Assessment: Require all current and proposed state-funded programs to adhere to family-support principles. A checklist should be developed to assess those principles. Programs that do not support the family should not be funded.

Home Visiting: Institute a community system of home visits to pregnant women and new parents by resident health paraprofessionals. Visits should begin during pregnancy and continue for up to three years. Services should include in-home developmental screening, provision of child development information, and counseling for parents on available community supports. A model that already exists in a few locations in the state is the *Way to Grow* program, which locates services in well-accepted local organizations and hires home visitors to help families link up with services they need.

Media Information: Convene a task force to explore regulatory and voluntary measures to

address negative or inappropriate messages including graphic violence and sexual images that appear on television, in movies, and in products of the recording industry.

Children's Milestones: Establish a state accountability system of goals and indicators based on desirable results for children and families which will effectively communicate the results and be a force for improvement.

Common Database: Create an information system integrated across state agencies that collects information on results of programs for families and children in a systematic way, and use this information to improve services to children.

Recommendation:

Reduce poverty for all families with children.

Strategies

Children's Health Care and Immunizations: Within two years ensure that all children have access to health care and affordable health care insurance coverage. Increase the number of children who meet immunization requirements by removing barriers to timely immunization.

Child Support: Rigorously enforce child-support agreements and establish a government-insured benefit for cases in which absent parents do not meet their support obligations.

Poverty Summit: Convene a bipartisan, multi-sector summit meeting to select from and act on economic strategies to lift children out of poverty. The Action for Children Commission would work with the Department of Jobs and Training to build on its sponsored programs and conferences.

Recommendations

Pilot Programs: Develop and support pilot programs such as the Minnesota Family Investment Plan to help both working-poor and welfare-dependent families become economically self-sufficient.

Job Connection: Require state agencies and departments to give strong consideration to graduates of state jobs training programs when hiring. Secure similar commitments from businesses, nonprofit organizations, and local governments.

Housing for Families with Children: Create a work group under the direction of the Housing Finance Agency to report back to the Children's Cabinet on a regular and continuing basis; to be given responsibility for looking at housing aspects of various policy recommendations and agency actions; and to work with Action for Children in the redesign of programs that combine housing and social services for families with special needs.

Paternities Established: Increase the number of paternities established at birth to ensure that children receive Social Security benefits, inheritance, armed service-related benefits, health care coverage, and other benefits.

Recommendation:

Make children and youth active partners in community decision-making.

Strategies

Integration into Curriculum: Integrate mentor programs (student-student and adult-student) and youth community service learning into school curriculum at every grade level and in every discipline, as well as into community-based organization activities. Provide incentives and technical assistance to help local school districts and action councils develop active learning and

community service strategies that engage children and youth in real school and community jobs and projects.

The Need for Research and the Role of Post-secondary Education: Challenge institutions of higher education to conduct research and incorporate curricula related to mentor programs and youth community service in all teacher training programs.

Mentor Recruitment and Quality Standards: Establish a statewide network for prospective mentors, provide technical assistance to local communities, evaluate the effectiveness of mentor programs, and develop quality standards.

Job Connection: Require state agencies and other public employers to develop internship, school-to-work transition, and apprenticeship programs for youth — including low-income youth, youth of color, and youth with disabilities. Challenge private and nonprofit-sector employers to do the same.

Recommendation:

Act to celebrate cultural diversity and end all forms of discrimination.

Strategies

Statewide Resource and Monitoring Network: Develop a statewide resource and monitoring network that will support local Action for Children Councils, family centers, schools, and youth-serving organizations in developing and evaluating multicultural, gender-fair approaches to their work. This network should coordinate and publicize existing efforts. It would not require a new organizational structure.

Employer Actions: Ask employers, the state and other public entities to take swift and decisive action regarding employees or

departments that fail to adequately address human rights and diversity issues. The state should provide leadership to public- and private-sector employers on these issues.

Public Awareness and Education Campaign:

Develop and initiate a public awareness and education campaign to create the public will to eliminate racism and other forms of discrimination. The ongoing campaign should promote respect for cultural and racial diversity and for people with disabilities, and portray all people, including youth, females, and people with disabilities, in positive roles.

Diversity and Culture as Resources: Convene a meeting of leaders from diverse communities to discuss their experiences and their role in supporting families, as well as strategies they have identified for their communities. Identify implementation opportunities and possible resources to achieve strategies.

State Funding: Require agencies to comply with Minnesota's human rights laws in order to receive state funding.

Recommendation:

Require schools to become active partners with parents, youth and community agencies, social and health services, businesses, and young people.

Strategies

Early Childhood Development: Make strong, effective culturally diverse early childhood development programs part of the mission of Minnesota's education system.

School Readiness: Designate agency-level responsibility for school readiness. Action for Children and Minnesota 2000 should jointly

develop a long-range initiative with specific action steps to address the school readiness of children. The state's business leaders, in conjunction with government and community leaders, should promote school readiness.

Integrated Services: Provide strong incentives for the integration of school, health, and social services for children, and provide training and technical assistance. Lift waivers to allow for joint funding.

Shared Facilities: Require joint location of programs such as social service, health, recreation, library, and school, in all new or remodeled facilities. Give the Commissioner of Education authority to withhold approval of plans for new or remodeled school facilities that do not include space for social service, health, and other youth services.

Choice of Full-Day Programs: Create a full-day option in school for all children to age 12, offering learning, enrichment, recreation, community service, and other youth activities in neighborhood and school settings.

Career Teacher Link to Families: Make the Career Teacher program, which currently exists in some school districts, available to all school districts to link each family to the school. Career Teachers are master teachers who want to advance in their profession yet continue in the classroom. Each child is assigned one Career Teacher who functions as educational case manager, and who is primarily responsible for ensuring the school readiness of each student. The Career Teacher should be provided with an effective referral system for obtaining help for students who need it.

Program Funding: Fully fund programs such as Head Start that are already proven to be effective. Implement a multi-year effort to ensure steady, supportable growth of such proven programs.

Recommendations

Involve Parents and Youth: Fully involve youth and parents in decision-making in schools including Planning, Evaluating, Reporting (PER) Committees, Minnesota Education Effectiveness Program (MEEP) teams and outcome-based education teams.

Recommendation:

Overhaul the state service delivery system to produce better results for children and families. Require improved coordination of local, county, state, and federal government programs. Make programs and services more accountable for results. Discontinue ineffective or inefficient services, and support services that produce results.

Strategies

Eliminate Barriers: Eliminate state and local regulations that limit the ability of parents, youth, social service professionals, teachers and community members to become partners with teachers in the educational program.

Create a Children's Cabinet: Create a cabinet-level policy council of agency heads from the Departments of Administration, Corrections, Education, Finance, Health, Human Services, Jobs and Training, Public Safety, the Housing Finance Agency, and Minnesota Planning. The Children's Cabinet will be headed by a senior member of the Governor's staff who would be responsible for aggressively advocating for children and families. The Children's Cabinet will serve the following functions:

- Provide continuing government leadership on issues affecting children and families and strive to realize Minnesota's vision of community concern.

- Work in partnership with Action for Children to foster public, private and non-profit sector involvement in children's issues, to create a common work plan to achieve major policy goals, and to lead a public awareness campaign to build support for Minnesota's children and families.

- Develop a state strategy and budget for children and plans for implementation. Member agencies would coordinate their efforts and identify gaps and duplication. The Cabinet would oversee a regular goal-planning and assessment process within each state agency and department.

- Develop a standing committee to promote racial and cultural diversity across state agencies and establish close relationships with county government, school boards, and community groups, such as the Council on Black Minnesotans, the Indian Affairs Council, the Spanish Speaking Affairs Council, and the Council on Asian-Pacific Minnesotans.

- Work with Action for Children and other organizations to stimulate local commitment and action on children and family issues by communicating major goals and expectations and providing resources and incentives for communities. The Cabinet would establish a mechanism to review waivers of state rules that impede local collaboration.

- Review the need for and supervise existing interagency committees and projects. Interagency committees would regularly report to the Children's Cabinet to further budget and policy objectives. Staff within state agencies would be made available to work with the Cabinet.

Guiding Policies: The Governor should adopt the following policies to be used as a guide to all future redesign of the service delivery system and for the work of the Children's Cabinet:

- Basic needs of children must be met.
- Families must have access to the support and assistance necessary to be the primary environment for nurturing their children.
- State government must support the local community in its efforts to support families, youth and children.
- There must be increased emphasis on providing a continuum of service.
- Services must be offered in a manner that enables, empowers and respects the child and family.
- How services are received is important. Services must be easily accessible, seamless, and there must be accountability for results.

Implementation Roles

This report, and its specific recommendations to build community support for

children and families throughout Minnesota, now goes to Governor Arne H. Carlson for his review. We have identified the key problems facing children and families in Minnesota and the groups and organizations that need to participate with the Governor and the legislature in developing solutions. The following "accountability scorecards" illustrate the key players to be included to work on each strategy. Please note that all of these key players are acting to support parents and family members, not replace them in their role as primary caregivers. The scorecards also do not reflect the expected role for all individuals to actively participate in providing support to children, youth and families.

The Action for Children Commission will work with the key players to develop tactical plans by July 1992 for each recommendation that will include specific actions, timelines, and budget projections. These plans will be available for use in preparing the budget for the 1993-94 biennium.

"Government priorities is the fundamental issue. Children's issues are regarded as peripheral and add-ons, with little success achieved except in K-12 education."

-Donald Fraser, Mayor
City of Minneapolis

RECOMMENDATION 1

Mobilize communities, work places, schools and other institutions into an integrated, long-range effort to strengthen families' ability to successfully raise their children and assure that their children are fully ready for school.

STRATEGY

KEY PLAYERS[†]

	Legislature	Executive Branch ^{††}	Local Community	Business	Action for Children	Children's Cabinet	Non-Profit Sector ^{†††}	Other
Community Planning and Service Delivery	X	JT	X	X	X	X*	X	
Family-Friendly Workplaces		JT	X	X	X*		X	
Family Centers	X		X			X*	X	Parents
Early Childhood Care & Education Support	X*	ED HS JT	X	X		X	X	
Family-Impact Assessment		JT			X	X*		
Home Visiting	X		X	X		X*	X	
Media Information			X		X*			
Children's Milestones	X	PL*	X		X	X	X	
Common Database	X	AD*				X		

[†] All of these key players are acting to support parents and family members, not replace them in their role as primary caregivers. This chart also does not reflect the expected role for all individuals to actively participate in providing support to children, youth and families.

^{††} Department(s) indicated by the key:

AD = Department of Administration

ED = Department of Education

HF = Housing Finance Agency

JT = Department of Jobs & Training

CO = Department of Corrections

HE = Department of Health

HS = Department of Human Services

PL = Minnesota Planning

PS = Department of Public Safety

RE = Department of Revenue

FI = Department of Finance

^{†††} Volunteer organizations, religious institutions, foundations, advocacy organizations

* Lead responsibility

RECOMMENDATION 2

Reduce poverty for all families with children.

STRATEGY

KEY PLAYERS[†]

	Legislature	Executive Branch ^{††}	Local Community	Business	Action for Children	Children's Cabinet	Non-Profit Sector ^{†††}	Other
Children's Health Care & Immunizations	X	HE			X	X [*]		
Child Support	X	HS				X [*]		Courts
Poverty Summit	X	RE FI JT HS		X	X [*]	X	X	
Pilot Programs	X	HS JT				X [*]	X	
Job Connection	X	ALL JT [*]	X	X			X	
Housing for Families with Children	X	JT HF				X [*]	X	
Paternities Established	X	HS [*]						

[†] All of these key players are acting to support parents and family members, not replace them in their role as primary caregivers. This chart also does not reflect the expected role for all individuals to actively participate in providing support to children, youth and families.

^{††} Department(s) indicated by the key:

AD = Department of Administration	CO = Department of Corrections	PS = Department of Public Safety
ED = Department of Education	HE = Department of Health	RE = Department of Revenue
HF = Housing Finance Agency	HS = Department of Human Services	FI = Department of Finance
JT = Department of Jobs & Training	PL = Minnesota Planning	

^{†††} Volunteer organizations, religious institutions, foundations, advocacy organizations

^{*} Lead responsibility

RECOMMENDATION 3

Make children and youth active partners in community decision-making.

STRATEGY

KEY PLAYERS[†]

	Legislature	Executive Branch ^{††}	Local Community	Business	Action for Children	Children's Cabinet	Non-Profit Sector ^{†††}	Other
Integration into Curriculum		ED [*]	X					Taskforce on Mentoring, Youth Service, MN 2000
The Need for Research & the Role of Post-Secondary Education		ED JT						Higher Ed. Institutions [*]
Mentor Recruitment and Quality Standards		ER AD [*]					X	MN Office of Volunteer Services
Job Connection	X	ALL JT [*]	X	X			X	Taskforce on Mentoring, Youth Service

[†] All of these key players are acting to support parents and family members, not replace them in their role as primary caregivers. This chart also does not reflect the expected role for all individuals to actively participate in providing support to children, youth and families.

^{††} Department(s) indicated by the key:

AD = Department of Administration

ED = Department of Education

HF = Housing Finance Agency

JT = Department of Jobs & Training

CO = Department of Corrections

HE = Department of Health

HS = Department of Human Services

PL = Minnesota Planning

PS = Department of Public Safety

RE = Department of Revenue

FI = Department of Finance

ER = Department of Employee Relations

^{†††} Volunteer organizations, religious institutions, foundations, advocacy organizations

^{*} Lead responsibility

RECOMMENDATION 4

Act to celebrate cultural diversity and end all forms of discrimination.

STRATEGY

KEY PLAYERS[†]

	Legislature	Executive Branch ^{††}	Local Community	Business	Action for Children	Children's Cabinet	Non-Profit Sector ^{†††}	Other
Statewide Resource & Monitoring Network			X		X	X	X	Councils of Color
Employer Actions	X	ALL					X	Governor [*]
Public Awareness & Education Campaign			X		X		X	Councils of Color
Diversity and Culture as Resources			X		X		X	Councils of Color
State Funding	X	ALL				X		

[†] All of these key players are acting to support parents and family members, not replace them in their role as primary caregivers. This chart also does not reflect the expected role for all individuals to actively participate in providing support to children, youth and families.

^{††} Department(s) indicated by the key:

AD = Department of Administration

ED = Department of Education

HF = Housing Finance Agency

JT = Department of Jobs & Training

CO = Department of Corrections

HE = Department of Health

HS = Department of Human Services

PL = Minnesota Planning

PS = Department of Public Safety

RE = Department of Revenue

FI = Department of Finance

^{†††} Volunteer organizations, religious institutions, foundations, advocacy organizations

^{*} Lead responsibility

RECOMMENDATION 5

Require schools to become active partners with parents, youth and community agencies, social and health services, businesses, and young people.

STRATEGY

KEY PLAYERS[†]

	Legislature	Executive Branch ^{††}	Local Community	Business	Action for Children	Children's Cabinet	Non-Profit Sector ^{†††}	Other
Early Childhood Development	X	ED JT				X [*]		
School Readiness		Governor decides lead	X	X	X	X	X	
Integrated Services	X	ED HE HS JT	X	X	X	X [*]	X	
Shared Facilities	X	ED HE HS JT	X			X [*]	X	
Choice of Full-Day Programs	X	ED [*]	X	X			X	
Career Teacher Link to Families	X	ED [*]	X					
Program Funding	X					X [*]		
Involve Parents and Youth	X	ED [*]	X	X	X	X	X	

[†] All of these key players are acting to support parents and family members, not replace them in their role as primary caregivers. This chart also does not reflect the expected role for all individuals to actively participate in providing support to children, youth and families.

^{††} Department(s) indicated by the key:

AD = Department of Administration

ED = Department of Education

HF = Housing Finance Agency

JT = Department of Jobs & Training

CO = Department of Corrections

HE = Department of Health

HS = Department of Human Services

PL = Minnesota Planning

PS = Department of Public Safety

RE = Department of Revenue

FI = Department of Finance

^{†††} Volunteer organizations, religious institutions, foundations, advocacy organizations

^{*} Lead responsibility

RECOMMENDATION 6

Overhaul the state service delivery system to produce better results for children and families. Require improved coordination of local, county, state, and federal government programs. Make programs and services more accountable for results. Discontinue ineffective or inefficient services, and support services that produce results.

STRATEGY

KEY PLAYERS[†]

	Legislature	Executive Branch ^{††}	Local Community	Business	Action for Children	Children's Cabinet	Non-Profit Sector ^{†††}	Other
Eliminate Barriers	X	ED	X		X	X*	X	
Create a Children's Cabinet		ALL				X		Governor*
Guiding Policies	X	ALL	X			X*		

[†] All of these key players are acting to support parents and family members, not replace them in their role as primary caregivers. This chart also does not reflect the expected role for all individuals to actively participate in providing support to children, youth and families.

^{††} Department(s) indicated by the key:

AD = Department of Administration

ED = Department of Education

HF = Housing Finance Agency

JT = Department of Jobs & Training

CO = Department of Corrections

HE = Department of Health

HS = Department of Human Services

PL = Minnesota Planning

PS = Department of Public Safety

RE = Department of Revenue

FI = Department of Finance

^{†††} Volunteer organizations, religious institutions, foundations, advocacy organizations

* Lead responsibility

Appendices

The Appendices section of the report provides some of the background information which the Commission studied during the last year. We hope that readers may find it useful. More detailed information is available by contacting the Action for Children Commission.

- Appendix A: **The Action for Children Commission.** Background information on the Commission, its charge, its history, and plans for the immediate future. Subcommittee membership is also listed.
- Appendix B: **Indicators.** Further explanation and data of the indicators as they relate to the vision set forth by the Action for Children Commission.
- Appendix C: **Summary of Statewide Public Meetings.** Summaries of each of the Speak Out for Children meetings held across the state during the summer of 1991. Each summary contains major concerns of each community, themes expressed in the public testimony, and community strengths that work to support children and families. In communities where the Commission met with service delivery providers, there is also a summary of that meeting. Sections are provided which detail barriers that families and children and service providers have encountered in the community, as well as recommendations from providers on how to improve the service delivery system. Also included is a brief summary of the Action for Children Youth Conference, attended by over 150 young people from across Minnesota.
- Appendix D: **Summary of Major Reports.** The Action for Children Commission studied a number of major national and state reports early on in its work. A brief summary of each report was drafted and compiled into a working document. This study gave the Commission a chance to see some of the best ideas of other organizations and commissions from the last few years.
- Appendix E: **Service Delivery Committee Report Summary.** The Service Delivery Committee was a subcommittee of the full Commission that focused on ways to improve the quality of state services to families and children. This is a brief summary of the Committee's report.
- Appendix F: **Annotated Bibliography.** A bibliography of the sources used for compilation of this document.
- Appendix G: **Acknowledgements.** The Action for Children Commission would like to thank all of those people who have helped make the first phase of their work possible. Without the assistance of the contributors and the volunteers, all of this would not have been possible.

Appendix A: The Action for Children Commission

Background

On March 19, 1991, Governor Arne Carlson announced the formation of the Action for Children Commission, and charged it with developing recommendations for bettering the lives of Minnesota's children. To head the effort, he appointed Minnesota's First Lady, Susan Carlson, and US West Vice President, Ron James, as co-chairs. "We understand that when we help a child today, we are preventing a problem tomorrow," Carlson said. "Every Minnesota child has a right to the basic necessities of life, a good education and a fair shot at reaching his or her full potential. We want this commission to bring us a list of concrete ways in which we can make all of those things a reality. We're bringing together people from government, from business and from the non-profit sector to find innovative solutions to those problems."

Charge to the Commission

Create a vision for Minnesota's children and families.

Develop and recommend strategies to improve opportunities for all children to reach their full potential.

Develop and recommend measurements by which to assess yearly progress toward that vision.

Recommend changes in the service delivery system that coordinate and concentrate resources on effective, high quality, "user friendly" services to those who need them.

Create and monitor a public dialogue in the state to highlight children's needs and the importance of meeting those needs.

Activities

Reviewed summaries of issues and recommendations from more than twenty-five national and state reports dealing with issues of children, youth and families written in the last three years.

Convened twelve **Speak Out for Children** meetings around the state in June, 1991 to create public discussions about what Minnesotans value and want for children and youth. Convened a youth conference in October, 1991 to gain input from Minnesota's youth.

Summarized the information from the **Speak Out** meetings and reported to the Governor by the end of 1991 a **Vision for Children and Youth in Minnesota** along with strategies that will start us on the road toward reaching that vision.

Studied the current structure at the state level for funding and administering programs and services to children, youth and families, and reported to the Governor by the end of 1991 a set of recommendations that will improve those services.

Continue to work with communities around the state in 1992 to mobilize efforts by business, government, community institutions, and private citizens to work toward improving conditions for all children and youth.

Action for Children Commission Working Committees

Service Delivery Committee

Mary Taylor Azzahir, Director, Minneapolis Way to Grow
 Dana Badgerow, Commissioner, Department of Administration
 *Terri Barreiro, Senior Director, United Way of Minneapolis
 Terry Bock, Director, Management Analysis, Department of Administration
 R. Jane Brown, Commissioner, Department of Jobs and Training
 Ralph Church, Commissioner, Department of Public Safety
 Lester Collins, Executive Director, Council on Black Minnesotans
 Albert V. DeLeon, Executive Director, Council on Asian Pacific Minnesotans
 Denise Devaan, Director, Minnesota CAP Directors Association
 Erna Fishhaut, Coordinator of Programs, Center for Early Education and Development, University of Minnesota
 Roy Garza, Director of Community Services, City of St. Paul
 Roger Head, Executive Director, Indian Affairs Council
 Nancy Hite, Executive Director, Minneapolis Youth Diversion
 Elena Inaksonas, Social Worker, Hennepin County Child Protection (rep. Spanish Speaking Affairs Council)
 Alice Johnson, State Representative, Minnesota House of Representatives
 Mark Kristensen, President, United Way of Winona
 Carolyn Levitt, MD, Medical Director, Children's Hospital Clinic
 Ella Mahmoud, Director, SEED Early Learning Academy
 Gene Mammenga, Commissioner, Department of Education
 Marlene Marshall, Commissioner, Department of Health
 Don Mleziva, Human Services Director, Wright County
 Ron Otterson, Executive Director, Center School
 Michael Peterson, Executive Director, Professional Association of Treatment Homes
 Robert Price, Retired Chairman and CEO, Control Data Corporation
 Orville Pung, Commissioner, Department of Corrections
 David Rooney, Community Services Director, Dakota County
 James Solem, Commissioner, Housing Finance Agency
 Ron Speed, Vice President, Honeywell, Inc.
 Natalie Haas Steffen, Commissioner, Department of Human Services
 John Taylor, Private Consultant
 Tom Triplett, Director, Minnesota Business Partnership
 Joyce Walker, Associate Professor and Extension Educator, 4-H Youth Development, Minnesota Extension Service
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Katie Williams, Director, YWCA Minneapolis Child Care Center
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 Lois Engstrom, Supervisor, Family and Adult Education, Department of Education
 Connie Greer, Director, Self-Sufficiency Programs, Department of Jobs and Training
 Jamie Halpern, Private Consultant
 Pat Jilk, Assistant to the Commissioner, Department of Public Safety
 Carolyn McKay, Director, Child and Maternal Health, Department of Health
 Mary Jo O'Brien, Deputy Commissioner, Department of Health
 Paula Prahl, Director of Education Policy, Minnesota Business Partnership
 Dick Quick, Juvenile Release Executive Officer, Department of Corrections
 Tom Rice, Executive Budget Officer, Department of Finance
 Laura Shaff, Assistant Commissioner, Department of Human Services
 Mary Scully Whitaker, Planning for Women Offenders Director, Department of Corrections
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 Jill Sammon, Legislative Relations Director, Governor's Office
 Ellen Schuster, State EFNEP Coordinator, Minnesota Extension Service
 Sharon Silkwood, Program Consultant, Mental Health, Department of Human Services
 Jan Gibson Talbot, Supervisor, Mental Health, Department of Human Services
 Kay Tracy, Director, Youth Programs, Department of Jobs and Training
 Mary Scully Whitaker, Planning for Women Offenders Director, Department of Corrections
 Hoa Young, Community Liaison Representative, Council on Asian Pacific Minnesotans

* Denotes Chairperson

Appendix B: Indicators

Reduce the percentage of children and youth in poverty.

1980 Data:

<u>Overall</u>	<u>White</u>	<u>Black</u>	<u>American Indian</u>	<u>Asian</u>	<u>Hispanic</u>
10.2%	9.1%	33.7%	33.7%	27.6%	19.1%

1990 Data: Data from the 1990 Census will be available in 1992.

Explanation: This is the percentage of children under 18 below 100% of the federal poverty level.

Source and Availability of Data: Census data will give poverty rates by race and also by county. Good data for states are not available between censuses.

Rationale: The poverty rate is an indicator of economic need that is correlated with significant risks for children. Children in the lowest economic ranks are more at risk for malnutrition, anemia, and asthma, yet they receive less medical care.

They are more likely to be living in substandard housing or to be homeless. Their attendance in school and school achievement are often lower than other children. Children in poverty are more likely to be living in stressful, dangerous or drug environments (*Children and Families: Key Trend in the 1980's*, House of Representatives Select Committee on Youth and Families, 1989).

Decrease the percentage of low birthweight babies born in Minnesota.

1980 Data: 5.1%

1988 Data: 5.0%

Explanation: Statistics are kept for babies born under 2500 grams.

Source and Availability of Data: Minnesota Department of Health, Center for Health Statistics.

Rationale: Low birthweight babies are 40 times more likely to die in their first month of life and five times more likely to die later in the first year than other babies. They are also much more likely to suffer from chronic conditions, including neurodevelopmental disabilities (*Beyond Rhetoric*, National Commission on Children, 1991).

Increase the percentage of babies whose mothers begin prenatal care in the first trimester of pregnancy.

1980 Data:

<u>State</u>	<u>African Am.</u>	<u>White</u>
77.9%	65.2%	79.1%

1988 Data:

<u>State</u>	<u>African Am.</u>	<u>White</u>
74.5%	47.4%	82.2%

Explanation: Minnesota Health goal number 8 for the year 2000 is to improve the health status of women of childbearing age and their children. Objective 8.1 is: The percentage of pregnant women who begin prenatal care in the first trimester of pregnancy will increase from 76% to 95%

Source and Availability of Data: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States: 1980, Vol. I - Natality (1984)*. U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States: 1988, Vol. I - Natality (1990)*.

Rationale: According to estimates by The Institute of Medicine and the American Academy of Pediatrics, each dollar spent on prenatal care prevents the need to spend \$2 to \$10 on high technology for low birthweight babies. Recent studies of the barriers and motivators to women participating in early and continuous prenatal care indicate that ambivalence about the pregnancy and psychosocial problems such as lack of child care and transportation, and provider factors such as lack of

continuity from visit to visit, lack of providers similar ethnic background, and lack of warm and caring providers play very significant roles in delaying care.

Increase the percentage of children who are adequately immunized.

1980 Data: 73.8% (3 DTP, 3 Polio, 1 MMR)

1990 Data: 56.4% (4 DTP, 3 Polio, 1 MMR)

Explanation: DTP = Diphtheria, Tetanus and Pertussis. MMR = Measles, Mumps, Rubella. The 1980 data is based on a birth certificate follow-up survey. 1990 data is based on retrospective surveys of children enrolled in kindergarten. Infants should begin receiving their immunizations at about 2 months of age and complete a primary series by 15 to 18 months. Need to measure at this time.

Although the criteria for complete immunizations have changed from 1980 to 1990, there is a belief that the decline in immunizations levels may be real. It also should be noted that the method used in 1990 (i.e., using immunizations records of kindergartners) will include children who have recently moved to Minnesota and consequently were not vaccinated in Minnesota. Because 85% of infants receive their immunizations from private physicians, our program efforts will need to focus most in this sector.

Source and Availability of Data: Minnesota Department of Health, Immunization Unit, Acute Disease Programs Section.

Rationale: According to *Healthy People 2000*, Department of Health and Human Services, Washington D.C., 1990, increasing immunizations rates lowers the risks of outbreaks of communicable diseases, which have recently occurred in areas with low immunization rates. The U.S. Department of Health has set a 90% rate of basic immunizations as a goal.

Increase the percentage of infants born to single mothers where paternity is established at birth.

1981 Data: 315.4 paternities established per 1,000 births to unmarried women (Children's Defense Fund, Children 1990).

1987 Data: 346.9 paternities established per 1,000 births to unmarried women (Children's Defense Fund, Children 1990).

Explanation: The above statistics are derived from U.S. Department of Health and Human Services formulas.

Source and Availability of Data: Currently, the data is not kept on an on-going basis. Paternities established by counties are reported to the state but paternities done privately are not. There is no uniform definition of "established paternity". Some counties count only the paternity orders from a judge, while others count declarations signed by both parents but never brought to court.

Rationale: According to *Our Children's Fathers* by the Children's Defense Fund, "One in five Minnesota babies is born to parents who are not married, a sharp increase over ten years ago... Because these babies will have only one legally responsible parent, they are more likely to be poor than are children born to married parents." Because paternity is not established in many cases, we have many children who may not get social security benefits, inheritance, benefits from the armed services, health care through the father's health-care plan, or worker's compensation benefits from the father.

Decrease the percentage of youth using alcohol.

1980 Data: N/A

1989 Data: Twelfth Graders: 76%

Ninth Graders: 48%

Explanation/Definition: Percentage of 9th and 12th grade students who have used alcohol at least once a month during the past twelve months. "Approximately 5% of students in Minnesota are absent from school on a given day. Since absentees undoubtedly compromise a disproportionate number of regular substance users (Johnson, C.A. and Solis, J. *Comprehensive*

Appendices

community programs for drug abuse prevention. National Institute on Drug Abuse Research Monograph 47), use prevalence rates derived from results of the Minnesota Student Survey must be considered slightly conservative" (*Minnesota Student Survey Report 1989*. Minnesota Department of Education)." This is a self-reported indicator.

Source and Availability of Data: *Minnesota Student Survey Report 1989*. This report is compiled and printed by the Minnesota Department of Education. The survey tool is in jeopardy of being terminated due to funding. Editor's note: This survey is widely accepted and has many different facets. Its use could even be expanded. The Action for Children Commission recognizes its intrinsic value and has expressed the hope of continuing this project on a regular basis. It represents a comprehensive qualitative analysis of social behaviors among youth.

Rationale: According to the *Minnesota Student Survey Report 1989*, "Alcohol and drug use impede development during a period of rapid change. Adolescence is an important growth period in an individual's life, and substance abuse presents risks at every level. Under the influence of alcohol and drugs, young people are particularly prone to lapses in judgement, putting them at risk for serious injury or criminal behavior. Young people on alcohol and drugs also engage in more high-risk sexual behavior, putting them at risk for AIDS and other sexually transmitted diseases. Regular use can result in a loss of interest in other activities, school and leisure pursuits."

Decrease the rate of pregnancies for teens.

1980 Data: Rate per 1,000 by age group: under age 15: 1.5 15-17: 36.9

1988 Data: Rate per 1,000 by age group: under age 15: 1.5 15-17: 29.6

Explanation: This would be for females under age 18.

Source and availability of data: Minnesota Health Statistics, 1988, Center for Health Statistics, MN Department of Health.

Rationale: According to the Center for Disease Control and the *Healthy People 2000* report, "This measure is a marker for other social and behavioral risk factors and represents a group with barriers to health care." Pregnancies among teens through 17 years result in poor outcomes for both mother and baby much more often than do pregnancies generally. Consequences may include prenatal and birth complications, difficulty with neonatal care, and infant mortality. These represent huge preventable personal and social costs.

Decrease the percentage of violent and accidental deaths for children and youth.

1980 Data: Ages <1: .04% 1-4: 40% 5-9: 55% 10-14: 66% 15-19: 82% Overall: 34%

1988 Data: Ages <1: .02% 1-4: 35% 5-9: 55% 10-14: 70% 15-19: 86% Overall: 33.5%

Explanation: Violent and accidental deaths are defined as: Unintentional injuries, homicides, suicides, legal intervention, injury undetermined whether accidentally or purposely inflicted. This indicator measures the percentage of all deaths for ages 0-19 for all major racial and ethnic groups that are violent or accidental.

Source and Availability of Data: Minnesota Department of Health, Center for Health Statistics. Statistics kept yearly, but a three-year lag time exists in publication.

Rationale: Homicides, suicides and accidents cause 64% of deaths to Minnesotans under age 19. For 10 to 19 year-olds, the rate rises to 80% of all deaths. Many of these deaths are preventable.

Reduce the number of children abused or neglected.

1980 Data: Per 100,000 children under age 18: 360

1990 Data: Per 100,000 children under age 18: 790

Explanation: Numbers are based on reports of maltreatment submitted to the Department of Human Services from county social service agencies. Changes in reporting laws and training of professionals to report that occurred throughout the 1980's contributed to the increase in the number of children determined to be maltreated throughout this ten year period.

These numbers reflect only occurrences of maltreatment within the family unit and within facilities licensed by the Department of Human Services. Statistics are for children under age 18 per 100,000.

Source and Availability of Data: Children's Services Division, Department of Human Services.

Rationale: Abuse affects the development of the child. "Neglect contributes to emotional illness, mental retardation and a variety of physical handicaps. Less obviously... it tends to produce people whose ability to live independently is marginal and who are really unable to work productively during much of their lives" (Norman Polansky, *Damaged Parents: An Anatomy of Child Neglect*). Research shows that some children who are abused often grow up to abuse their own children.

Reduce the percentage of children who are caring for themselves before and after school hours.

1980 Data: N/A

1991 Data: 25.5%

Explanation: This indicator is for children 9 - 12 years of age.

Source of Data: *A Minnesota Survey on School Age Child Care: A Report to the Minnesota Department of Education.* Resources for Child Caring, June, 1991.

Rationale: According to an Associated Press article in the *Star Tribune*, youngsters who are regularly home alone after school for 11 or more hours a week are more likely to abuse alcohol, tobacco, and marijuana as compared to children who aren't "latchkey kids". In a poll of public school teachers, 51% ranked "children being left on their own after school" as a significant factor affecting children's performance in school. A 1986 study that the University of Wisconsin found that the further 10-15 year olds were removed from adult supervision, the more likely they were to respond to peer pressure to engage in undesirable behavior.

Decrease the percentage of children and youth of color who worry about racial discrimination.

1980 Data: N/A

1989 Data: 33% of Minority Youth

Explanation/Definition: Sources of worry are identifiable through self-reporting. The recommended milestone will be tracked in the *Minnesota Student Survey Report 1992*. The indicator would track those sixth, ninth, and twelfth grade students who respond "Racial discrimination" to the question: "Which of the following do you worry about very much? "Minority youths were 3 to 7 times as likely as whites to say that they worried about racial discrimination (being unfairly treated because of my race or ethnic group). Forty-one percent of Asian girls expressed high levels of worry about discrimination compared to only 5 percent of white girls" (*The Next Generation: The health and well being of young people of color in the Twin Cities*, Urban Coalition of Minneapolis, January 1990).

Source and Availability of Data: *Minnesota Student Survey Report 1989*. This report is compiled and printed by the Minnesota Department of Education.

Rationale: "While the majority of adolescents are not indifferent or apathetic, many do not see any positive future for themselves in mainstream society. There is no national purpose which emphasizes that young people of color are valued, either for who they are or who they can become. This denial of hope and vision has tragic consequences, the worst being that children start to lose faith in themselves and come to believe that rejecting drugs, staying in school or being responsible about sexual behavior doesn't really matter one way or another" (*The Next Generation*).

Decrease the percentage of children and youth with low self-esteem.

Explanation/Definition: Self-esteem will be identified through self-reporting of ninth graders, utilizing a series of questions that represent a self-esteem scale. The recommended milestone will be tracked in the *Minnesota Student Survey Report 1992*.

Source and Availability of Data: *Minnesota Student Survey Report 1989*. This report is compiled and printed by the Minnesota Department of Education.

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Rationale: Those with low self-esteem are at more of a risk for anti-social behaviors (e.g. alcohol use, drug use, suicide, high risk activities, etc.) Self-esteem is also a predictor of academic performance.

Increase the percentage of children and youth who meet national physical fitness standards.

Explanation/Definition: The data is not yet kept on a statewide basis. Proposals exist to do so using criteria-based rather than norm-based figures (i.e. how much you as an individual improve over a period of time rather than how do you compare to everybody else).

Source and Availability of Data: Minnesota Department of Education is currently working on a fitness battery that may include: stress, nutrition, healthy lifestyle, cholesterol level, etc.

Rationale: *Life and Health* (CRM Books, 1972) states "For centuries man has been vaguely aware that exercise and fitness are important to his well-being. Not until recently, however, has science begun to document the nature and extent of the relationship between exercise and health. Studies comparing the cardiovascular systems and heart-disease experiences of sedentary and active workers within specific occupations have shown that the more active workers have less disease and lower death rates than their sedentary counterparts....some... disorders identified were chronic fatigue, shortness of breath, overweight, digestive upsets, headache, backache, anxiety states, muscular weakness and atrophy, muscle bone, joint ligament, tendon pain and injuries, high blood pressure, atherosclerosis, coronary artery disease, and generalize, accelerated, degenerative aging."

Decrease the percentage of children and youth who spend 21 or more hours per week watching television or videos.

Explanation: Watching television or videos is identifiable through self-reporting. The recommended milestone will begin to be tracked in the *Minnesota Student Survey Report 1992*. The indicator would track those 6th, 9th, and 12th grade students who respond "21-40", or "41+" to the following question: "During the school year, how many hours in a typical week do you spend doing each of the following?....Watching TV or videos..."

Source and Availability of Data: Not available yet. Will be asked on the *Minnesota Student Survey Report 1992*. This report is compiled and printed by the Minnesota Department of Education.

Rationale: By the time a child graduates from high school, he or she will have spent more time watching TV than attending school; the potential effects of this are a great concern. There is little direct proof that TV watching has detrimental effects on children, yet many research studies document a strong association between excessive TV watching and low achievement in school. Research suggests that five to six hours per day is about the point where adverse effects occur. TV watching up to three hours a day can be beneficial for some children.

Violence on TV is a particular concern because it can become a model for social behavior. In a review of research on the effects of TV violence for the U.S. Department of Health and Human Services, a committee of behavioral scientists concluded that TV violence has as strong a correlation with aggressive behavior as any other behavior measured. A reduction in TV watching will lessen the exposure to TV violence and create opportunities for more rewarding activities.

Increase the number of children and youth who participate in school-based youth service programs

Explanation: In 1991, the Minnesota Legislature combined the funding for youth development and youth service and stated that the revenue of 75 cents per capita for fiscal year 1992 and 85 cents per capita and thereafter may be used to implement a youth development plan approved by the school board and provide a youth service program.

Source and Availability of Data: *Youth Development and Youth Service Report, 1991*, Minnesota Department of Education. Will continue to be collected by the Minnesota Department of Education.

Rationale: Volunteering promotes the personal, social, and intellectual development of young people and prepares them to become involved and effective citizens (Conrad, D. and Hedin, D. "School-Based Community Service: What We Know from Research and Theory". *The Phi Delta Kappan*).

Increase the percentage of children and youth who volunteer one to five hours per week.

Explanation: Volunteering is identifiable through self-reporting. The recommended milestone will be tracked in the *Minnesota Student Survey Report 1992* by asking how many hours students volunteer per week (possible responses include, "none", "1-5", "6-10", "11-15", "16-20", "21-40", and "41+"). Youth will be 14-18 years of age.

Source and Availability of Data: Not available yet. Will be asked on the *Minnesota Student Survey Report 1992*. This report is compiled and printed by the Minnesota Department of Education.

Rationale: Volunteering promotes the personal, social, and intellectual development of young people and prepares them to become involved and effective citizens (Conrad, D. and Hedin, D. "School-Based Community Service: What We Know from Research and Theory". *The Phi Delta Kappan*). In turn, communities, workplaces and other people will be enriched because youth will provide needed services.

Increase the percentage of children who receive full payment of awarded child support.

Explanation: Child support is not being received in full or on time in too many cases. Judges are in many cases ordering support at less than guidelines. Counties aren't handling modification cases, much less enforcement cases, because of lack of resources/lack of personnel. Many child support orders are never updated when jobs/income change.

Source and Availability of Data: *Economic Consequences of Divorce in Minnesota*, Phase 3 Research Report, May 1991, Kathryn D. Rettig, PhD; Lois Yellowthunder, PhD. Department of Family Social Science, University of Minnesota, Twin Cities. This was a one-time study.

Rationale: "Measures of economic well-being indicate that child-support awards (assuming complete payment) do not meet the minimum economic needs of children. The actual court-ordered child support awards met 56% of the minimum subsistence level of living for the children as indicated by the poverty level, 45% of the United States Department of Agriculture's estimated cost of raising children, and 35.5% of cost of children using Espenshade's child-related expenditures. The children typically lived with the parent earning the lowest income who was least able to compensate for the inadequacy of the child support award." (*Economic Consequences of Divorce in Minnesota*, Phase 3 Research Report, May 1991, Kathryn D. Rettig, PhD; Lois Yellowthunder, PhD. Department of Family Social Science, University of Minnesota, Twin Cities).

Appendix C: Summary of Statewide Public Meetings

MINNEAPOLIS

QUOTE: *"We need to approach children's problems as our problems."*

May 30, 1991

YMCA Auditorium

Sponsor: City of Minneapolis

Participants: 63

Testifiers: 19

Public testimony format

Major Concerns

- Too many children in poverty
- Children of color experiencing all negative outcomes to a greater degree than white children
- Too many young people are experiencing serious health problems

Summary of Testimony

- The gap between the haves and have-nots is widening. Poor children and their families can be considered "economic refugees". Affordable, suitable housing is a need for many families. We have created "an industry" out of poverty.
- Mental health services and help for abused kids are inadequate.
These comments were expressed by individuals:
- Children need stable, nurturing adults in their lives. Too many of the adults are under too much stress. Children need to get their needs met.
- Problems begin when families divorce.
- The religious community can be involved by creating a theology of children, by breaking down the barriers between parents and non-parents, and by advocating for children. (2 testifiers)
- Children of color are at greatest risk. Southeast Asian youth are in crisis, torn between American schools and Asian parents.
- American Indian youth suffer high rates of every negative indicator. Abuse, school drop-outs, poverty, family (multi-generational) alcohol abuse, suicide, parental unemployment. There is hurt, pain, and anger.
- African Americans need better access to health care services; the racial composition of service providers is mostly white.
- Gang problem results from dysfunctional families.

Identified Strengths

- Recognition of diversity and the need to address racial tensions
- Partnerships/coordination between different segments of the community.
- Strong leadership from the mayor and city government around children and youth issues.
- Wide choice of activities for teens.
- Private sector leadership in many initiatives for children and youth.

MINNEAPOLIS
Service Delivery Providers

Participants: 16

Focus group format

What prevents families and children from receiving the help they need?

- Lack of specific services (e.g., school based clinics)
- People are uninformed
- There aren't preventative programs
- People don't know about resources
- People are fearful about trying to access services
- Cultural barriers

What barriers do providers run into when helping children and families?

- Paperwork. About 50% of caseworker time is spent on paperwork.
- Service providers need to know what other services are available.
- We push people to compartmentalize their problem; we define it as a health or education problem. We must look at the whole person.
- Fewer people directly delivering services; everybody is "networking and referring".
- Data Privacy Act prevents necessary communication between service providers.
- People who allocate funds don't believe service delivery personnel can do the job. Proof, statistics are always needed.

Recommendations for changing the service delivery system:

- Collapse departmental boundaries.
- Eliminate paperwork.
- Increase funding; money needs to be adequate.
- Set tone, develop policies at state level. State must support communities.
- More employees of color in state departments.
- Direct subsidy to family.
- Variety and competition is needed to foster better service delivery.
- Prevention, proactive programs needed.
- Most of our laws address "in the best interest of the child" as the tenth most important concern on a list; it should be first.

Quotes: "Nobody's going to take him; he's not in trouble yet."

"The most effective and cost effective resource for children is families. The more we support parents, the better off children will be."

"If a poor kid gets arrested, he's a crook and gets thrown in jail; if it's a rich kid, it's a mental health problem and he gets therapy."

MINNEAPOLIS African American Community

QUOTE: *"We need mainstream funding for non-mainstream ideas and solutions."*

May 30, 1991
Participants: 43
Focus Group Format

City Hall

Sponsor: Mary Taylor-Azzahir
called group together
and facilitated.

Major Concerns

- Lack of economic opportunities and stresses due to resulting poverty
- Loss of traditional African values and the resulting disconnectedness, dissipatedness
- Traditional public schooling is not working for most African American students

Summary of Testimony

- There are too many African American students dropping out of school and too many African American males assigned to Special Education.
- Education system, in order to be effective and keep African American students in school, must incorporate an organic curriculum that is taught traditionally, rather than in the Euro-American style.
- There is a lack of historical role models, current African American teachers and others for African American students.
- There is no universal black history curriculum.
- There is a lack of child care for African American children.
- There are too many African American children in out-of-home placement.
- Economic problems and the resulting stressors create problems for families.
- The community is full of informal support systems that help to preserve cultural heritage and nurture families and children.
- Twenty-four community-initiated activities were identified that are addressing most, if not all, of the above concerns.

Identified Strengths

- Strong informal support systems in the African American community.
- Some very good programs that emphasize community, cultural resources.
- Many problems are already addressed within current programs -- simply need to get funding for those programs.

ST. PAUL
Southeast Asian Community

QUOTE: *"Teachers put more pressure on [Southeast Asian] kids - they kick them out. Kids are ashamed and won't come back to school anymore. It pushes them into gangs. Then they can't get out."*

June 1, 1991

Como Park High School

Sponsor: SE Asian Access
Project Saturday School

Participants: 41

Testifiers: 15

Major Concerns

- Southeast Asian refugees are caught between cultures
- Parents want to work; they do not want to be on welfare
- Parents want and need culturally relevant support groups to help them with childrearing

Summary of Testimony

- Many youth are involved in gangs and acts of juvenile delinquency. It is one way to feel accepted. Many youth are suffering from post traumatic stress disorder. When it isn't recognized and treated, they tend to recreate the trauma. Kids are motivated to do well, but they need help in making the transition. One young woman wants to get out of a gang, but she fears for her life.
- There are many issues regarding education for Asian children and youth. Some have difficulty passing competency tests in high school English and Math. Bilingual educational assistant positions have been cut. Teachers need training, support and materials for adapting instructional work.
- There is a great amount of stress in Hmong families. Their extended family may be spread throughout the U.S., Thailand, and Laos. They feel tired of the stigma associated with the label "refugee." The social service system does not work for them. Most parents were not educated in their home country. Therefore, there is a gap created between them and their children who are learning English at a faster pace. When parents discipline in ways appropriate to their culture, they are fearful of being reported to Child Protection Services.
- Southeast Asian people live in poverty and are forced to go on welfare because they cannot find jobs. They do not have access to adequate health care. If they do find work and then lost their jobs, they need assistance to find another job.

Identified Strengths

- Desire on the part of the community to work, to be productive members of society.
- Large numbers of people -- Second largest minority in Minnesota.
- Strong community sense -- strong sense of the importance of their culture and retaining their cultural identity.
- Peer support groups to help children deal with trauma.
- Kids are generally motivated to do well, but need the support to do it and need classes designed to help them graduate.

CROOKSTON

QUOTE: *"Kids might be trying really hard academically or in sports, but may still not be good enough, and schools need to do something about these kids."*

June 6, 1991

Lincoln School Sponsor: Crookston Public School

Participants: 95

Focus group format

Major Concerns

- Lack of support and services to school-aged children, youth and their families (includes lack of child care)
- Not enough things for youth to do in Crookston; alcohol use is high among youth and starts early (ages 10-12)
- Many children and youth suffer from low self-esteem
- Racial and cultural tensions exist in the community and in the schools

Summary of Testimony

- Parents need information and support all through their child's growing years.
- Kids feel a lot of pressure to conform to adult expectations.
- There is particular adult emphasis on athletics; there should be more emphasis on non-competitive physical activity and on academics.
- School-aged children (12, 13 year olds) who are left unsupervised tend to participate in unhealthy activities and seem to suffer from low self-esteem, which in turn hurts their school performance.
- Students seem to succeed better in small schools, yet often they are being closed in favor of larger ones where more children feel alienated.
- Low income families lose a lot of their power in communities. Low income Hispanics have had a particularly hard time with being laid off just before it is time for benefits to kick in. Many are homeless or live in substandard housing. There is prejudice in schools against Hispanic children, but there are some attempts at combatting racial tensions.

Identified Strengths

- Comprehensive early childhood services in place that are very well regarded by all segments of the community, and that receive strong support.
- Community recognition and discussion of problems with cultural diversity, effective integration.
- Business community becoming more involved in addressing needs of children and families.
- Youth willing and eager to play a meaningful role in the community.
- Recognition that distance is a barrier for families in gaining access to the services they need; taking services to the customer.

CROOKSTON Service Delivery Providers

Participants: 62

Public testimony format

What prevents families and children from receiving the help they need?

- Transportation.
- Lack of culturally relevant services.
- Lack of role models.
- Adolescent suicide.
- Don't qualify for service (e.g., if not on Medical Assistance, alcohol treatment isn't available).
- How parents are viewed in the community.

What barriers do providers run into when helping children and families?

- Transportation.
- Paperwork reduces the ability to work with the family.
- Lack of culturally relevant services.
- Need to work with whole family; without supporting parents, kids don't have a shot.
- When care is available (no Saturday medical care is available)
- Problems are of greater severity, requiring greater assistance.
- Geographic: one child protection worker deals with eleven different towns.
- Lack of prevention, early intervention in-home services.
- Kids don't fit category where funding is available.
- Rules and regulations are becoming very prescriptive.
- Families wait, are seen once a month for a half hour or an hour.

Recommendations for changing the service delivery system:

- Don't categorize all money.
- Advocacy and public policy needed to bring needs of children to the public.
- Increase volunteers providing help.
- Develop different plans for different cultures.
- Work with families as a whole and increase family-based services.
- More money is needed.
- Cost-effectiveness standards must be different for urban and rural communities.
- Incentives are needed for county commissioners and other politicians who won't be in office in ten or twenty years in the future.

Quote: "Kids must feel their parents are valued. You have to feel that if you're sick, you can go there."

Appendices

WINONA

QUOTE: *"Society does not value child rearing. Once society values it, the men will become involved."*
"Values open up in schools. Value free education is an illusion - we do things in a vacuum."

June 10, 1991

County Court House Annex

Sponsor: United Way

Participants: 40

Focus Group format

Major Concerns

- There is not enough affordable, quality, child care
- Poverty and its resultant conditions (inadequate housing, hunger, poor health care) result in stress, loss of hope for poor children in the community
- Parents are more isolated and stressed out; there is not enough time to give quality attention to kids, or they are not giving it priority
- Many children need help to feel good about themselves; they aren't feeling rooted or valued. They need attention.

Summary of Testimony

- When children's primary relationships are not all positive, alcohol and drug abuse results. It is intergenerational.
- Fathers need to be more involved in nurturing and in children's issues.
- Parents need parent education all through the child's growing up years. They are sometimes at a loss because their children are exposed to so much more than they were. Parents need to spend time with children.
- There are more and more kids with emotional problems. There are good ways to counteract their low self esteem. They need to hear positive statements. Adults must model good self esteem.
- There are many families in poverty in the area. Many parents are working full time for minimum wage jobs and using foodshelves. There are not enough subsidized housing units. The WIC program only serves 50% of those eligible.
- Youth need to be more involved in a positive way in the community. They need to feel they make a difference. They want to be respected for what they do. There needs to be ways to be successful besides athletics. There needs to be opportunities for youth to make decisions.
- Children spend most of their time in schools, yet schools aren't cultivating values. They aren't collaborating with other services. They are closed to kids in the evenings.

Identified Strengths

- Support for family-based activities.
- Willingness to accept newcomers and meet their needs.
- Recognition of the diversity of the family structure, of economic realities.
- Willingness to view college students in the community as a resource -- to use their skills in volunteer programs.

WINONA Service Delivery Providers

Participants: 27

Focus group format

What prevents families and children from receiving the help they need?

- Paperwork (MA eligibility form is 48 pages)
- Lack of knowledge of resources; don't know where to go for help
- Tremendous loss of face for parents
- Language and transportation barriers; isolation
- Hours services are provided (parents shouldn't have to miss work)
- Need for persistence and patience; they don't have it
- Misdiagnosis
- Need for specialized treatment which doesn't exist
- No cash, no health insurance
- Multiple problems are overwhelming
- Major drug and alcohol problems in families

What barriers do providers run into when helping children and families?

- Flexibility to secure services is important; each family has unique needs.
- Need more training to help identify and intervene early.
- Literacy.
- Access: need to extend hours and move away from traditional nine to five services.
- Facilities required by licensing rules just don't exist.
- Legislature doesn't trust the local administration; regulations are more prescriptive than any other state.
- Cultural diversity awareness, new programs needed to serve increasing number of minorities.

Recommendations for changing the service delivery system:

- Funding: flexibility and long-term funding needed. Fund programs that are already in place and are successful.
- Develop state goals.
- Need programs for middle childhood, such as an MCFE program (similar to ECFE).
- Need economic and industrial policy.
- State needs to take a leadership role in coordinating service delivery.
- Greater collaboration needed.
- Two greatest needs: enhancing literacy skills and parenting skills.
- Legislators need to think in generations, not one or two years.

Quote: "We are creating an economic climate where it's becoming increasingly difficult for people to succeed. In the early 1980's, there were two food shelves in our state; now there are over 300. Food shelves are the fastest growth industry in the state." "We need to help people help themselves".

WORTHINGTON

QUOTE: *"Being on welfare is real demeaning--it creates a feeling of being 'not good enough'. If parents don't have positive self-esteem, they can't teach their kids positive self-esteem."*

June 13, 1991

West Elementary School

Sponsor: Community Education

Participants: 47

Focus group format

Major Concerns

- Even though parents care, many need help in learning how to nurture
- The community and the schools need to do more to make parents feel welcome and to feel genuinely needed
- There have been many positive steps in the community to integrate people of other cultures. More needs to be done.

Summary of Testimony

- Parents don't get involved with school because they lack positive self-esteem. They want to help, but they don't know what to do. Schools need to develop ways to be more family friendly.
- It is important to allow people of other cultures to feel they have something to offer. Children of color are often done a disservice when there is a problem in school. There is a need to go beyond superficial differences to really get to know and understand other cultures.
- Many parents have become insecure and over-cautious since a recent abduction of an 11-year old girl. As a result, kids are picking up on parents' fears. Youth worry a lot about nuclear war, the environment, AIDS, poverty, etc. The positive element that could result from a near tragedy is that the community could pull together and begin to watch out for each other.
- Often parents don't feel as if they get enough support for their childrearing role. They are too busy to get together informally with other parents. They don't feel they have access to teachers because it is hard to take a phone call at school. They feel concerned about the "lures" that grab children's attention (media, peer groups, etc.). They need support from all community institutions (workplace, churches, schools, etc.).

Identified Strengths

- Beginning process of redefining community to include new minorities in the community.
- Recent crises have provided an awareness of the safety needs of children.
- Parents are being recognized as a resource.
- The community takes advantage of resources which children, youth, and senior citizens can offer each other.
- Community has been welcoming to children with disabilities.

WORTHINGTON Service Delivery Providers

Participants: 22
Focus group format

What prevents families and children from receiving the help they need?

- Suspicion of system
- Multiple application forms; delay in processing paperwork
- Cost
- Unable or afraid to ask for what they need
- Problem seems overwhelming
- Lack of community support; attitudes
- They don't get what they came for
- Pride, family values, stigma
- Racial and cultural barriers
- Waiting lists

What kinds of barriers do you run into when providing services to families and children?

- If people go once and don't get what they need that one time, they won't go back
- Complex, fragmented system
- Privacy rights of clients
- Services based on client meeting criteria rather than on need
- Lack of education in working with minorities and their cultures
- Paperwork (60% to 80% of indirect time)
- Attitudes: some families don't accept services
- Defining methods of outreach; people need an information process

Recommendations for changing the service delivery system:

- Help people learn where to go for help
- Free up state funding; increase funding
- Require community service to get a diploma
- Increase prevention
- Develop incentives for families to get out of systems
- Simplify forms (use a checklist); bilingual forms
- Involve teens on boards, as part of decision-making process
- Include communities in planning process
- Better education and training on diversity issues
- Expand time, location services are available

Quote: "We can talk about the problems forever...We need action now. Children are suffering now."

FOND DU LAC

QUOTE: *"The school systems don't take responsibility for racism, for dropouts. They don't allow Indian kids to develop and grow."*

June 20, 1991

Sponsor: Fond Du Lac Reservation

Participants: 85, Mainly rural and urban American Indian people.

Focus group format

Major Concerns

- American Indian values and culturally-based education can overcome racism and loss of self-esteem experienced by American Indian children.
- Half of American Indian children drop out by 9th grade; dropout rate is increasing because children don't feel they belong.
- Parents are key role models but need support and skills.
- American Indian children need more activities and real roles.
- Placement and treatment outside the community are damaging.

Summary of Testimony

- Children belong to the whole tribal community and should not be placed elsewhere. Kids are too vulnerable in group homes, placements, and residential CD programs; they lead to more problems. Families and kids need help at home.
- American Indian parents and grandparents pass down mistrust of schools and other agencies based on decades of experiencing de-Indianization. American Indian children have different learning styles. Too many are wrongly placed in special education. These factors result in loss of identity and self-esteem. Youth fill the void with alcoholism, violence, or gangs.
- Most American Indian children are in single parent families, and many are raised by grandparents. Many families are plagued by alcohol, abuse, or neglect. Dads need training and support.
- Small communities can be more cohesive and make children feel valued. However, rural areas are isolated from resources.
- Budget cuts are being felt in programs that work. Funds are needed for school-age parenting programs, transportation, and special needs childcare. Too much money is in bureaucracies.
- Poverty impacts nutrition, health, housing, and recreation. Survival comes before learning and social growth.
- Bingo is giving parents work but separating them from children.

Identified Strengths

- A tremendous resource exists in American Indian culture and value systems
- Children look to their parents as role models.
- A feeling exists that responsibilities for kids exist beyond the immediate family.
- Collaboration exists between services -- often they are localized in convenient locations for users.
- The community sees a need to solve problems for itself.

**FOND DU LAC
Service Delivery Providers**

Participants: 20

Public testimony format

What prevents families and children from receiving the help they need?

- Lack of services (e.g., one program offered 15 slots for 590 children)
- Poverty affects basic learning experience and exposure to new things
- Different values between homes and schools
- Racism is alive and well in Minnesota; attitudes of providers
- Concerns and issues have been put forward many times; little has come out in practice
- Nobody listens to foster parents and children
- Lack of transportation

What barriers do providers run into when helping children and families?

- Licensing is a barrier to finding housing for children; temporary placement is needed
- Training is needed
- Caseloads are so high the worker can only "crisis manage"
- Successful programs are de-funded
- Most programs work well but are underfunded or of very limited duration
- Indian Child Welfare Act (ICWA) is used to bring the child back into the home even when parents refuse treatment or help
- Resources are dwindling

Recommendations for changing the service delivery system:

- We must prevent, intervene early.
- Resource allocation is needed, not new or more law.
- Cultural sensitivity training, curriculum needed.
- Many American Indian children begin to experience problems in fifth and sixth grades; more needs to be included in fourth grade regarding positive self esteem.
- Whites in Minnesota don't believe they're prejudiced. The one thing we can do to make a difference is attitude. Governor should say, "No more racism in schools."
- Subsidy should be available for AFDC relative payment for foster care. If a child lives on the reservation with relatives, no AFDC reimbursement is allowed.
- Children and families must be a priority and funded as such.
- Indian Child Welfare Act, Minnesota Indian Family Preservation Act, Minnesota Ethnic Heritage Act all have mandates which are not being followed but must be.
- Flexibility to extend school year is needed.
- All agencies should develop training and recruitment plan for all cultures.
- Need to encourage leadership, planning and resource identification on a single database available to everyone in Minnesota
- Need to promote respect and cooperation, advocacy and understanding.

Quote: "We are guilty of many errors and faults, but mostly of ignoring children."

"We need to reinvest resources in children; we need to be sincere about long-term investment."

"Many times we have put our issues forward and have seen little action taken. The American Indian community's future is its children and I cannot let that be buried."

CHASKA

QUOTES: *"Children learn how to treat and relate to people by the way they are treated." "Kids who are left out for economic reasons get very militant."*

June 24, 1991

Sponsor: Carver Scott Education Cooperative

Participants: 54

Focus group format

Major Concerns

- Programs in school and community need to provide access to and reward all children, regardless of status or income.
- Parents of children of all ages need a place to talk and receive information.
- Parents want to do the right thing, but don't know how, or place their own interests first. They don't listen to kids.
- Employer flexibility is needed to help parents.

Summary of Testimony

Parents are hampered by:

- Their own misplaced values.
- Lack of information on activities and good parenting.
- Lack of networks to share concerns with other parents.
- Not listening to their children.
- Barriers and rules set up by school bureaucracies.
- Inflexibility of work schedules.
- Drug use is starting early. DARE helps elementary kids but there is no program in secondary schools.
- Kids need somewhere outside the home, such as school, to talk about sex issues, and learn about sexual harassment, respect, and responsibility.
- Kids in divorced families need more support.

Identified Strengths

- Kids are eager for new experiences with people who are different than they are.
- Recognition that kids learn in different ways and have different needs.
- Efforts are under way to keep kids with special needs in the community rather than sending them away.

CHASKA Service Delivery Providers

Participants: 28

Focus group format

What prevents families and children from receiving the help they need?

- They don't know where to go until they're in trouble
- Transportation needs, location of services
- That something is wrong reflects on parent's ability; stigma
- Lack of time
- Isolation
- Need to make receiving help socially acceptable
- Lack of resources or earn too much to qualify for program
- Rural community attitude: resistance to going to metro area for help even though community is part of seven-county metro area; services need to be in community

What barriers do providers run into when helping children and families?

- Paperwork takes up to 1/3 of staff time; complexity of forms, applications
- Time
- Narrow focus of resources and lack of resources
- Regulations restrict creativity, restrict sharing of information on the same client
- Changing rules; goals are written to meet rules rather than needs of client
- Waiting lists
- Transportation
- Money doesn't follow the child as the child ages out of programs, moves, etc.

Recommendations for changing the service delivery system:

- Empower families and communities
- Market programs and services
- Increased collaboration
- Co-location of services, one-stop shopping
- Focus programs and funding on family, not just one member
- Address needs of refugees, families with limited English proficiency
- Increase prevention focus
- Create single point of entry
- Voucher system to permit client choice
- Privatize service delivery; would reduce costs
- Eliminate, reduce paperwork
- Reduce emphasis on categorization; funding flexibility needed

Quote: "Regulations are a barrier. Schools can't talk to human services. [We] engage in non-phone calls, non-answers. Kids don't fit title funding so they can't be served. Waivers may be sought, but when [we're] turned down, [we're] on notice not to do something...Too many services are overregulated. Increases costs, hurts kids...[We] are all working separately, not together."

GRAND RAPIDS

QUOTE: *"There is more money raised for hockey, grouse and deer than for kids in this community."*

June 25, 1991

Sawmill Inn

Sponsor: The Itasca Center

Participants: 72

Focus Group Format

Major Concerns

- Parents need help and support in learning to communicate with their children and to set limits and behavior standards
- Teens in the region have high rates of alcohol use, suicide, and pregnancy
- There is not enough for children and youth to do, and not enough trusting, helpful adults to talk to
- Children and youth who are poor, non-white, or different in some other way, have trouble being accepted by peers

Summary of Testimony

- Parents need help in learning how to parent their children effectively. Many do not become involved with their children in school or other activities. They are not consistent enough in setting and enforcing limits. Many parents have problems with alcohol.
- Alcohol use among youth is very high. Many community members deny the problem. Parents and the community are not enforcing non-drinking rules. Youth need to be helped to find outlets for feelings other than alcohol.
- There is a problem with access to services, particularly in the outlying, more rural areas: people don't know what's available; the services are too far away and lack of transportation is a barrier.
- There is not enough for children and youth to do and there are not enough adults to talk to in the outlying areas. Some of the resulting problems are drinking, sexual activity, suicide.
- Low income youth cannot fully participate in school social life because they don't have money to dress a certain way, or participate in fee-based activities.
- Culturally and racially different youth experience prejudice and social isolation.
- There is pressure from adults on kids to participate and excel in competitive athletics.
- A large majority of youth work at jobs that can interfere with social life and academic performance.
- There is a lack of available day care, particularly for infants and toddlers.
- There are a number of missing children in the area.

Identified Strengths

- Variety of activities for youth to participate in (in Grand Rapids)
- Recent tragedy helped the community to pull together
- Peer tutoring is seen to be very positive and helpful (also tutoring of younger children by older youth).
- Ample access to medical services in Itasca County.

GRAND RAPIDS Service Delivery Providers

Participants: 15
Focus group format

What prevents families and children from receiving the help they need?

- Some families have a multitude of problems.
- Family isolation.
- Community attitudes.
- Lack of transportation is a barrier to participation.
- Lack of information and outreach about programs and services.
- Programs may not be accessible to kids, they're not welcomed and they're judged.
- Parents fear how professionals will treat them.
- Tremendous denial of alcohol problems in the community.
- Homelessness.

What barriers do providers run into when helping children and families?

- Too many different languages in different agencies (e.g., schools, mental health, etc.)
- Too much time is spent on paperwork (up to 50% of some provider's time).
- Parents don't have knowledge, can't understand.
- Lack of funding, time for the professional to do enough. Shrink the county and it would be easier.
- Directives are given without money to accomplish them.
- Training of helping professionals.
- Rules must be child and family-centered.
- Rules prevent providers from combining and working together.
- Fee and cost competition.

Recommendations for changing the service delivery system:

- Funding should be available for those who don't qualify as "poor".
- Identify other needs of youth and children and fund them, such as programs for children ages 6 to 12.
- Support with technical assistance such as computer for database.
- Allow for local control of the money (stop micro-managing).
- Single point of contact for services and resources, such as an 800 number.
- Support programs such as scouting, which builds citizens and uses volunteers.
- Mandate elementary counselors and fund them.

Quote: "There should be an elementary school counselor servicing every elementary school in the state of Minnesota. [They] are often the first ear of a child that is in need of services. They teach prevention to all children and have the training and skill to developmentally reach children at their current stages. They are able to network and connect children with parents and other service agencies." "The biggest areas of need are the prevention of...drug and alcohol abuse, and the prevention of violence. Educating the children and reaching the parents concurrently through the children is the most effective means of approaching these...problems."

Appendices

ST. PAUL

QUOTE(S): *"Families have basic needs, yet we try to push educational programs." "The third world is one mile away."*

June 26, 1991

St. Paul Technical College

Sponsor: Community
Partnership

Participants: 56

Testifiers: 23

Major Concerns

- Poverty is a pervasive fact in the lives of many children
- Affordable, quality child care is not available for many parents

Summary of Testimony

- Services for children are still underfunded. Even though day care and housing subsidies are helpful, there are waiting lists for both. Recent cutbacks in state aid came at the same time that child welfare caseloads were escalating in Ramsey County. Government agencies don't have the flexibility they need to serve families. We must support diversity of services and see culture as a resource in service delivery.
- Families of children with disabilities need a lot of support, particularly if they want to keep their children at home.
- Both parents need to be involved in supporting kids financially.
- The working poor often "fall through the cracks." Child care costs consume a large portion of disposable income. A raise in pay can mean a loss of day care assistance. AFDC denies the self-determination of the parent.
- Head Start builds self-esteem in parents and children. There is a waiting list of 380 children in 1990.
- Accidents are the number one killer of children under age 15. We need to teach our children to look out for themselves and each other.
- There is a shortage of pediatricians in greater Minnesota. There is a great need for pediatric training to address new causes of childhood illness and death.
- Issues relating to child abuse. The Missing Kids bill is inadequate to protect children from abuse. 70% of adolescents who abuse chemicals were abused as children; "Just Say No" programs miss the point. 30% of those who grown up in abusive homes will grow to become abusive parents themselves. Approximately 95% of criminals convicted of violent crimes were abused as children.
- Parents can benefit from information and support programs that address self-esteem; combat shame-based childrearing; give parents the tools they need to let children know they are wanted and loved.
- Fathers are desiring to become custodial parents. Shared care for children is in their best interests.
- Far too many school-aged children are home alone. Good school-aged child care is part of the education process.
- We are closing down our local services in St. Paul due to lowered and discontinued funding.
- Family violence is pervasive; 60% of the population will be affected by abuse.

Identified Strengths

- A greater awareness of issues and problems confronting children and youth exists.
- Mothers and fathers are showing a greater interest in parenting.
- Several good neighborhood initiatives exist.
- Employers are taking on more responsibility for family support with child care.

**ST. PAUL
Service Delivery Providers**

Participants: 21

Focus group format

What prevents families and children from receiving the help they need?

- People believe there is a waiting list, so they don't call.
- Long waiting lists.
- Lack of transportation; services are not close by.
- Strong stigma attached to welfare system.
- Don't know about community programs available.
- If you come to an agency and don't see people like yourself, you don't trust.
- Financial barriers.
- Language barriers.
- System takes too long.
- Cultural differences are not respected by white care providers.

What barriers do providers run into when helping children and families?

- Criteria designed to qualify children for help become restrictive. Children don't qualify.
- Lack of transportation.
- Good plans get families started; there's a lack of funds and resources to complete their plans. Short term funding creates services but doesn't serve families.
- It takes time to work with families.
- Cumbersome data entry forms.
- Understanding of cultures, communication with people of color. Providers must accept and understand cultural and racial differences.
- Lack of salaries, benefits for providers.

Recommendations for changing the service delivery system:

- Be inclusive in planning. Look at what's right within a cultural group.
- Think of the family as a whole unit.
- Achieve outcome, measure the child's success, not the program's.
- Stop dividing things between different state departments or agencies.
- Training needed.
- Look at Iowa decategorization experiment; let counties determine where money spent.
- Change licensing requirements (force people to remain unlicensed, takes too long)
- Funding is needed.
- Flexibility is needed. No need for \$3,000 refrigerator to serve a can of peaches.
- Remove barriers for minority providers; encourage them, provide special training.

Quote: "We deliver "services" and try to match needs of families to services available; it should be the other way around. We should assess families and develop services to meet their needs..."

**ST. PAUL
Hispanic Community**

June 26, 1991
Participants: 10
Focus group format

CLUES

Sponsor: CLUES

Major Concerns

- Parents' main concern is to see that their children receive a good education
- The Minnesota service system is not geared for other cultures and languages
- Parents want to study English and take other classes. They can't because there is no bilingual day care available.

Summary of Testimony

- Parents feel a need for support and education for their role as parents.
- There isn't a lot of support for the Hispanic culture. All materials are written in English. Parents are not rewarded for having kids. Difficult to access emergency help.
- Funds for bilingual education have been cut. There is a waiting list for ESL classes.
- Many people are here without extended families. It would be nice to have "volunteer grandparents" to serve as role models and provide additional nurturing.

Identified Strengths

- Very strong support for family, extended family, and community.
- Parents are concerned with being good parents. They want to learn but need resources.
- Parents are supportive of educational opportunities for their children.
- Hispanic community has tremendous desire to have strong families.

ST. CLOUD

QUOTE FROM YOUTH: *"I wonder if people don't see it, or if they just ignore it!!! If someone with less status on the team were caught drinking they would be gone--the top ones are not punished."*

QUOTE FROM ADULT: *"Increasingly in this community parents are working and kids are left alone--we need a community that kids can grow up and feel safe in."*

June 27, 1991
Participants: 39

City Hall

Sponsor: United Way
Community Education

Major Concerns

- There is no strong message from the community (parents, schools, citizens) about important values, about limits on negative behavior, about respecting people (kids in particular) just for who they are. Kids need love and discipline.
- It is hard for many community members to acknowledge the depth of problems (alcohol use among all ages, family violence, poverty, for example)
- Many low income people are proud and feel stigmatized by needing to ask for help. Therefore, housing, medical, and other needs often go unmet.
- There is a need for information and support for parents regarding childrearing issues

Summary of Testimony

- It is hard for parents who work to find enough time to be with their kids.
- Many parents don't feel they can ask for help with their kids or bother teachers. They live with their problems in isolation.
- Youth don't generally want to ask parents or other adults for help. They would rather talk to their friends.
- Many youth feel that adults do not listen to them or respect them. They also feel that school officials and parents do not enforce rules consistently. An example is that good athletes often drink more than the "hard core" kids, yet adults seem to look the other way. They want more ownership of activities. Kids feel they spend too much time in school listening to the teacher lecture (75%) rather than learning by interacting with teachers and classmates.
- Both youth and adults feel very positive about peer mentoring and youth service opportunities.
- Many children and parents do not receive adequate medical care. There is a shortage of pediatricians to treat chronically and severely ill children.
- Many parents cannot afford day care; consequently, kids are left home alone.
- The community feels a lack of safety and security for children, particularly since Jacob Wetterling was abducted.
- The women's shelters have recently experienced a tremendous increase in demand.
- Teen and unwed parents are increasing. They should be accepted, not blamed for problems.

Identified Strengths

- Mentorship programs are common.
- More discussion is occurring regarding such topics as family violence.
- Some area schools require community service.
- Alternative activities for teens exist.
- Traditional organizations are branching out to include more current issues.

**ST. CLOUD
Service Delivery Providers**

Participants: 21
Focus group format

What prevents families and children from receiving the help they need?

- Lengthy application forms
- Families are in a crisis situation
- Services aren't available when parents are or where parents are
- Attitude issues; accepting help is not acceptable
- People can't identify where to seek services or they can't qualify
- Individual must open up what their whole life is about, then still face rejection for help
- It's humiliating to receive help
- Lack of transportation
- Cost of services
- Formality, unwelcome attitude at front end of agency or program
- Clients are tired of fighting the bureaucracy or getting lost in it

What barriers do providers run into when helping children and families?

- Crisis controls the provider's time
- Providers aren't aware of all services and are unable to network well
- The point of access needs to be where the kids are
- Stigma attached to using services
- Client motivation, especially for non-voluntary participants
- Client denial of problem
- Need to secure program funding from so many different places
- Transportation
- Unwillingness of local community to support program

Recommendations for changing the service delivery system:

- More money is needed for poverty programs. Children are in poverty.
- Paperwork reduction.
- Funding more prevention programs; increased prevention focus.
- Foster dialogue for coordinated effort.
- Programs should continue for kids beyond age 12 or 13.
- Provide opportunities for communities to do coordinated piece.
- Provide technical assistance and training.
- Change traditional hours of service availability.
- Teach children that volunteerism is a part of life.
- Listen to children, put them on panels, involve them.
- Declare war on drugs, including alcohol.

Quote: "We need to ask families what kind of bond there should be; as providers, what we want may be the exact opposite of what their culture or family wants."

The Action for Children/Minnesota Milestones Youth Conference

On October 4, 1991, over 150 young people from nearly fifty cities and towns across Minnesota met at Macalester College in St. Paul for the Action for Children/Minnesota Milestones Youth Conference. The purpose of the conference was to bring together as diverse a group of young people as possible to share with the Commission members, and with each other, their thoughts and feelings about being young in Minnesota in the 1990s. The conference was intended to ensure that the Commission's work was indeed reflecting the concerns of those whom the Commission's recommendations would most directly affect.

The conference was divided into two sessions. During the morning, participants were divided into small discussion groups facilitated by students at the college. In these small groups, participants talked over a variety of issues: their hopes, their fears, what made their lives worth living, what expectations they held for the future. All of these conversations were recorded, providing the Commission with a tremendous amount of information on the feelings and opinions of young Minnesotans.

The afternoon session was modeled after a daytime television talk show, with Joan Steffend of KARE-11 News as host. This portion allowed participants to interact with Commission members, asking questions of and making suggestions directly to state leaders in children and youth issues, including the Governor.

The conference results echoed many of the themes which the Commission had heard throughout its statewide hearings. Concerns about education, the economy, and crime figured prominently in the discussions. While participants often shared areas of concern, the variety of experiences with and responses to these concerns was striking.

Minnesota youth are worried about not being able to succeed and not being able to achieve more than their parents. Many expressed concerns for future employment, limited opportunities to receive additional education or vocational training, and the diminishing capacity to continue to enjoy the kind of life they've grown up experiencing in their small towns, rural communities, or within their families.

Many youth do not feel respected by their communities and believe they are not viewed as contributing members of society. Media attention often focuses on negative images of teens, including gangs, violence, teen pregnancy, suicide, and alcohol or drug use. Yet many youth described their involvement within their communities, working as mentors or tutors for younger students, volunteering, demonstrating an ongoing commitment to church activities, and participating in local events, including sports activities.

A strong message to come out of the conference is that there is no such thing as a typical Minnesota teenager. The conference reinforced the Commission's belief that in order for state and local government to effectively help families succeed, it must respect and embrace Minnesota's diversity in all of its forms, and engage young people in developing new strategies to improve the lives for future Minnesota youth.

A more detailed summary of the conference proceedings can be obtained by contacting the Action for Children Commission.

Statewide Meeting Participants

Ayeaba Danrwa, Misty Emblom, Brenda Machal, Jenni Gustafson, Jean Sinell, Kay Guenther, Melinda Stade, Lynn McDonald, Suzanne Hagen, Gary Thompson, Kristine Skraha, Aggie Unze, Carol Bruggmann, Dennis Hron, Alice Weckman, Christina Baldwin, Fern Baldwin, Joanne Lindstrom, Chris Robinson, Chad Wagener, Jo Kim, Renee Shutrop, Kathy Busch, Janet Wendt, Barbara Eframis, Daniel Steinhagen, Barbara Pappes, Connie Wilson, LaVonne Behnke, Beth Olson, Maure Ann Metzger, Joyce Essinger, Martha Kudak, Allen Franzier, Tom Lubovich, Rae Jean Berkland, April Schwartz, David Krohm, Mary Riley, Candi Storm, Tom Helmrich, Noreen Rosa, Barbara Colhapp, Lydia Thimets, Andy Farste, Kathy Weick, Anne Runck, Suzanne Busacker, Kim Kane, Pete Padilla, Kathy Saari, Barb Erdman, Colleen Goltz, Doug Qualley, Sheila Fontaine, Kip Fontaine, Dawn Thompson, Pete Padilla, Coleen Rand, Cheryl Pazzernik, Maureen Hams, Barbara Roth, Raymond Nelson, Jill Schiano, Gayle Nelson, Vicky Grove, Trish Edmson, Laurian Lasha, Brenda Menier, Vickie Burgess, Laurie Wilson, Barb Hager-Olsen, Lynette Olson, Mary Hivily, Linda Hanson, Jerry Knutson, Arlene Tucker, Gail Butenhoff, Susan Mills, Cindy Astelle, Richard Larson, Ruth Finseth, Craig Hink, Brenda Anderson, Alice Hom, Ruth Edevold, Laurie Caoveth, Loretta Vanseth, Lloyd Rath, Martin Smith, Stan Brown, Barry Molstad, Shirley Jensen, Dianne Bloomfield, Eddie Renson, Ernesto Moreno, Bud Ellinson, Oscar Leal, Glenn Olsen, Dorinda Wegner, Gwen Jorgen, Francis Rosenfeldt, Lois Madigen, Carmen Leal, James Arneson, Jo Bommersbach, Venessa Page, Kelly Gregor, Curtis Gregor, Carmen Kleinwachter, April Johnson, Chad Qualley, Joyce Hagen, Virginia Hagen, Nancy Letores, Julie Jeuch, Bernie Lieder, Jean Peterson, Laurie Wilson, Valerie Jensen, Jeff Sinks, Lori Ingeman, Julie Tye, Glenneifer Mosher, Chris Reynolds, Robin Baril, Bernadine Breiland, Sharon Lewis, Sharon Bueno, Darla Peterson, Cria Eisert, George Peske, Vernis Ziegelmann, Beth Tibbets, Michelle Kvale, Lisa Follett Polak, Marcus Pascale, Kerry Gauthier, Muriel Sharlow, Wayne Dupuis, Donna Ennie, Patti Petite, Dale DeRocher, Angelique Coffey, Genne James, Liz LaPrairie, Marlene Diver, Harlen Whiting, Dianna Storms, Sharon Johnson, Yvonne Novack, Robert Senta, Jim Allen, Nora Hakala, Jeff Savage, Phil Norrigan, John Red Horse, Gordon Carlson, Dale DeBocher, Ronda Esley, Norma Wallgren, Liz LaPrairie, Betty Martinisau, Ferdinand Martineau, Tonie Doupore Heats, Pamela Snotsinger, Judy Ron, Linda Tibbitts-Burns, Flora Diver, Barbara Bodesau, Mimi Rice, Nirf Gyn, Barb Leilial, Chuck Hains, Genne Jawe, Sheryl Honian, Mary Basilt, Jim Schwartz, Holly Peller, Ted Gay, Freida Wicken, Geraldine Kazlowaki, Jean Tye, Barb Paradis, Ruth Clinger, Don Bacigalupo, Allen Brown, Bev Haaland, Kay Jackson, Judy Harper, Fred Tarnowski, Sara Lucas, Robert Powless, Rick Smith, Jewell Anderson, Debbie Reynolds, Bill Blake, Sandra Shabimah, John Moline, Will Cyr, Brian Borick, Larry Aitkin, Jim Allen, Rick Smith, John Poupart, Mary Ann Blacklatter, Eliaba Sindelir, Jeff Wigfield, Nacole Carlson, Dawn Pappes, Joe Saccomani, Tate Antonovich, Nicole Wirtz, Crystal Jones, Leah Patra, Robb Kitter, Rhonda Salmi, Liann Clarke, Steve Olson, Lance Kuusinen, Sinnamon Nelson, Lorianne Lickie, Angela Hanson, Deloris Bretti, Joanne Bischoff, Brenda Johnson, Diana Seegen, Marg Thernau, Sally Becker, Katrina Bender, Tom Renier, Gail Blackmer, Jean Erapamer, Jerry Horgen, Irene Velo, Viola Sisley, Terry Vanderkyk, Lynn Lamung Aahsburg, Tami DeVault, Mary Pat Byron Babiah, Peg Davis, Connie Casio, Lora Mathison, Pernell Sather, Shirley Ellison, Peggy Irwin, Judy McCort, Jeanette Roberts, Kim Washburn, Connie Bugquist, Don James, Kathy Johnson, Suzanne Nelson, Kevin Holcomb, Sue Koprowski, Karen Karla, Paul Bauer, Darla Kirwin, Jeanne Newstrom, Connie Braidedy, Melanie Hanson, Marietta Johnson, Lilah Crowe, Margaret Kavanagh, Niels Hemiksen, Richard Puckett, Pat Cortese, Ellie Webster, Mary Merrill, James Brown, Heide Pahlberg, Catherine Williams, Jeanne Torma, John Mitchell, Brian Hensen, Perry Price, Gary Warrington, John Hardeman, Steve Floyd, Willie May Theff, Anne St. Germaine, James Trice, Claire Wilcox, Matthew Ramadan, Beverly Parks, David Littlefield, Jayne Curry, Mike Renig, Ruth Matson, Kathleen Johnson, Ahmad Ahamp, Larry Hark, Marry Hollenbeck, Ruby Hughes, Diane Pehta, Brenda Weidner, Hoang Tran, Carolyn Hendrixson, Dave Aughey, Phyllis Strand, Mavis Brthm, Farzaneh Kia, Eulalisa Reyes-Smith, Stephanie Harmon, Gretchen Hangamuhle, Judi Marshall, Helen Washington, Brenda Walton, Julie Austin, Jill Naylor, Shirley Sanders, Patsy Murphy, Brian McMahon, Judith Ford, Susan Dukin, Dick Hundt, Liz Myhre, Jim Nichhie, Mariilyn Halker, Kevin Nelson, Lenny Smith, Rich Garland, Shirley Cair, Mary Delley Burns, George Dahl, Carol Johnson, W. 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Our apologies to those whose names have been unintentionally omitted or misspelled.

Appendix D: Summary of Major Reports

From: *A Summary of Current Major Reports that Study the Issues of Children and Families*
by Marilyn Larson, Executive Director

It has become apparent to most Americans in the last three or four years that we are losing too many children to school failure, poor health, and the social and emotional traumas that result from multiple family stressors. Most national organizations that deal with children's issues in any form have engaged in studies that deal with what many are beginning to call a national crisis. Several national commissions have been formed to make policy recommendations that address the problems.

The reports included in this summary represent a wide array of these groups and focus areas. Most of them display a national perspective of leaders from several sectors; a few focus on Minnesota. They were chosen for inclusion according to the following criteria: 1) the sponsoring group represents a broad constituency; 2) advisors or study group members come from a variety of disciplines and were chosen as experts in their fields; and, 3) issues are clearly identified and recommendations directly address the issues. In addition, reports were chosen that when summarized would cover the entire range of childhood and look at all needs, from basic food, shelter, and safety to school readiness, educational attainment, and meaningful relationships.

Because the age range is so broad, the issues identified within the reports are diverse. It is possible, however, to detect some basic themes that run through almost all of the reports that present a clear picture of the childhood problems facing our society that will ultimately predict the strength of our nation. And although the recommendations in some cases are age-specific, or deal with only one institution such as education or health care, they point to some common strategies. The issue and common recommendations are summarized below.

ISSUES

- The portion of the nation's children who are impoverished are at risk for poor health, learning problems, unstable family situations, and poor prognosis for transitioning to successful adulthood. The gap in almost every indicator is widening between poor and non-poor children and between white children and children of color. This group of children is growing in number.
- For children and families with multiple stressors or risk factors, traditional services, including schools, aren't working. They are fragmented; they offer too little, too late in many cases; they are sometimes at odds with each other.
- There is a crisis of caring in our nation that allows these situations to get worse. Government cannot solve the problems alone.

RECOMMENDATIONS

- Develop the means to meet the basic needs for stable, affordable housing, comprehensive health care, an adequate supply of nutritious food, and quality child care when needed, for all families. Only then will they be able to meet the developmental needs of their children.
- Ensure a network of support services in each community that will meet the following criteria:
 - prevent or intervene early with problems that become harder to treat or remedy the conditions as the child gets older;
 - design and deliver services comprehensively that address the entire family situation, and make a plan to tackle all of the problem areas;
 - include the whole family;
 - enlist parents, and children when appropriate, to develop meaningful, sustained, supportive, informal relationships with others in the community.
- Work to create or enhance the will of each governmental body, of corporations and small businesses, of non-profit institutions, and of each citizen to accept responsibility to play a role in the development and implementation of solutions to the problems that are faced by our children and their families.

Appendix E: Service Delivery Committee Report Summary

The Service Delivery Committee was asked, "to recommend changes in the service delivery system that coordinate and concentrate resources on effective, high quality, user friendly services to those who need them." The Committee included people from government, business and the non-profit sector, most of them experts on service delivery issues. The Committee was assisted in its work by a state interagency team of state agency employees who work in program areas which relate to children and families. Staff researched information on Minnesota's spending on children. Focus groups were conducted with service providers in ten Minnesota communities in order to learn more information about how the state service delivery system might be changed.

The Committee examined commonly believed assumptions of how state service delivery operates:

Myth: That the state delivers services. **Reality:** In most cases, the state doesn't directly provide services to families and children. Its role must continue to be to create policies, secure ongoing funding and assist in program development. State government must strengthen its ability to support the local community in its efforts to support families, youth and children.

Myth: That all "services" are good and helpful. **Reality:** Not always true. Many examples were uncovered of how services actually harmed the family more than helped them. Services must be provided in a setting with trust, mutual respect, privacy and confidentiality, and where people are not screened out because of subtle or blatant discriminatory policies and practices.

Myth: That the "fix it" mentality is the right approach. **Reality:** The idea that the family is broken and needs to be fixed is a significant barrier to receiving service. Families and children should not have to be labeled as broken or dysfunctional in order to receive services. Successful services emphasize prevention, enabling families and children to better control their lives and fostering long-term change.

The Service Delivery Committee recommends a bold new approach, requiring a change in the way we think about and act towards children. This bold approach requires making children the state's number one priority for action and resource allocation; lifting families and children out of poverty; developing a multi-strategy plan which recognizes that state government cannot "do it all" alone; and embracing new philosophy and values, new goals, and new policies.

Five specific recommendations of the Service Delivery Committee include:

- Create a Children's Cabinet, comprised of state agency commissioners, to develop a state strategy, a budget for children and a plan for implementation; establish a regular goal planning and assessment process within each agency; and act in many other areas.
- Support the local community in its efforts to support families, youth and children by developing a service system framework of local level identification, design, implementation and accountability.
- Change how services are financed. Increase emphasis on funding, mandates and system objectives to provide a continuum of service, from prevention and early intervention services to crisis intervention and treatment.

Appendices

- Act to eliminate racism and to respect diversity. Culture is a rich resource and must be part of the delivery of services. Services must be offered in a manner that enables, empowers and respects the child and family.
- Support families. Families must have access to the support and assistance necessary to be the primary environment for nurturing their children.

A copy of the complete Service Delivery Committee Report can be obtained by contacting the Action for Children Commission.

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FIRST STEPS

KIDS
CAN'T
WAIT

1994 progress report

MN PLANNING

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Children's Cabinet

Report to the Legislature



February 1995

THE CHILDREN'S INITIATIVE: MAKING SYSTEMS WORK

A Program of The Pew Charitable Trusts

The Children's Initiative: Making Systems Work is a major new initiative of The Pew Charitable Trusts, designed to demonstrate how this nation can improve the lives of its children on a broad scale. The Initiative calls for states and communities to adopt a new way of working with families, to reshape service delivery systems, and to make the investments necessary to shift from a crisis-oriented, fragmented, and inadequate approach to one of inclusion and effective supports for all children.

THE CHILDREN'S INITIATIVE AS A STRATEGY TO IMPROVE CHILDREN'S OUTCOMES

The Children's Initiative seeks to ensure that children reach school-age healthy, safe, and prepared to learn, and that they are given the opportunity to complete their school years as free as possible from barriers to learning and healthy development. Thus, promoting the ability of families to provide a safe, stable, and nurturing environment for their children is also central to the Initiative. Specifically, the Initiative seeks to achieve four pivotal outcomes:

- **improved child health** (including improved birth outcomes, reduced incidence of preventable childhood diseases and disabilities, and improved overall physical and mental health);
- **adequate child development** (including increased incidence of achieving milestones in cognitive, emotional and social development);
- **reduced barriers to adequate school performance** (including increased entry into school with requisite skills and behaviors, reduced need for remediation services, and reduction in preventable barriers to attendance and grade progression);
- **adequate family functioning and stability** (including reduced incidence of abuse and neglect, reduction in preventable barriers to family functioning, and strengthening of families' economic stability and social integration).

The Initiative calls for a reoriented approach to serving children, replacing the current fragmented systems with one that is outcomes-oriented, family-focused, systemic, inclusive, preventive, comprehensive, and community-based.

The Initiative's service strategy at the frontline includes several interrelated elements:

- **a system of inclusion**, by which every child in a community, and his or her family, will be visible to caring professionals and receive services to the extent necessary to ensure safe and healthy development. A key feature of the system of inclusion is universal contact, at a minimum in the hospital at the time of birth, with the family of every newborn in the community.

- **an appropriate continuum of services** for children and families, drawn together through Family Centers.
- **neighborhood-based Family Centers** as a hub of the system of inclusion and the locus for family development.

The vision for the Initiative is that this service strategy will over time become the child serving system of a state. This vision represents a profound shift in how society supports families with children. Bringing this vision to scale throughout a state will require changes in the way public servants perform their responsibilities, from street-level practice through mid-level management to the top level of state policy making.

Policy and system changes in three broad areas will be needed to implement, expand and sustain the Initiative's service strategy:

- **changes in policies, practices and procedures related to service delivery and service access.**

There must be changes in policies, procedures, and practices that create barriers to serving families holistically, to providing comprehensive services, or to delivering services in timely and flexible ways.

- **changes in financing strategies, budgeting and resource reallocation.**

These changes include increased investment in prevention services and use of multiple funding streams (including a reimbursement from private insurance and fee-for-service payments, as well as public sources). In addition, they include maximization of existing federal revenue streams, reinvestment of additional revenues and savings from a reduction in the cost of failure to finance expanded services for children and families.

- **changes in governance of public services.**

These changes are intended to provide for greater sharing of responsibility and accountability among and between the public, the private, the business and non-profit sectors and among and between levels of government.

THE MINNESOTA CHILDREN'S INITIATIVE

Summary and Overview

November 1993

The more involved I get in this, the more services I find that I could've used at one point or can still use now. There is so much out there. The right hand doesn't know what the left hand is doing. Even within two office spaces, they don't know.

If you had one place to go and one person — let's say an advocate — helping you with everything, you wouldn't have to have 10 different forms of paperwork, the same thing 10 different times...I feel the worker, advocate, should be more informed to be able to suggest things, areas that I can go to, and I think having one centralized location would definitely help because people can go before they are in crisis, before they hit bottom.

— A St. Paul parent

Minnesota is not immune from the problems facing children and families in America today. Communities throughout Minnesota are finding that too many children are falling through the cracks of an unnecessarily complex bureaucracy.

In June 1992, Governor Arne H. Carlson was invited to send a team of Minnesotans to Philadelphia to learn about a sweeping new Children's Initiative being introduced by The Pew Charitable Trusts. Minnesota was one of 14 states invited to apply to participate in an ambitious 10-year Initiative to significantly restructure children's services in the state. Minnesota submitted its first application in September 1992, and learned three months later that the state was among five states to receive funding from The Trusts to continue with development planning for the Initiative. Three of the five states will be selected in March 1994 to proceed to implementation. (In addition to Minnesota, the states are Rhode Island, Florida, Kentucky and Georgia.)

In planning the Minnesota Children's Initiative, the state has been working intensively with three communities: the city of St. Paul, Becker County-White Earth Reservation, and Cass County-Leech Lake Reservation. The three communities and the state have been true partners in the planning process. If Minnesota is chosen in March 1994, the three communities will become demonstration sites and will serve as models for the rest of the state. The Pew Charitable Trusts envision that the Initiative will quickly expand beyond the start-up communities and cover most of the state by the year 2003.

This summary highlights key aspects of Minnesota's application to The Pew Charitable Trusts. The application runs more than 700 pages and represents the contributions of literally thousands

of Minnesotans. The application contains responses to five "critical questions" posed by The Trusts; a strategic plan for reconfiguring the services for children and families, and a plan for developing an information system, a financial strategy and a governance structure to support the reconfigured system. The application also contains evidence of commitment from key state and local policymakers, budgets and workplans for the next planning phase, and extensive supporting documentation.

The Pew Charitable Trusts

The Pew Charitable Trusts, based in Philadelphia, is a national and international philanthropic organization, supporting nonprofit activities in the areas of conservation and the environment, culture, education, health and human services, public policy and religion. Through their grantmaking, The Trusts encourage individual development and personal achievement, cross-disciplinary problem solving and innovative, practical approaches to meet the changing needs of society. The Trusts commissioned a planning document in 1989 to guide their interest in investing in children's issues. The Pew Charitable Trusts Children's Initiative was the result.

The Pew Charitable Trusts Children's Initiative is not a conventional grant program. It is not meant to be an "add-on" to an already complex system. Rather, the Initiative represents a profound shift in the way American society supports young children and their families. It proposes that the current jumbled, overgrown thicket of program rules and eligibility requirements be replaced with a bold, integrated and humane system — one that can become the norm for all children throughout the state.

The central organizing principle of the Initiative is the creation of a network of neighborhood-based family centers where children and families can obtain a consistent core of services. Family centers are envisioned as places in neighborhoods and towns throughout Minnesota where families can go to find support when they need it. The family centers will be attractive and inviting to all families, not just those with problems. They will be run by people in the community.

In addition to family centers, The Pew Charitable Trusts Children's Initiative requires the following components:

- A restructured service delivery system focusing on prevention of poor outcomes rather than crisis intervention. To accomplish this, The Pew Charitable Trusts Children's Initiative requires two points of "universal contact" with children and families — at the time of birth and at kindergarten registration. (Minnesota has added a third point of universal contact — Early Childhood Screening at age 3 1/2 or 4, an existing statewide program that screens young children to identify impediments to learning .)

- An integrated information system allowing information to be shared across systems, and allows outcomes or results to be measured.
- A financing strategy supporting the reconfigured service system.
- A governance structure that involves the public and private sector, consumers, nonprofit organizations and parents in the decision-making process, and one that will survive over a nine-year implementation period.

In addition, The Pew Charitable Trusts have asked states to focus on outcomes for children and families, so that results of the Initiative can be measured over time.

Background

Shortly after taking office in January 1991, Governor Carlson created the Action for Children Commission. Chaired by his wife, Susan Carlson, and Ron James, Vice-President and Chief Executive Officer of US West Communications/Minnesota, the commission brought together 30 representatives of the executive branch, Legislature, business community, nonprofit organizations and children's advocates. Among other directives, Action for Children was asked to create a vision for Minnesota's children and families, and to recommend changes in the service delivery system that coordinate resources in a user-friendly way.

Action for Children found significant flaws in the system:

- **Services are crisis-oriented.** They focus on problems that have already occurred rather than helping prevent problems. Crisis intervention is much more expensive than prevention, and the consequences of waiting until small problems turn into big ones can be devastating to children and families.
- **Services are fragmented.** A preliminary examination identified 250 state-funded programs for children and families, operated by 33 different state agencies, councils, boards or commissions. The programs have differing rules and eligibility standards, which means that families end up visiting multiple locations to seek help.
- **Services do not reflect the cultural diversity of the people being served.** Many examples were uncovered where services actually harmed the family more than helped them, where culture and heritage were ignored, and where negative attitudes of providers were a barrier to service.
- **Service agencies don't communicate.** At both the local level and the state level, it was found that agencies that should complement each other often work

independently. In some cases, they find themselves competing against each other for scarce resources.

Action for Children's report, *Kids Can't Wait*, was issued in February 1992. Among its recommendations was the following:

Overhaul the state service delivery system to produce better results for children and families. Require improved coordination of local, county, state and federal government programs. Make programs and services more accountable for results. Discontinue ineffective or inefficient services, and support services that produce results.

The recommendations from *Kids Can't Wait*, and the vision for children and families articulated by Action for Children, have served as the guiding principles shaping the Minnesota Children's Initiative.

Within the executive branch, Governor Carlson created the Children's Cabinet in February 1992. Creation of the cabinet had been recommended by Action for Children as a strategy to overhaul the service delivery system, improve coordination among agencies, and to begin addressing the fragmentation, overlap and inefficiency of existing state services to children and families. The Children's Cabinet consists of the heads of the departments of Education, Health, Human Services, Jobs and Training, Corrections, Administration, Public Safety, Finance, Transportation, the Housing Finance Agency and Minnesota Planning. The Children's Cabinet is providing leadership for planning the Minnesota Children Initiative.

While Minnesota found the objectives of The Pew Charitable Trusts to be generally consistent with the recommendations of Action for Children, Minnesota has adapted the Children's Initiative to the unique characteristics of the state. Minnesota's strong populist tradition dictated that broad-based public support would need to be developed if the Initiative were to be successful here, and a major community engagement effort began immediately. At the state level, and in each of the three partner communities, hundreds of parents, consumers, service providers and others have participated in designing Minnesota's strategic plan.

Two other characteristics are unique:

- Among the five competing states, Minnesota is the only one with a county-administered system of social services.
- In Becker and Cass counties, elected officials of the Leech Lake and White Earth reservation governments have played key roles in planning the Initiative, along with officials from the counties and school districts.

Outcome Measurements

Creating meaningful and enduring improvements in the well-being of children and families is the goal of the Minnesota Children's Initiative. Without a strong and continued focus on outcomes, developing and sustaining public support for major systems change over time will be difficult, if not impossible.

Minnesota has been a leader among states in recognizing the importance of outcome measurement in evaluating results. In 1991, Minnesota embarked on a long-range planning effort called *Minnesota Milestones*, in which a shared vision was developed along with broad goals and indicators to measure progress over time. At the same time, Action for Children also was identifying milestones for children, which were incorporated into *Minnesota Milestones*. These children's milestones have been further refined during the planning process for the Minnesota Children's Initiative.

The Pew Charitable Trusts Children's Initiative has established four "core outcomes" for children and families:

- Improved child health, including improved birth outcomes, reduced incidence of preventable diseases and disabilities, and improved overall physical and mental health.
- Improved child development, including increased prevalence of achieving normal milestones in cognitive, emotional and social development.
- Reduction in barriers to adequate school performance, including increased entry into school with requisite cognitive and social skills, reduced need for remediation services and reduced barriers to attendance and grade progression.
- Improved family functioning that promotes a child's healthy development, including increased family stability and reduced incidence of abuse and neglect.

Minnesota has identified 24 specific indicators to measure progress toward these outcomes over the course of the Initiative. The three partner communities have agreed to collect information on the core set of outcomes. Each will set their own targets as appropriate for the community, with the statewide targets serving as minimum outcome expectations.

Minnesota recognizes the tremendous potential of outcome measurement to build public support for major systems change. To tap that potential, Minnesota Planning is developing an on-line customized "children's services report card" for every community in the state. At a glance, a parent or community resident will be able to compare outcome data for the community or region with statewide outcome data. The service will be available at most public libraries.

Service Strategy

The term "patchwork" is used too often in Minnesota to describe the fragmentation of services and express the frustration of parents, service workers and professionals who try to piece together an appropriate response for families and children with multiple problems.

The service delivery strategy of the Minnesota Children's Initiative focuses on the child and the family through a network of family centers. In this reconfigured system, the family center will be the "front door" to Minnesota's rich array of available services. All of Minnesota's Initiative family centers will sustain the following basic functions:

- Outreach to pregnant women,
- Universal contact with families of newborns,
- Universal early childhood screening at age 3 1/2 or 4,
- Universal outreach to families of children entering kindergarten or entering the community's school district for the first time,
- Family development services, including activities for families, parent education and family support programs,
- Network of referrals to a comprehensive continuum of services,
- On-site child care for families participating in family center activities.

Families entering the system through the front door — the family center — will be ensured access to the core services. Some core services may be provided on-site by family center staff or by collocated staff. Other core services will be provided at an annex center, in the consumer's home, or elsewhere in the community. No matter where or by whom the service is provided, all families in the partner communities will have access to all core services.

An integral part of Minnesota's service strategy is to provide what The Pew Charitable Trusts refer to as a "system of inclusion" for all community members. Families and children need not be labeled as broken or dysfunctional in order to receive services, and services will be provided in ways that respect cultural differences.

Early in the planning stages of the Initiative, Minnesota realized the importance of including parents and consumers in this process. Through a series of public meetings, forums and surveys, thousands of parents, front-line workers and community members have made their voices heard. Mayors, county commissioners, school board superintendents, child care workers, teachers, youth, business leaders and legislators have contributed to the strategic plan.

Minnesota's partner communities are developing their own objectives, staff requirements, services, strategies, site locations and outcome measures specific to the needs of their individual community. The Initiative allows and encourages communities to adapt the plan to meet the needs of children and families in their locations. The grant application identifies variations unique to each of the partner communities.

By the end of nine years, the state and local partners have estimated that at least 141 family centers will have been established. Some may offer services in more than one location, through the use of annex or satellite sites. Minnesota envisions that 500 locations could eventually be established throughout the state. In many cases, existing sites that now offer some services to children and families could be adapted to offer the full array of family center services.

Governance

Minnesota recognizes that new governance structures will need to be developed with cooperation and agreement from diverse governing bodies at the city, county and state level. Governance discussions have focused on the need for authority, dollars and accountability to be shared across systems, across different levels of government, and with a broad range of public and private sector participants.

At the community level, parent control and decision-making are recognized as primary components of a workable governance structure to support a network of family centers. The Initiative governance model designed by the partner communities and state participants has three levels:

- Level I is the governing body for an individual family center. The Level I board will consist of consumers, parents, business representatives, frontline workers and community representatives.
- Level II is a community-wide governance entity that governs all family centers in a given community. Level II may accept grants and other funds for distribution to individual family centers. New money earned through federal revenue enhancement will be captured at this level and reinvested in the Initiative. Level II will have the power to recommend redeployment of existing services and staff and it determines the budget for each family center. Local funds may be raised, contributions (cash and in-kind) can be accepted, and fees will be authorized where applicable.
- Level III is the state-level governance entity. The Children's Cabinet and the Legislative Commission on Children, Youth and Their Families are conducting a joint study to determine the structure and functions of this entity. The study should be completed by the time the 1994 Legislature convenes in February.

Minnesota's counties will play a significant role in the implementation of the Initiative. Minnesota is one of a handful of states with a county-administered social service system. Basic decisions on how services will be delivered, what services will be offered, and how they will be paid for, are made at the county level. The decision to join the Initiative and to implement the Initiative's strategies will be made county by county, but the state may provide incentives for counties to participate, such as the family services collaborative grants described below.

Financing

For the Minnesota Children's Initiative to expand statewide, a financing strategy must be devised to use existing resources more efficiently and to generate resources for restructured services. To accomplish this, Minnesota has prepared a financial resources framework for implementing the Minnesota Children's Initiative. The framework includes policy principles and strategies; estimated costs for family center infrastructure and other core services; and recommended alternatives for funding the proposed service system.

The long-range cost estimates for the Initiative are being developed using two methods:

- Analysis of basic infrastructure costs of a family center, the hub of the Initiative and the catalyst for system reconfiguration. These costs are based on a mix of strategies, some unique and some common to each partner. In each case, the mix of services proposed represents the minimum required to develop and sustain a reconfigured delivery system. Costs and assumptions developed by each partner are being used to project statewide costs.
- Analysis of statewide costs of the 21 essential and three highly recommended Initiative core services required to achieve outcomes defined in the Minnesota development plan.

Creating a total of 141 centers by the end of nine years would result in an estimated annual cost of \$112.8 million. Assuming a 50 percent redeployment of existing resources, \$56.4 million of new funding would be needed. Projections of resources that may be available to support development of the Initiative over the nine-year period involve analysis of several factors: stability and growth of the state's economy; growth in revenues generated by state and local governments; children and family expenditure trends; and short-term growth of certain revenue from the federal government.

Another factor is Minnesota's health care reform initiative, and the likelihood that national health care reform will be patterned after the Minnesota model. Some services required by The Pew Charitable Trusts Children's Initiatives also are required under health care reform. Planning for the Minnesota Children's Initiative has been and will continue to be integrated with the planning that is underway for health care reform.

Information Systems

To support family centers and actually reconfigure the service delivery system, The Pew Charitable Trusts believe that an information management system must be in place that allows information to be shared in new ways. The information management strategy is a way to streamline procedures so that families do not have to fill out multiple forms at multiple offices to find out if they are eligible for services. An information management strategy also will make it easier for families to find and obtain resources and services.

An information management system is described in detail in the grant application. The system will provide an information and referral capability, permit information sharing among service providers to streamline the service delivery system, support the administrative functions of the family center, and provide a decision support system incorporating outcome and performance data at the state and local levels.

Minnesota has chosen not to create a new information infrastructure to support the Initiative. Instead, a strategy of Electronic Data Interchange will be used to share information across systems. The information management strategy will be further developed during the implementation planning phase of the Initiative, which goes from March to December of 1994. A team is being established to begin planning the information management system and to analyze the impact of Minnesota's Data Practices Act on the development of the system.

Family Services Collaborative Grants

The Legislature has shown its commitment to the Children's Initiative by appropriating \$8 million to fund a new family service collaborative grant program. The grants are intended to serve as incentives for communities to collaborate on behalf of children and families. In terms of the Minnesota Children's Initiative, the grants are viewed as a mechanism to expand the Initiative statewide over the next nine years.

In order to receive a family services collaborative grant, a minimum of one county, one school district and one public health entity must agree in writing to form a collaborative and commit resources to an integrated fund. These collaboratives are expected to have broad community representation, which may include other counties, school districts or public health entities; other municipalities, existing culturally specific community organizations, local foundations, businesses and community action agencies.

Grants are available for planning and implementation. Communities receiving grants are expected to plan or implement changes in their local systems to better serve children and families. They also are required to establish measurable outcomes for children. The Children's Cabinet has been given the responsibility of developing procedures and distributing funds to applicants.

Commitments

Actions taken by the 1993 Legislature that support the objectives of the Minnesota Children's Initiative include:

- Funding the Legislative Commission on Children, Youth and Their Families, a joint House-Senate committee that reviews proposed legislation and recommends changes that affect children and families in Minnesota.
- Requiring the Legislative Commission and the Children's Cabinet to jointly study the need for a new state-level governance structure for children and family services.
- Requiring agencies with major responsibilities for children and families to begin planning for an integrated children's services database.
- Funding the Children's Cabinet and integrated database study.

Minnesota's application includes evidence of commitment from a broad range of groups and individuals. At the state level, resolutions of support have been adopted by Action for Children, the Children's Cabinet, the Legislative Commission, and the Interim Advisory Group. In addition, Children's Cabinet agencies have pledged staff support to the effort.

Each of the partner communities has garnered support not only from the agencies that will be providing services, staff and resources but also from elected officials, private nonprofit agencies and the business community. County boards and school districts in each of the communities have adopted resolutions of support. In Becker and Cass counties, the Tribal Councils have indicated their support of the Initiative.

Commitment from county governments is critical for the success of the Initiative. The Association of Minnesota Counties, which represents Minnesota's elected county officials, has agreed to work with the state to implement the Initiative and will actively participate in discussions about the governance of the Initiative. Other commitments from child advocacy groups, foundations, consumers and business, health and youth organizations show the deep and solid support that the Initiative has in Minnesota.

Conclusion

Minnesota offers The Pew Charitable Trusts an opportunity to implement the Children's Initiative in an environment where:

- The executive branch and Legislature are strongly committed to work together to undertake major reform efforts. Such efforts as health care reform, removal of mandates

and regulations and a commitment to look at new governance structures for children and family services are evidence of bipartisan support.

- Major health care reform is closely linked with planning for the Children's Initiative. Minnesota's position as a national leader offers an opportunity to revamp the service delivery system for children and families in a way that is compatible with the direction of national health care reform.
- Significant statewide resources have been brought to the table. In addition to creating an \$8 million grant program to foster community collaboration and develop the capacity to expand statewide with the Initiative, Minnesota is integrating other statewide resources. The integration of the Early Childhood Screening program and other programs for young children with the Minnesota Children's Initiative is clear evidence of Minnesota's plan to build on current resources to create a comprehensive system of services.
- The principle of universality has been embraced as a core of the strategy to improve outcomes for children and families. Adding another point of universal contact through the Early Childhood screening program strengthens the system of inclusion for young children and their families.
- A focus on outcomes as a way to measure success in meeting the needs of children and families has been demonstrated. Work on *Minnesota Milestones* and specific outcome targets in health, education and social services reflects sophistication in the use of outcomes to shape policy decisions.
- Serious steps have been taken within communities to change the delivery and governance of services. Resolutions of support and commitments from key leaders throughout the state, including counties, cities and school districts, indicate strong support for the Initiative to serve as an umbrella for change in the service delivery system organized around a network of family centers.

Much has been accomplished through the development planning phase of the Minnesota Children's Initiative, and the three partner communities and the state are excited about moving forward to implement the plans that have been made. Minnesota's application demonstrates the state's commitment, interest and capacity to achieve the aims of The Pew Charitable Trusts Children's Initiative. Continued partnership with The Pew Charitable Trusts will result in strengthened families and children throughout Minnesota.

CRITICAL QUESTION ONE

What are the outcomes for children and families to be achieved by the Initiative at the end of nine years and for each three-year period within implementation? What are the implementation targets to be met at the end of nine years and for each three year period?

What I've noticed about bureaucratic programs is that for all their rules and red tape, they keep very little track of what actually happens to the people they're serving. If that's built in from the beginning — if you keep track of the results — you can dispense with a lot of red tape.

— Tom Fulton, President of the Minneapolis/St. Paul Family Housing Fund,
quoted in *Reinventing Government*

Creating meaningful and enduring improvements in the well-being of children and families is the goal of the Minnesota Children's Initiative. Without a strong and continued focus on outcomes, developing and sustaining public support for major systems change over time will be difficult, if not impossible.

Through experience, Minnesota has learned that outcomes must be carefully chosen. Parents, consumers and citizens must be given the opportunity to choose the outcomes by which their institutions will be judged. Without broad-based public support and a shared vision for a better future, any given set of outcome measures will become just another laundry list of statistics.

Minnesota is a leader among states in the use of outcome measurement to guide public policy. In 1991, Governor Arne H. Carlson initiated *Minnesota Milestones*, a project to create a long-range plan for the state complete with measurable goals and indicators. Thousands of Minnesotans participated in the effort to develop a vision for the state and ways to measure progress toward that vision.

Simultaneously, the Governor's Action for Children Commission in early 1991 began looking at the way services are delivered to children and families in Minnesota. Action for Children, which includes representatives from the business community, non-profit organizations, children's advocates and state agencies, also realized the importance of establishing measurable goals for children's services. In February 1992, Action for Children's report, *Kids Can't Wait*, proposed 17 milestones for children. Those milestones were further refined and ultimately incorporated into the *Minnesota Milestones* project and became part of the December 1992 report, *Minnesota Milestones: A Report Card for the Future*.

In 1993, the state began integrating the outcome measurements from *Minnesota Milestones* into the state budget process. The goal was to begin the transition to a performance-based budget for all state agencies — including those with major responsibilities for children's services — so that agency funding can be tied to producing desired outcomes. Minnesota believes that a performance-based budget system, coupled with regular reporting on outcomes, is a way to ensure public accountability for results.

History of Outcome Measurement in Minnesota

Over the past several years, outcome measurement has been adopted as a tool by state agencies for assessing the effectiveness of policies and programs for children and families. While the impetus for the development of outcome measures has differed from agency to agency, all of the outcome measurement efforts share two common elements: a desire to provide services that improve the lives of children and families, and an understanding and belief in the potential of outcome measurement to improve the performance and accountability of government systems.

The outcome indicators in *Kids Can't Wait* and *Minnesota Milestones* are based on a vision developed through a series of extensive conversations with Minnesotans around the state. In the case of Action for Children, public hearings were conducted in 10 communities and a forum attended by more than 200 young people ages 12 to 18 was held in St. Paul. For Minnesota Milestones, focus groups were conducted in 15 locations around the state, with more than 1,600 Minnesotans participating.

Once the vision and a set of broad goals were established, draft indicators were developed and a second round of hearings was held to establish outcome targets for the future. In some cases, targets had been established through other citizen-based processes such as the *Health Plan for the Mothers and Children of Minnesota* developed by the Department of Health. Where no targets existed, a variety of techniques were used: benchmarking, or identifying the state or country that has done the best and aiming to match its performance; maintaining Minnesota's top ranking in areas where the state excels; consulting with experts to determine what is technically possible to achieve; seeking consensus among a broad range of people about what the goal should be; and projecting trends into the future and aiming to improve or maintain those trends. Criteria for selecting the indicators and the process used for setting targets is more fully described in Appendix D, pp. 22-23.

Both *Minnesota Milestones* and Action for Children attempted to create an integrated set of indicators that looked at children and families holistically, rather than from the view of a single program or agency. The Milestones goals bear a striking similarity to the four core outcomes developed by The Pew Charitable Trusts Children's Initiative, as shown in Figure 1 on the next page. That similarity was one of the reasons Minnesota found The Pew Charitable Trusts Children's Initiative so intriguing.

Within the past year, the Minnesota Legislature also has acknowledged the importance of outcome measurement. In the 1993 session, three pieces of legislation were adopted that relate to outcome measurement:

- Applicants for grants under the family services collaborative grant program are required to establish clear goals and outcome measures for addressing the health, developmental, educational and family-related needs of children and youth. Several outcome measures are specified, including the number of low birthweight babies, the infant mortality rate, the number of children who are adequately immunized and healthy, and the number of children requiring out-of-home placement or long-term special education services. (The family

CORE OUTCOMES AND MILESTONES GOALS COMPARED

CORE OUTCOMES	MINNESOTA MILESTONE GOALS
Core Outcome 1: Improved child health, including improved birth outcomes, reduced incidence of preventable diseases and disabilities and improved overall physical and mental health status.	Goal: Minnesotans will be healthy Indicators: Reduce infant mortality, reduce percentage of low birthweight babies, increase percentage of children with healthy diets, increase percentage of children adequately immunized.
Core Outcome 2: Improved child development, including increased prevalence of achieving normal milestones in cognitive, emotional and social development.	Goal: All children will come to school ready to learn Indicators: Percentage of parents satisfied with child care arrangements; other learning readiness indicators to be developed.
Core Outcome 3: Reduction in barriers to adequate school performance, including increased entry into school with requisite cognitive and social skills, reduced needs for remediation services and reduced barriers to attendance and grade progression.	Goal: Minnesotans will excel in academic skills Indicators: Improve achievement test scores; reduce the number of school districts with high school dropout rate of 10 percent or higher.
Core Outcome 4: Improved family functioning that promotes a child's health development, including increased family stability and adequate functioning and reduced incidence of abuse and neglect.	Goal: Families will provide a stable environment for their children Indicators: Reduce the number of abused or neglected children, reduce teen pregnancy rate, reduce the rate of child runaways, increase the percentage of people who feel they can rely on another person in their community for help.

services collaborative grant program is more fully explained in Part I, Critical Question 3 and Appendix F.)

- State agencies, including most Children's Cabinet agencies, are required to develop strategic plans and performance measures and submit them to the Legislature. Draft plans are due in November 1993, with final plans and measures due in September 1994.
- Several Children's Cabinet agencies are required to develop a plan to create an integrated data base for children's services. The new statute requires the formation of an interagency team from the departments of Education, Administration, Corrections, Health and Human Services. By January 30, 1995, a plan is required for storing essential data elements and a plan to report data to the state.

Minnesota's Outcome Indicators and Targets

The set of core indicators adopted for the Minnesota Children's Initiative has been drawn from Action for Children and *Minnesota Milestones*, and others including:

- Challenge 2000 (Minnesota Department of Education)
- County Social Services Act Planning (Department of Human Services)
- Family Health Assessment and Planning Aids (Minnesota Department of Health)
- Health Plan for the Mothers and Children of Minnesota (MDH)
- Charting the Course: Minnesota Goals and Objectives for the Year 2000 (MDH)
- Statewide Goals for Community Health Services (MDH)
- Minnesota Model Learner Outcomes for Early Childhood Education (MDE)
- Department of Human Services Budget Document (DHS)
- Educational Outcomes and Indicators for Early Childhood (University of Minnesota)
- Community Social Services Act Planning (DHS)

Since The Pew Charitable Trusts Children's Initiative is designed to address specific issues that will change over the life of the Initiative, the indicators have been divided into three categories:

- Initial Evaluation Indicators: Indicators by which the Initiative will be evaluated throughout its lifespan. The focus of this group of indicators is children from birth to age 6.
- Age-up Evaluation Indicators: These will be added as the Initiative expands and "ages up" to cover 6- to 18-year-olds. The state will begin collecting data on these indicators immediately, in order to have historical data as the Initiative goes to scale.
- Related Indicators: These cover subjects not directly addressed by the Initiative, but which are significant to understanding how the Initiative will function within Minnesota's overall policy context.

Minnesota has identified 15 initial evaluation indicators, six age-up evaluation indicators and three related indicators. They are listed on Figure 2 on the next page, along with statewide targets for 1995 and the year 2000. Some of the 24 indicators are under development or need to be developed. Minnesota traditionally develops targets at five-year intervals rather than the three-year intervals suggested by The Trusts. Interim targets can be developed if necessary for these outcomes.

All three partner communities have agreed to collect information on the core set of outcomes. However, each will set their own targets as appropriate for the community, with the statewide targets serving as a minimum outcome expectation. Partner communities also may decide to concentrate on certain priority indicators of particular concern to them. Communities may add other indicators if they wish.

Some local systems, such as the St. Paul schools, have been tracking outcome indicators for several years. Other communities, such as Becker County-White Earth Reservation, have developed additional indicators during Development Planning. The indicators for the local communities can be found in Appendix D, pp. 6-20.

As the Initiative matures, and as methodology for outcome measurement becomes more sophisticated, it is expected that the list of core outcome indicators may change. One of the challenges for evaluation will be to balance changing outcome measurements with the need to maintain consistency over time.

The *Minnesota Milestones* process clearly identified a public desire to report outcome information by race. Aggregate numbers can mask significant variations between racial and ethnic groups. While some outcome information currently is collected this way, commitments have been made at the state level to improve the collection and reporting of information by race. Minnesota also is committed to developing more accurate methods of collecting and reporting information about Hispanic populations.

In some cases, assessment tools have yet to be developed for significant children's outcomes. Few widely accepted indicators are available for assessing whether children are ready for kindergarten, whether they have healthy diets or whether they have reached age-appropriate developmental milestones.

In Minnesota, the Early Childhood Learner Outcome and Observation Instrument has been used with some success with 3½- to 4½-year-old children. The state's Early Childhood Screening program uses a variety of instruments that have been found useful with 4-year-olds.

For statewide baseline data, Minnesota has been using the Early Childhood Model Learner Outcomes and corresponding observation instrument on a pilot basis. Education officials also are monitoring assessment models being developed in other states. Oregon, for example, is developing an early childhood development assessment tool that will assess 1,000 kindergartners in classes selected at random. Local teams assess the kindergartners, interview parents or

Statewide Core Outcomes and Targets

Core Outcome/Indicator	1990	1995	2000	Indicator Source
Core Outcome 1: Improved child health, including improved birth outcomes, reduced incidence of preventable diseases and disabilities, and improved overall physical and mental health status				
<i>Initial Evaluation Indicators:</i>				
Reduce infant mortality rate¹ (Deaths per 1,000 live births) Total White African American American Indian Asian/Pacific Islander Hispanic	7.3% 6.7 20 12 4.2 9.1	5.0% 4.7 14.0 8.0 5.0	4.5% 4.2 11.0 6.0 4.5	Health Plan for the Mothers and Children of Minnesota; Statewide Goals for Community Health Services; Minnesota Milestones
Reduce percentage of low birthweight babies Total White African American American Indian Asian/Pacific Islander Hispanic	5.1% 4.6 12.0 5.8 6.3 5.9	4.5% 4.5 9.0 5.0 6.0	3.5% 3.5 7.0 3.5 4.5	Health Plan for the Mothers and Children of Minnesota; Minnesota Milestones

¹Where available, racial breakdowns of outcome information has been provided. A commitment has been made at the state level to improve outcome measurement by race. Minnesota is still working through the policy and technical issues surrounding the collection of data about individuals of Hispanic origin. A commitment has also been made at the state level to develop the most accurate methods of collecting information and setting outcome targets for Hispanic populations.

Core Outcome/Indicator	1990	1995	2000	Indicator Source
Increase percentage of women receiving prenatal care during first trimester Total White African American American Indian Asian/Pacific Islander	72.3 % (1988) 74.1 54.2 51.8 36.5	90 % 90 70 70 70	95 % 95 80 80 80	Health Plan for the Mothers and Children of Minnesota
Increase percentage of children with healthy diets	To Be Developed			Minnesota Milestones
Increase in percentage of children who demonstrate appropriate weight for height	To Be Developed			Health Goals for Community Health Services
Increase percentage of children who are adequately immunized at 24 months	57 %	70 %	90 %	Minnesota Milestones; Health Plan for the Mothers and Children of Minnesota; Educational Outcomes and Indicators for Early Childhood
Reduce out-of-wedlock fertility rate for 15-19 year olds (Births per 1,000 women aged 15 - 19)	20.3 (1988)	17.0	15.0	Health Plan for the Mothers and Children of Minnesota
<i>Age-Up Evaluation Indicators</i>				
Reduce percentage of children who use alcohol or drugs at least monthly 12th graders using alcohol:	42 % 42 %	39 % 39 %	35 % 35 %	Minnesota Milestones

FIGURE 2

Core Outcome/Indicator	1990	1995	2000	Indicator Source
Core Outcome 2: Improved child development, including increased prevalence of achieving normal milestones in cognitive, emotional and social development				
Increase number of children reaching appropriate developmental milestones	Under Development			Minnesota Model Learner Outcomes for Early Childhood Education: Birth to Age Nine Years
Increase percentage of parents who are satisfied with their child care arrangements	To Be Developed			Minnesota Milestones
Core Outcome 3: Reduction in barrier to adequate school performance, including increased entry into school with requisite cognitive and social skills, reduced need for remediation services and reduced barriers to attendance and grade progression.				
<i>Initial Evaluation Indicators</i>				
Increase percentage of children who received early intervention services who no longer need special education services	To Be Developed			Educational Outcomes and Indicators for Early Childhood
<i>Age-Up Indicators</i>				
Improve achievement test scores	Under Development			Minnesota Milestones
Reduce number of high school districts with dropout rates of more than 10 percent	14	7	0	Minnesota Milestones

FIGURE 2

Core Outcome/Indicator	1990	1995	2000	Indicator Source
Core Outcome 4: Improved family functioning that promotes a child's healthy development, including increased family stability and adequate functioning and reduced incidence of abuse and neglect				
<i>Initial Evaluation Indicators</i>				
Increase number of parents able to function effectively	To Be Developed			DHS Budget Document
Increase number of people who feel they can rely on another person in their community for help	To Be Developed			Minnesota Milestones
Increase percentage of family members who attend or participate in school/community based programs in which their child is enrolled.	To Be Developed			Educational Outcomes and Indicators for Early Childhood
Reduce number of abused or neglected children per 1,000	19.5	17.5	14.5	Health Plan for the Mother and Children of Minnesota; CHS Goals; Minnesota Milestones; Educational Outcomes and Indicators for Early Childhood; CSSA Planning
Reduce number of out-of-home placements per 1,000	Under Development			CSSA Planning
<i>Age-Up Indicators</i>				
Reduce teen pregnancy rate (per 1,000 women under age 18)	17.4	12	11.2	Minnesota Milestones

FIGURE 2

Core Outcome/Indicator	1990	1995	2000	Indicator Source
Reduce number of runaways per 1,000 children	8.6	8.5	7.5	Minnesota Milestones
Reduce percentage of 12th graders who have ever attempted suicide	13%	13%	12%	Minnesota Milestones
<i>Related Indicators</i>				
Reduce percentage of children living in households below poverty	12.4%	10%	8%	Minnesota Milestones
Increase number of parents who receive full payment of Child Support	To Be Developed			Minnesota Milestones
Reduce number of AFDC recipients receiving aid for more than 24 months	Under Development			Minnesota Milestones

caregivers and review school records. The initial phase of the Oregon study will focus on physical well-being and motor development, and language and literacy development.

Linking Outcomes to Service Strategy and Financing

Once outcomes are agreed upon, the next step is developing strategies to achieve those outcomes. One strategy will be to link performance on outcomes and funding decisions. In Minnesota, the decision has been made at the state level to link agency funding to performance through performance-based budgeting.

As described in the State Budget Manual, a performance-based budget should answer two questions: 1) Is the state doing the right things, and 2) Is the state doing things right. Outcome measures are designed to establish what are the "right things." Performance and quality measures are designed to establish whether agencies are "doing things right."

Performance measures generally are classified into three types: effectiveness measures (assessing whether a program meets its expected outcomes); efficiency measures (assessing whether a program is meeting its outcomes in a cost-effective manner), and workload measures (assessing the performance of delivery systems).

Over the course of Implementation Planning, performance indicators for services provided through the family centers will be reviewed and refined. At the local level, the process for developing performance indicators will mirror the process for developing outcome indicators. In many cases, the information already is being collected. A very rough set of performance measures was used to develop cost estimates for the Initiative.

In the early phases of the Initiative, meaningful outcome measures may not be available in some cases because of time lags in seeing the effects of policies and in the collection and reporting of information. In other cases, adequate outcome indicators are not yet available. In these cases, performance measures, particularly effectiveness indicators, will need to be substituted for outcome indicators in evaluating programs and strategies. It is expected that as the Initiative proceeds, outcome indicators will be added as they are developed.

Defining "Best Practices"

Over time, correlations will become evident between certain strategies and particular outcomes in different communities. This information will help define best practices for reaching desired outcomes. During Implementation Planning, further research will be done into the relationships between outcome indicators, performance indicators, longitudinal studies, surveys, and other methods of evaluating programs and policies. Other methodological issues that will need to be addressed include definition of baseline data for populations; capacity of systems to collect information in different ways, including racial and ethnic breakdowns; and the degree to which outcomes can be linked to specific programs, resource allocations or other social variables in a

community. Further complicating the use of outcome measurement is the understanding that government resources make up only a part of all resources dedicated to addressing children and family issues. Assessing the effects of non-governmental programs remains a major hurdle that will need to be resolved during Implementation Planning.

Collection of outcome and performance data is a major function of the Initiative's information management strategy. This data is the heart of the decision support capability being planned to support the Initiative. During the next year, policy and technical issues surrounding information management will need to be resolved. Among these are data privacy issues, collection and storage responsibility issues, compatibility with the state's budgeting system, and issues relating to the reporting of standardized information from a variety of different systems. The Initiative's information management planning team, together with the appropriate policy bodies and the Children's Cabinet, will be responsible for working through these issues.

Minnesota Planning will work during Implementation Planning to further coordinate state and local outcome measurement initiatives, such as the Annie E. Casey Foundation's Kids' Count project. At the state level, a major objective over the next year will be to work with Children's Cabinet agencies to standardize outcome indicators and targets. Included in this standardization effort will be a mapping of existing outcome indicators. Development of an ongoing governance structure to oversee the outcome measurement process also will need to be addressed during Implementation Planning. Governance of the Initiative is more fully described in Part I, Critical Question 5.

The Power of Outcome Measurement

Minnesota recognizes the tremendous potential of outcome measurement to build public will for major systems change. To begin to tap that potential, Minnesota is developing an on-line customized "children's services report card" for every community in the state.

The children's services report card will allow anyone to obtain outcome data on children's services in their region. The report card will be available at most libraries through the state Datanet system, a computer network operated by the Land Management Information Center at Minnesota Planning. A prototype is being developed by Minnesota Planning using the Initiative indicators as a base. The goal is to have the system in operation by February 1994.

A data base is being created of existing demographic information and outcome measures. Population characteristics and family income information will come from the 1990 Census. Data collected by the state Health Department and by the Department of Education's Student Survey also will be included in the data base. The data base will be updated as new data becomes available.

Once the system is in operation, any Minnesotan can phone or visit the local public library to request a copy of the children's services report card. The customer can specify any combination of counties, school districts or a combination of the two. Within seconds, a customized report

card for the specified area will pop up on the computer screen. At a glance, the customer will be able to compare outcome data for the region with statewide outcome data. Datanet also will instruct users on how to retrieve more detailed information on any of the outcome indicators. Customers who already subscribe to Datanet will be able to order a children's services report card from their home or office computer.

The children's services report card is being developed as a tool for communities to use as they participate in the family services collaborative grant process or become partner communities of the Initiative. Minnesota Planning also will be periodically updating *Minnesota Milestones* to keep citizens informed of progress toward the goals.

Implementation Targets

At the end of nine years, Minnesota envisions that the Initiative will be fully implemented throughout the state to serve children from birth to age 18. Minnesota's strategy for going to scale is described in Part I, Critical Questions 4 and 5. Specific implementation targets will be developed by the state and the partner communities during Implementation Planning.

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Family Services Collaboratives

1995 Report

CHILDREN'S CABINET

February 1995



The Design, Delivery, and Evaluation of Community-Based Family Service Collaboratives

A Review of the Literature

DRAFT
May 10, 1995

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SECTION ONE: OVERVIEW

This review of literature is intended for use by organizations and agencies who are working to develop more coordinated and integrated services for children and families in their communities. The factors outlined in this review have been identified by researchers, experienced service practitioners, and organizational theorists as key components in designing, implementing, and evaluating the impact of collaborative service provision. The information is organized in a framework that reflects primary areas of importance in evaluating implementation (or processes) and effects (or outcomes) of collaboration. The framework includes four broad categories:

CONTEXT:	The background factors that affect collaborative design and implementation plans
BARRIERS AND FACILITATORS:	The factors that either enhance or inhibit collaboration
COLLABORATIVE PROCESSES:	The key elements that describe actual collaborative implementation strategies
OUTCOMES:	The claims that collaboratives can make about the observable effects of their work and the indicators used to substantiate those claims.

This framework corresponds with the model used to develop broad evaluation questions for Minnesota's Family Service Collaboratives and Children's Initiative Partners. These evaluation questions are presented in Attachment A.

This literature review is based on an examination of documents from various service sectors (i.e., education, health, human services, and economic security). We found that it was necessary to include documents from the various sectors in order to obtain a comprehensive perspective on issues related to integrated services and systems evaluation. Depending on the particular focus of a collaborative program, some factors across the framework will be more relevant than others. A listing of all references reviewed and the primary focus of their work is presented as Attachment B. Additionally, selected references for each framework category are included at end of the corresponding section.

The documents that have been reviewed reflect a combination of empirical research findings, recommendations based on multiple practitioners' experiences, theoretical perspectives, and analysis of existing programs. Because not all of the factors identified here are based on empirical research findings, to a large degree, their validity and

usefulness must be determined by the collaborative initiatives who use this document to design and implement their evaluation plans.

This is a work in progress. As state and local-level collaborative efforts designed to meet the service and support needs of children and families are increasingly examined and evaluated, more and more information will become available about the contextual factors that shape the initiatives, the factors that enhance or inhibit collaborative processes, and the implementation strategies that lead to improved short and long-term outcomes for children and families.

How to Use this Report

This document is intended as a resource for local collaboratives as they design, implement, and evaluate their initiatives. The information should be useful in conceptualizing a variety of evaluation approaches: context evaluation, barriers/facilitators evaluation, process evaluation, and outcome evaluation. Table 1 summarizes the characteristics of these evaluation approaches in terms of proposed objectives, data collection methods, and how the data may be used by decision-makers.

The major sections of this document have been organized to correspond to the four broad framework categories. Section Two summarizes the factors that may shape collaborative initiatives. In Section Three we summarize the factors that may facilitate or impede the implementation of collaborative processes. Section Four crystallizes the key elements that are part of a collaborative effort. In Section Five we identify an array of claims that collaborative initiatives may make about positive impacts on children and families and the system as a whole. This section also includes a compilation of intermediate and long term indicators that might be used to substantiate these claims.

TABLE 1: Evaluation Approaches

	EVALUATION OF CONTEXT	EVALUATION OF BARRIERS/FACILITATORS	PROCESS EVALUATION	OUTCOME EVALUATION
Objective	To identify the target population To assess strengths and needs To identify opportunities to address needs and build on strengths To diagnose problems underlying identified needs To judge whether proposed objectives are sufficiently responsive to assessed strengths and needs	To identify and assess system capabilities in terms of collaborative barriers and facilitating factors	To identify strengths and weaknesses of procedural design To record key elements and procedural events To assess relevance of key process elements to community needs To assess level of involvement in collaborative processes and decision making To assess the quality of collaborative processes	To identify program claims and corresponding indicators To relate indicators to organizational and community context factors and key program elements To interpret worth and merit of the program
Data Collection Methods	• System/community analysis • Surveys • Document review • Interviews • Diagnostic tests	• Surveys • Interviews • Observation • Document Reviews	• Structured observation of collaborative practices • Document review • Process descriptions • Interactions with project staff	• Document and record reviews • Surveys • Assessment instruments (vary greatly by identified indicators)
How Data May Be Used by Decision- Makers	Deciding upon the geographic setting to be served Determining program goals associated with meeting needs or capitalizing on opportunities Establishing the objectives associated with solving problems Planning needed changes Establishing a basis for judging outcomes	Identifying sources of collaborative support Developing barrier reduction/removal strategies Structuring change activities	Implementing and refining program design and procedures Interpreting outcomes	Deciding whether to continue, terminate, modify, or refocus collaborative activities Presenting a clear record of effects (intended and unintended, positive and negative)

SECTION TWO: KEY CONTEXT FACTORS SHAPING COLLABORATIVE PROCESSES AND IMPACT

Context includes a variety of background factors that have an effect on the design and implementation of collaborative processes and the outcomes achieved. A recognition and understanding of these elements will help to explain the factors that influenced the design of the collaboratives, the resulting processes, and the outcomes achieved.

The Context factors presented in this section include characteristics of the community's families, including the children, youth, and parents in need of services; characteristics of the community as a whole; and the service delivery systems currently in place.

Characteristics of the community's children, youth, parents, and families

The demographic profile of the community

- Population growth rate
- Population distribution by age
- Family structures
- Racial/ethnic characteristics
- Occupational profiles
- Home ownership and general housing patterns
- Per capita income
- Family income
- Educational attainment
- Percent of families at or below poverty level
- Number of people with disabilities

The community's beliefs, values, attitudes, and norms

- Cultural beliefs
- Cultural practices
- Cultural celebrations and other traditions
- Approaches to family issues and to child rearing

Children and family challenges the service system is designed to address

Child and Family Health

- Incomplete childhood immunizations
- Inadequate preventive health care for children, pregnant women
- Inadequate medical insurance
- Infant mortality
- Poor nutrition
- Premature births
- Sexually transmitted diseases (e.g., HIV/AIDS)

Family Functioning

- Social isolation
- Child abuse and neglect
- Runaways
- Family violence
- Young children caring for self alone at home

Child Development

- Delayed physical development
- Delayed language development
- Delayed social development

School Performance

- Behavior problems
- Absenteeism
- Academic failure
- Grade Retention
- Student drop-out rates

Youth Maturation and Social integration

- Drug abuse
- Social isolation
- Limited social/communication skills
- Juvenile crime rate
- Suicide
- Homicide
- Unemployment

Economic Self Sufficiency

- Poverty
- Income inadequate to meet basic needs
- Minimal employment or job-seeking skills
- Inadequate shelter/housing

Characteristics of the community and its service delivery system

The community's geographic boundaries

- Defining the community to be served geographically (as the city, county, school district, etc.) will help to align the structures and operations of governance bodies, the location of services, and the characteristics of the population.

The community's leadership

- Local business representatives
- Clergy and other representatives of religious congregations and agencies
- Culturally specific organization representatives
- Elected officials
- Leadership of collaborative projects
- Advocacy and volunteer organization representatives
- Philanthropists
- Health, human service, and educational service providers
- Higher education representatives

Programs and services available to support families

Availability and eligibility

- Array of specific programs offered
- Service eligibility criteria
- Service capacity (e.g. how many individuals or families can be served at one time?
Are people on waiting lists for services?)
- Location of the program or service
- Availability of public transportation to the service site

Structure of existing agencies and services

- Leadership and management practices
- Training and experience of staff,
- Management-staff interaction model (e.g., bottom-up or top-down management practices),
- Decision making practices (who shares in decision making and in what level of decisions)
- Organization of multiple services within one agency

Degree of current service integration

- Extent to which multiple programs within agencies share employees, resources, and information
- Extent to which all core services are available within agencies (i.e., outreach, intake, diagnosis, referral, follow-up)
- Type and extent of case coordination (i.e., case management, case conference, case team)
- Administrative links across agencies in the areas of resources, planning and programming
- Personnel practices
- Administrative support

Agency policies related to service provision

- Service delivery approach (e.g., asset or deficit-based)
- Level of attention to cultural relevance of services
- Focus on prevention or intervention
- Focus on cognitive, emotional, physical, spiritual, and/or social health needs

Selected References for Key Context Factors

- Department of Health and Human Services. (1991). *Services integration for families and children in crisis*. Washington, DC: Office of Inspector General.
- Sugarman, J.M. (1993). *Building local strategies for young children and their families*. Washington, DC: Center on Effective Services for Children.
- Watcke, R.R. (1982). Community needs assessment: Using social indicators and key informants. *Community Catalyst*, 7(3), 6-10.

SECTION THREE: FACTORS THAT FACILITATE OR IMPEDE EFFECTIVE COLLABORATION

Conditions that tend to facilitate effective collaboration include factors surrounding the attitudes, values, and perceptions of collaborating partners. These are called interpretive facilitating factors. Contextual facilitating factors include structural components such as technology, organizational complexity, and economic patterns.

Barriers include the obstacles, both interpretive and contextual, that exist within systems that block or hinder implementation of collaborative initiatives and the achievement of the collaborative's goals.

Both interpretive and contextual facilitating factors and barriers are presented here. These factors and barriers may serve as the basis of a self-evaluation by the collaborative members and to periodically assess the status of collaborative processes.

Factors that facilitate effective collaboration

Interpretive facilitating factors (i.e., attitudes, values, and perceptions of organizational/collaborative participants)

- Perceived need for collaboration
- Perceived benefits to organizations and families outweigh the perceived costs
- Positive staff/administrator attitudes favor collaboration
- Consensus between administrators and staff about program goals and activities
- Agencies see others as being a valuable source of resources
- Perceived ability to maintain program identity/prestige/power in the collaborative relationship
- Reward system for staff reinforces group-centered approaches and collaboration
- Accessibility to other organizations
- Positive evaluations of other organizations and their staff
- A level of similarity or overlap in resources, goals, and needs across organizations
- Shared common commitment to families
- Organizations share common definitions/ideologies/interests/approaches
- Perceived partial interdependence among organizations
- A history of good relationships between organizations

Contextual facilitating factors (i.e., organizational structures in place)

- Needs/benefits actually exist (for certain types of families, or resources to better serve families)
- Scarce resources
- Prevailing organizational/environmental norms value innovation through collaboration
- Standardization of procedures has taken place (referral procedures, scheduling of activities)
- A level of occupational diversity among staff that is complementary
- A broad range of services are offered by organizations
- Leadership styles of organizational management favor collaboration
- Regular opportunities exist for informal contact/exchanges of information/resources across organizations
- Geographic proximity among organizations
- Staff are specifically assigned to boundary-crossing roles
- Similarity in organizational structures, supply capabilities, needs, and services
- Chances exist for voluntary association of staff across organizations (leading to reduction of misconceptions and hostilities and the development of a common ground for discussion)

Factors that pose barriers to collaboration

Interpretive barriers (i.e., attitudes, values, and perceptions of organizational/collaborative participants)

- Sense of competition for resources or clients among organizations
- Organizations perceive a loss of program identity
- Organizations perceive a loss of prestige or role as "authority"
- Organizations have differing levels of service effectiveness
- Alienation of certain types of families by some organizations
- Differing leadership approaches/authority among organizations
- Differing professional backgrounds of staff
- Disparities in staff training across organizations
- Different program priorities, ideologies, outlooks, or goals for families
- Lack of a common "language" among organizations and differing professions
- Internal norms among staff do not favor cooperation or collaboration
- Negative evaluations of other organizations and staff
- Lack of knowledge and skills among agency/organization staff
- Poor historical relations between organizations
- Perceived sanctions by peers or higher authorities

Contextual barriers (i.e., organizational structures in place)

- Costs (in terms of resources or staff time) outweigh the actual benefits
- Lack of communication among higher level staff
- Bureaucratization that inhibits internal as well as external communication
- Centralization of authority causing large amounts of "red tape"
- Little staff time devoted to boundary crossing roles
- Structural differences (scheduling, pay structures, contract agreements, standards of service, funding mechanisms)
- Differences in organizational priorities, goals, or tasks
- High staff turnover within organizations
- Other organizations/agencies having little to offer
- Lack of geographic proximity
- Professionalization of staff roles limits flexibility
- Inadequate cross-agency monitoring and evaluation practices for decision making
- Ineffective community governance structures

Selected References for Factors that Facilitate or Impede Effective Collaboration

- McLaughlin, J.A., & Covert, R.C. (1986). *Evaluating interagency collaboration*. Chapel Hill: University of North Carolina.
- Rogers, D.L., & Whetten, D.A. (Eds.). (1987). *Interorganizational Coordination: Theory, Research, and Implementation*. Ames: Iowa State University Press.
- Whetten, D.A. (1981). Interorganizational relations: A review of the field. *Journal of Higher Education*, 52 (1), 1-28.

SECTION FOUR: KEY ELEMENTS OF COLLABORATIVE PROCESSES

Collaborative processes include factors that characterize direct implementation efforts. These factors define the overall design of the collaborative initiative, the collaborative service delivery system, the case management system, the actual integration of various services under the collaborative umbrella, and the services that are used by families. Understanding collaborative process factors helps to explain the relationship between original intentions and subsequent program claims. Process factors can help to explain why certain program claims have been achieved while others have not.

Key process factors identified in this section include those related to ongoing collaborative planning and design, collaborative governance, information management and communication, resource integration and allocation, and elements of collaborative services provided. Collaboratives may want to examine the implementation of their processes in terms of these factors.

Comprehensive and ongoing planning

- Examination of the match between range of services offered and the needs/assets of the community's children and families
- Examination of the degree to which services/supports offered are actually used by the community
- Examination of the collaborative "infrastructure" (e.g. administrative and governance structures, use/integration of funds, facilities utilization, staff training and career development)
- Examination of the extent to which service delivery practices inform subsequent decision making practices

Collaborative governance

Governance structures in place

- Interagency agreements
- Human Services Board
- Joint Powers Authority
- Development of a new Non-Profit Agency
- Informal Governing Board

Participation in governance structure

- Who (by role and affiliation) participates in the governance of the collaborative
- The extent to which decision making authority is distributed and shared
- Who (by role and affiliation) assumes leadership responsibility within the governance structure

Role of the governance body

- Setting collaborative agenda and priorities
- Development of strategies
- Coordinating and distributing resources
- Maintaining accountability
- Distributing authority
- Empowering others to act on behalf of the collaborative

Information management and communication

Information maintained and shared across collaborative partners

Service provider information

- Agency Goals
- Service eligibility, accessibility, and current availability
- Array of services provided
- Contact person

General collaborative/organizational information

- Organizational updates (upcoming events, new funding sources)
- Training opportunities
- Educational materials or resources
- Exchange of knowledge or experiences
- Research findings
- Review of debated issues

Service Recipient information

- General family demographics
- Family strengths and needs
- Identification of array of services currently being received
- Case management or service coordination plans
- Case manager or key case contact
- Individual or family plans/goals
- Dates of service provision
- Documentation of progress toward goals
- Measures of identified outcomes and indicators
- Follow-up information

Modes of communication across collaborating organizations

- Informal phone conversations
- Formal or informal meetings
- Electronic communication (E-mail, Internet)

Levels of communication across collaborating organizations

- Direct service staff
- Administration/management
- Policy makers/decision makers

Funding integration

- Integration of funds from multiple sources (including local, state, and federal funding streams)
- Joint budgeting
- Joint purchase of services
- Wrap-around funds or discretionary funds for use by direct service providers

Collaborative activities

Public Awareness

- Special events sponsored by the collaborative
- Media coverage of collaborative activities
- Establishment of a collaborative newsletter

Case Management/Service Coordination

- Provision of a universal point of service contact
- Coordinated intake and assessment practices

Service Accessibility and Scheduling

- Co-located services
- Family resource centers or other "one stop shopping" models
- Flexible transportation services
- Home visits
- Expanded service delivery hours
- Drop-in services
- Additional staff during "peak" hours

Service Provision

- Child care
- Drop-in centers
- Early childhood screening
- Employment and training services
- Family planning services
- Family Preservation services
- Family Resource Center activities
- Housing assistance
- Immunizations
- Mental Health services
- Mentoring
- Nutrition assistance
- Outreach to the community
- Outreach to families with newborns
- Parenting classes
- Prenatal services to pregnant women
- Preschool programming/child development services
- Resource and referral services
- School/preschool registration
- Service coordination/case management
- Substance abuse treatment/counseling
- Transportation assistance

Service Integration

- Co-location of core services for families
- Family Resource centers
- Coordination across an array of community-based services (e.g., housing, transportation, public safety, parks and recreation, child care, education, human services)

Coordinated Staff Training and Support

- Staff transfers across agencies/organizations
- "Loaned" administrators across agencies/organizations
- Cross training of staff from multiple agencies/organizations
- Incentives for continuing education
- Training of staff for boundary crossing roles (i.e., understanding the functions and working of other agencies and departments)

Selected References for Collaborative Processes

- Kagan, S.L., Rivera, A.M., & Parker, E.L. (1991). *Collaboration in action: Reshaping services to young children and their families. Executive Summary*. New Haven: Yale University, Bush Center in Child Development and Social Policy.
- Melaville, A.L., & Blank, M.J. (1991). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services*. Washington, DC: Education and Human Services Consortium.
- Smrekar, C. (1994). The missing link in school-linked social services programs. *Educational Evaluation and Policy Analysis*, 16(4), 422-433.
- Sugarman, J.M. (1993). *Building local strategies for young children and their families*. Washington, DC: Center on Effective Services for Children.

SECTION FIVE: OUTCOME EVALUATIONS OF COLLABORATIVE PROCESSES

Outcome evaluations typically identify the areas where collaboratives expect to have a positive impact on children and families, and on the system as a whole. Within the broad area of outcome evaluation, the term claim is used here to articulate the observable effect of a collaborative initiative. Claims are based on the measurable changes expected in the lives of children, families, or the service system as a whole. The term indicator is used here to define the evidence or documentation that can be examined to substantiate a claim. Because long term indicators typically measure observable effects that may not appear for a period of several years, intermediate indicators are used to reflect effects in the short-term (one or two years). The assumption is that a number of intermediate variables may predict long-term changes in key claim areas.

The claims and indicators identified here should be useful to collaboratives as they develop their outcome evaluation designs.

The claims, intermediate indicators, and long term indicators presented on the following pages have been compiled from a number of key sources. They are presented within claim categories that reflect the child and family-based challenges outlined in Section Two. These claims and indicators can serve as a starting point for collaboratives seeking to identify program claims that are relevant to their own contexts and key program elements. When identifying program claims and indicators, collaboratives should consider the following:

1. Select claims and indicators that relate directly to what the collaborative initiative is actually doing (i.e., key program elements). Don't hold the initiative accountable for fixing community problems beyond the scope of the collaborative by measuring broad local trends. These global measures may be more relevant as a needs assessment tool for the collaborative.
2. Look to intermediate indicators, such as service use patterns, that may be precursors to long-term claim indicators. For example, information about rates of timely and complete immunizations can be an intermediate indicator of longer range incidence of communicable diseases.
3. Set realistic goals for the collaborative. It takes time to affect community conditions that have developed over a long period of time.

Selected References for Outcome Evaluations

Thornton, C., Love J., & Meckstroth, A. (1994). *Comprehensive strategies for assessing the outcomes of community-wide efforts to support children and families*. Princeton: Mathematica Policy Research, Inc.

Young, N., Gardner, S., Coley, S., Schorr, L., & Bruner, C. (1994). *Making a difference: Moving to outcome-based accountability for comprehensive service reforms* (Resource Brief 7). Falls Church, VA: National Center for Service Integration.

CLAIM CATEGORY: Child and Family Health

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Improved Prenatal Care	Increased rates of participation in prenatal care	• Continued increase • Decreased incidence of women smoking during pregnancy • Decreased incidence of women using alcohol during pregnancy
	Increase in WIC enrollments of eligible pregnant women	Continued increase
	Increase in appropriate medical referrals to hospitals for high-risk pregnancies	Continued increase
Improved Maternal Health	Increase in proportion of mothers who report improvements in six health concept areas: physical functioning, role functioning, social functioning, mental health, health perceptions, and pain	Continued increase
	Increased use of regular source of gynecologic care	Continued increase
	Increased use of family planning services	• Continued increase • Increased birth intervals • Decrease in second births to adolescents
Improved Birth Outcomes	(see intermediate indicators for prenatal care)	• Increase in gestational age at birth • Decrease in incidence of low-birthweight babies • Decrease in infant and neonatal mortality rates
Increased Access to Health Care		Increase in mothers and children covered by health insurance
	Increase in incidence of children who have a regular source of routine medical care	• Decrease in hospitalizations for upper respiratory tract infections, otitis media, croup, toxic ingestions, bronchitis and asthma, fractures and sprains, pneumonia, and gastroenteritis • Decrease in number of children with preventable complications of diabetes mellitus, sickle cell anemia, seizure disorder
	Increase in incidence of children who receive a regular well-child examination	continued increase

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Increased Access to Health Care (cont.)	Increase in number of eligible women and children participating in Medicaid	Continued increase
	Providers more willing to serve Medicaid patients	Continued increase
	Increase in rates of completed immunizations	Continued increase
	Increase in proportion of children who have regular vision and hearing screenings	Continued increase
	Increase in proportion of children who have regular dental checkups	Continued increase
	Increased numbers of high-risk children participating in early intervention programs	Continued increase
	Decrease in incidence of children using emergency rooms for non emergency conditions	Continued decrease
Decreased Incidence of Preventable Diseases and Disabilities	Increased use of safety precautions to reduce accidents and unintentional injury (e.g. car seats, seat belts)	• Decrease in post neonatal mortality rates • Decrease in preventable infant mortality
	Increased rates of completed immunizations	Reduced number of cases of diseases for which immunization is available -pertussis, polio, measles, mumps, or rubella
Overall Health Improved	More positive parent perceptions of child's health status	Continued improvement in parent perceptions
	Fewer children with functional limitations due to health conditions	Continued reduction
	Fewer children with morbidities or serious morbidities	• Increase in proportion of children who are within age-appropriate height and weight norms

CLAIM CATEGORY: Family Functioning

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG -TERM INDICATORS
Intellectual Stimulation Increased	Increase in amount of time caregivers spend with child in intellectually challenging activities (reading, arts and crafts, trips to parks or museums)	Continued higher levels
	Increase in number of educational materials in the home	Continued increase
	Increase in caregiver regulation of children's television viewing	continued increase in regulation
Emotional Supportiveness Increased	• Increased warmth and responsivity of parents • More emotionally supportive styles of parental discipline and control • Reductions in levels of parental stress	• Continued increase • Continued change in style of discipline • Continued reduction in stress • Reduced incidence of youth runaways
Decrease in Child Maltreatment	Possible increase in reports of child abuse and neglect	Decrease in reports of substantiated abuse and neglect
Decreased Incidence of Depression	Reduced proportion of parents reporting/indicating high levels of depression	Further reductions in depression
Decreased Rates of Adult Conflict and Violence	Possible increased levels of spouse/partner abuse reports in the intermediate-term	• Reductions in substantiated reports of spouse/partner abuse • Reductions in repeated use of battered women's shelters
Violence	Reductions in frequency and severity of verbal and physical violence between parent and spouse or partner	Continued reduction in frequency and severity of family violence
Decreased Levels of Daily Stress	Decrease in identified hassles of daily living	Reductions in daily stress and increases in adult sense of well-being
Decreased Family Isolation/Increased Rates of Connectedness	Increased parental involvement in supportive community-level organizations (schools and preschools, child care centers, libraries, religious organizations, family centers, community centers)	Continued community involvement at a higher level
	Increase in use of family, friends, books, teachers, religious advisers, support groups for support in child rearing	Continued use

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Improved Family Stability	Increased labor-force participation among mothers choosing employment	• Improved maternal employment patterns, including: increased labor-force participation rates, increase in number of weeks worked in the past year, and increased earnings
		Decrease in divorce rates
	Decrease in number of children in out-of-home placement	Continued decrease
	Decrease in number of work days missed for child-related reasons	Continued decrease

CLAIM CATEGORY: Child Development

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Increased Participation in Early Childhood and Care Programs before Kindergarten	Increased enrollments in early education and care programs	Continued increase
	Longer waiting lists for early childhood programs	Increased supply of early childhood programs; perhaps shorter waiting lists
Improved Language Development	Increased levels of receptive, expressive, and productive language among preschoolers	Continued increase
Improved School-Related Knowledge and Skills	Increased school-related knowledge and skills	Continued increase
	Improved motor development and coordination	Continued improvement
Improved Social Well-Being	Increased levels of cooperation, assertion, and responsibility, and increased degree of self-control	Continued increase
Decreased Incidence of Behavior Problems	Decreased levels of withdrawn, antisocial, anxious, depressed, and overly dependent behavior	Continued decrease

CLAIM CATEGORY: School Performance

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Decreased Need for Remediation		• Decreased proportions of children identified as developmentally delayed at kindergarten entry • Reductions in number of children assigned to special education programs
Improved Attendance	Decreased incidence of unapproved absences	Improved overall attendance
Increased Rates of Steady Grade Progression and School Achievement	Improved basic skills and academic achievement	Reductions in rates of children retained in grade
	Decreased school dropout rates	Continued decrease in school dropout rates

CLAIM CATEGORY: Youth Maturation and Social Integration

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Increased Rate of Youth Productively Engaged	Decrease in youth not in school and not in labor force	Continued decrease
Decrease in Anti-Social or Violent Behavior	• Increased involvement in supervised extra-curricular activities • Increased involvement in social skills training opportunities • Increased involvement in problem-solving skills development training	• Decrease in teenage arrests for violent crime • Decrease in teenage fatalities as a result of violent crimes • Decrease in teen suicides
Improved Adolescent Well-Being	Decrease in births to teenagers	Continued decrease
	Decrease in cases of sexually transmitted disease	Continued decrease
	Decrease in the proportion of teenagers using or abusing drugs and/or alcohol	Continued decrease
	• Decrease in youth receiving traffic violation citations • Increase in use of safety precautions to reduce accidents and unintentional injury (e.g. seat belts, motorcycle helmets)	Decrease in the number of teenage accidental deaths

CLAIM CATEGORY: Economic Self-Sufficiency

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Increased Economic Stability for Families	• Increased access to job training and re-training programs • Increased participation in job training programs	• Increased employment options and opportunities • Increased employment advancement opportunities
	• Increased number of families paying bills on time • Increased number of parents who receive full payment of awarded child support	• Increased family income • Decreased number of families on income support programs
	Decrease in number of families that spend less than 20% of income on housing	Decrease in number of families using homeless shelters
		Increased available job positions
Increased Community-Wide Economic Stability		Increased employer commitment to hiring community members
		Increased access to employment with job security and benefits
		Increased affordable housing units
		Increased access to reliable transportation

CLAIM CATEGORY: Organizational and Systemic Change

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Improved Program/ Service Effectiveness	Increased participation in prevention programs	
	Increased participation in intervention programs	
	Increased number of available programs and services	
	Increased level of participant satisfaction	
	Decreased system response times to family needs for programs and services	
Improved Financial Stability/Coordination	Increased access to resources from multiple sources (private, local, state, federal)	
	Increased coordination of multiple resources	
	Increased fiscal efficiency	
Improved Staff Capacity	Decentralization of authority and decision-making roles	
	Increased use of staff training and re-training programs	
	Increased communication between direct service staff and management	
Improved Overall Organizational Health	Increased staff satisfaction with current employment	
	Decreased staff turnover	
	Increased use of goal, strategy, and outcome clarity and agreement processes in governance structure	
	Increased efficiency of internal and interorganizational communication	
	Increased stakeholder (including politicians, other decision makers, community members, etc.) satisfaction with organizations and their efforts	

SPECIFIC CLAIMS	INTERMEDIATE-TERM INDICATORS	LONG-TERM INDICATORS
Improved Integration of Services	Increased coordination of services with organizations offering similar/complementary services	same
	Increased communication between agencies	same
	Interagency agreements in place	same
	Collaborative governance structures in place	same
	Collaborative partner agreement on overall goals, objectives, and outcomes	same
	Interagency funding strategies and structures in place	same
	Identification of staff to fulfill boundary crossing roles between collaborative organizations	same
	Standardization of procedures across agencies	same
	Increased opportunities for cross-training and interorganizational staff development	same

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- Bane, M.J. (1992). *Integrating family services: The state role*. Cambridge: Harvard University, Malcolm Wiener Center for Social Policy.
- Behrman, R.E. (Ed.) (1992). *The future of children*, 2 (1). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.
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- Farrow, F. (1990). *State financing strategies that promote more effective services for children and families*. Washington, DC: The Center for the Study of Social Policy.
- Flynn, C.C., & Harbin, G.L. (1987). Evaluating interagency coordination efforts using a multidimensional, interactional, developmental paradigm. *RASE*, 8(3), 35-44.
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- Gray, B. (1989). *Collaboration: Finding common ground for multiparty problems*. San Francisco: Jossey Bass.
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- Kinney, J., Strand, K., Hagerup, M., & Bruner, C. (1994). *Beyond buzzwords: Key principles in effective frontline practices*. Falls Church, VA: National Center for Service Integration.
- Kirst, M., McLaughlin, M., & Massell, D. (1992). Rethinking policy for children: Implications for educational administration. In B. Mitchell & L.L. Cunningham (Eds.), *Educational leadership and changing contexts of families, communities, and schools*. Chicago: University of Chicago Press.
- Liontos, L.B. (1991). Social services and schools: Building collaboration that works. *Oregon School Study Council Bulletin*, 35(3).
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- McCart, L. (1993). *Changing systems for children and families*. Washington, DC: National Governors Association .
- McLaughlin, J.A., & Covert, R.C. (1986). *Evaluating interagency collaboration*. Chapel Hill: University of North Carolina.
- Melaville, A.I., & Blank, M.J. (1991). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services*. Washington, DC: Education and Human Services Consortium.
- Melaville, A.I., Blank, M.J., & Asayesh, G. (1993). *Together we can: A guide for crafting a profamily system of education and human services*. Washington, DC: U.S. Government Publishing Office.
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- Thornton, C., Love J., & Meckstroth, A. (1994). *Comprehensive strategies for assessing the outcomes of community-wide efforts to support children and families*. Princeton: Mathematica Policy Research, Inc.
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- Watcke, R.R. (1982). Community needs assessment: Using social indicators and key informants. *Community Catalyst*, 7(3), 6-10.
- Whetten, D.A. (1981). Interorganizational relations: A review of the field. *Journal of Higher Education*, 52 (1), 1-28.
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Attachment A:
**Broad Evaluation Questions for Minnesota's Family Service Collaboratives
and Children's Initiative Partners**

CONTEXT

- 1.1 What factors and community characteristics have influenced the design and implementation of the collaborative initiatives?
- 1.2 What issue(s) or problem(s) were the collaboratives designed to address?

BARRIERS

- 2.1 What are barriers to implementation of the collaborative initiatives at the state and local level?
- 2.2 How have collaborative initiatives addressed local-level barriers?
- 2.3 How have state-level barriers been addressed?

COLLABORATIVE PROCESSES

Involvement

- 3.1 How are organizations/agencies, community groups, and families chosen to be directly involved in the collaborative initiative?
- 3.2 Which organizations/agencies, community groups, and families are directly involved in the implementation of the collaborative initiative?
- 3.3 What role(s) do participating organizations/agencies, community groups, and families play in the collaborative initiative?

Governance

- 4.1 What governance structures are in place within each collaborative site?
- 4.2 Who participates in the governance of the collaborative initiative? How are these participants chosen?
- 4.3 What authority does the governing body have?

Resources

- 5.1 How have grant funds been used?
- 5.2 How much funding has been leveraged from other sources for use by the collaborative initiatives?
- 5.3 To what extent are sites integrating funds and resources?

Organization Elements

- 6.1 What are the key elements of the implementation plans for collaborative initiatives?
- 6.2 To what extent are key elements culturally relevant?
- 6.3 What progress have the collaborative sites made toward implementing the key elements of their local plans?

OUTCOMES

Systemic Change

- 7.1 What types of systemic change do the collaborative initiatives expect to achieve?
- 7.2 What are the indicators of systemic change in collaborative sites?
- 7.3 What are the indicators of systemic change at the state level?
- 7.4 To what extent has systemic change occurred?

Outcomes for Children, Youth, and Families

- 8.1 What types of outcomes have been specified by the collaborative initiatives?
- 8.2 What indicators substantiate the achievement of these outcomes?
- 8.3 To what extent have the outcomes been achieved?

Attachment B:
Primary Focus of the Literature Reviewed

Reference	Focus of the Literature		
	Expert Opinion/ Recommend- ations	Research or Evaluation Based	Analysis/ Theory
Bane, M.J. (1992). <i>Integrating family services: The state role</i> . Cambridge: Harvard University, Malcolm Wiener Center for Social Policy.	X		
Behrman, R.E. (Ed.) (1992). <i>The future of children</i> , 2(1). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation		X	X
Bruininks, R.H., Frenzel, M., & Kelly, A. (1994). Integrating services: The case for better links to schools. <i>Journal of School Health</i> , 64(6), 242-248.	X		X
Bruner, C. (1991). <i>Thinking collaboratively: Ten questions and answers to help policy makers improve children's services</i> . Washington, DC: Education and Human Services Consortium.	X		
Carreon, V. & Jameson, W. (1993). <i>School-linked services: Lessons from seven California communities</i> . San Francisco: San Francisco State University, California Research Institute.		X	
Crowson, R.L., Driscoll, M.E., & Menacker, J. (1992). <i>School-community relations under reform</i> . Berkeley: McCutchan.		X	X
Department of Health and Human Services. (1991). <i>Services integration for families and children in crisis</i> . Washington, DC: Office of Inspector General.		X	

Focus of the Literature

Reference	Expert Opinion/ Recommend- ations	Research or Evaluation Based	Analysis/ Theory
Division of Human Resources. (1993). <i>School-Linked Human Services: A comprehensive strategy for aiding students at risk of school failure. Report to the chairman, committee on Labor and Human Resources, U.S. Senate.</i> Washington, DC: General Accounting Office. (ERIC Document Reproduction Service No. ED 372 818)		X	
Dryfoos, J.G. (1994). <i>Full-service schools: A revolution in health and social services for children, youth, and families.</i> San Francisco: Jossey Bass.		X	X
Education Commission of the States. (1992). <i>Confidentiality and collaboration: Information sharing in interagency efforts.</i> Denver: Author. (ERIC Document Reproduction Service No. ED 345 402)	X		
Farrow, F. (1990). <i>State financing strategies that promote more effective services for children and families.</i> Washington, DC: The Center for the Study of Social Policy.	X		
Flynn, C.C., & Harbin, G.L. (1987). Evaluating interagency coordination efforts using a multidimensional, interactional, developmental paradigm. <i>RASE</i>, 8(3), 35-44.			X
Gardner, S.L. (1992). <i>Community report cards: Making kids count.</i> Fullerton: California State University, Center for Collaboration for Children.	X		

Focus of the Literature

Reference	Expert Opinion/ Recommend- ations	Research or Evaluation Based	Analysis/ Theory
Gray, B. (1985). Conditions facilitating interorganizational collaboration. <i>Human Relations</i> , 38(10), 911-936.			X
Gray, B. (1989). <i>Collaboration: Finding common ground for multiparty problems</i> . San Francisco: Jossey Bass.			X
Kagan, S.L., Rivera, A.M., & Parker, F.L. (1991). <i>Collaboration in action: Reshaping services to young children and their families. Executive Summary</i> . New Haven: Yale University, Bush Center in Child Development and Social Policy.		X	
Kinney, J., Strand, K., Hagerup, M., & Bruner, C. (1994). <i>Beyond buzzwords: Key principles in effective frontline practices</i> . Falls Church, VA: National Center for Service Integration.			X
Kirst, M., McLaughlin, M., & Massell, D. (1992). Rethinking policy for children: Implications for educational administration. In B. Mitchell & L.L. Cunningham (Eds.), <i>Educational leadership and changing contexts of families, communities, and schools</i> . Chicago: University of Chicago Press.			X
Liontos, L.B. (1991). Social services and schools: Building collaboration that works. <i>Oregon School Study Council Bulletin</i> , 35(3).	X		
Mattessich, P.W., & Monsey, B.R. (1992). <i>Collaboration: What makes it work</i> . St. Paul, MN: Amherst H. Wilder Foundation.	X	X	

Focus of the Literature

Reference	Expert Opinion/ Recommend- ations	Research or Evaluation Based	Analysis/ Theory
McCart, L. (1993). <i>Changing systems for children and families</i> . Washington, DC: National Governors Association .	X		X
McLaughlin, J.A., & Covert, R.C. (1986). <i>Evaluating interagency collaboration</i> . Chapel Hill: University of North Carolina.	X		X
Melaville, A.I., & Blank, M.J. (1991). <i>What it takes: Structuring interagency partnerships to connect children and families with comprehensive services</i> . Washington, DC: Education and Human Services Consortium.	X		
Melaville, A.I., Blank, M.J., & Asayesh, G. (1993). <i>Together we can: A guide for crafting a profamily system of education and human services</i> . Washington, DC: U.S. Government Publishing Office.	X		X
Rogers, D.L., & Whetten, D.A. (Eds.) (1982). <i>Interorganizational Coordination: Theory, Research, and Implementation</i> . Ames: Iowa State University Press.			X
Smrekar, C. (1994). The missing link in school-linked social services programs. <i>Educational Evaluation and Policy Analysis</i> , 16(4), 422-433.		X	
Sugarman, J.M. (1993). <i>Building local strategies for young children and their families</i> . Washington, DC: Center on Effective Services for Children.	X		X

Focus of the Literature

Reference	Expert Opinion/ Recommend- ations	Research or Evaluation Based	Analysis/ Theory
Thornton, C., Love, J., & Meckstroth, A. (1994). <i>Comprehensive strategies for assessing the outcomes of community-wide efforts to support children and families</i> . Princeton: Mathematica Policy Research, Inc.	X		
U.S. Department of Education. (1991). <i>Collaboration to build competence: The urban superintendents' perspective</i> . Washington, DC: Office of Educational Research and Improvement.	X		
U.S. Department of Education. (1994). <i>Strong families, strong schools: Building community partnerships for learning</i> . Washington, DC: Author.	X		
Watcke, R.R. (1982). Community needs assessment: Using social indicators and key informants. <i>Community Catalyst</i> , 7(3), 6-10.	X		
Whetten, D.A. (1981). Interorganizational relations: A review of the field. <i>Journal of Higher Education</i> , 52 (1), 1-28.			X
Young, N., Gardner, S., Coley, S., Schorr, L., & Bruner, C. (1994). <i>Making a difference: Moving to outcome-based accountability for comprehensive service reforms</i> (Resource Brief 7). Falls Church, VA: National Center for Service Integration.	X		X

Children's Interagency Technical Assistance Team

ChITA Newsletter

April 1995

ChITA: A Year in Review

By Julie Suchy, Minnesota Planning, (612) 297-5148

The Children's Interagency Technical Assistance team was nominated in March 1995, for a Cooperative Public Service Award. This award is offered by Partnership Minnesota to promote cooperative working relationships between federal, state and local government agencies to benefit the public. In the process of responding to the nomination, we stepped back to look at the accomplishments of ChITA over the last year.

The Children's Interagency Technical Assistance Team was established in 1994 by the Children's Cabinet, an 11-member policy council of state agency heads, as part of its efforts to change the service delivery system to improve results for Minnesota children and families. ChITA provides information and support to communities involved in systemic change through family services and children's mental health collaboratives, Project Cornerstone, Learning Readiness, the Minnesota Children's Initiative and Part H. The Children's Cabinet asked ChITA to develop a technical assistance plan for collaboratives that brings together interdisciplinary representatives of state and local governments and local communities for joint discussion, problem-solving and decision-making.

Since its founding, ChITA has:

- Secured authority from the Children's Cabinet to free up agency staff to provide technical assistance support to communities and to work with communities to eliminate barriers to improved delivery of services to children and families.
- Responded to more than 60 requests from collaboratives for specialized technical assistance. This work is accomplished through focus teams made up of state agency and community representatives who study issues, develop a plan of action, provide technical assistance and recommend policy to ChITA and the Children's Cabinet. ChITA has focus teams

on governance, service delivery, information resource management, finance and evaluation.

- Held three statewide technical assistance workshops focusing on systemic change. State and local participants together determine conference topics.

■ Published a monthly newsletter to provide updates, answers to questions common to collaborative participants, information on policy-making activities and notice of training opportunities, conferences and workshops. State and local participants contribute to the newsletter. ChITA has surveyed readers about what they want to see in the newsletter. The results of the survey are published in this issue.

- Offered interactive statewide video conferences on data privacy (August 1994), common plan of care (October 1994) and financing strategies (November 1994).

ChITA's activities support improved resource allocation and increased efficiency and productivity. The team is a unique partnership between state and local entities that has resulted in actions driven by needs articulated by local collaboratives. Although a new partnership, ChITA has accomplished much over the last year. ♦

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Readers Respond to ChITA Survey

By Julie Suchy, Minnesota Planning, (612) 297-5148

The majority of respondents to a survey published with the January 1995 ChITA newsletter feel the newsletter fulfills its goals. Twenty-two readers responded to the survey, which asked five general questions.

The first question focused on the newsletter's success in achieving its goals of providing technical assistance through updates and answers to common questions, informing readers of policy-making activities and promoting training opportunities. Nearly three-quarters (16) of the respondents said the newsletter fulfilled these intentions; one said it did not, and five did not answer the question.

When asked how many ChITA newsletters they had read, one-fourth of those answering the survey said they had read all six issues, while another fourth said the January edition was the first they had read. The other responses ranged from two to five issues.

The third survey question asked what information readers found to be most useful. Nearly all respondents identified information from other collaboratives as the most valuable. Next most popular were the calendar of meetings and conferences, and information on funding opportunities. Respondents said they would like to see the following added to the newsletter: a description of ChITA and how to get involved, a list of information materials available from ChITA, messages from the Governor, and information from recent publications.

Given the overwhelming interest in hearing from local collaboratives, collaborative members are encouraged to jot down their successes, ideas and experiences, and submit them for publication in the newsletter. They do not have to be literary works of art.

The top five topics on which survey respondents want to see regular columns were: 1) family services collaborative grants administrator; 2) Funding and Finance Focus Team; 3) Integrated Service Delivery Focus Team and Information Management Focus Team (tie); 4) Governance Focus Team and children's mental health grants administrator (tie); and 5) Evaluation Focus Team, highlights from communities and

common technical assistance questions and answers submitted by communities (tie). Also suggested as topics for regular columns were: efforts of and funding opportunities for communities of color, the agenda for ChITA meetings, how services can be redesigned to be user-friendly, Action for Children and the State Coordinating Council.

A few respondents said the newsletter could be made more helpful by making sure its distribution was timely, printing it on three-hole paper and using more graphs and illustrations.

Thanks to all who responded to the survey. These responses and suggestions will be considered in developing future newsletters. Suggestions and contributions for the newsletter can be directed to Julie Suchy at (612) 297-5148 or fax (612) 296-3698. ♦

The Children's Interagency Technical Assistance newsletter was created to provide information and support to communities, interagency teams and state agencies involved in children and family services systems change through collaborative efforts. The newsletter offers updates, discussion of questions common to collaborative participants and information on policy-making activities and training opportunities, conferences and workshops. Articles are requested from all participants. For more information call Julie Suchy, Minnesota Planning, (612) 297-5148, fax (612) 296-3698. For technical assistance questions, call the Prevention and Intervention Hotline. Metro: 297-1419 Outstate: 1-800-934-7113

ChITA Members: Departments of Corrections, Economic Security, Education, Finance, Health, Human Services, Public Safety, and Transportation; Housing Finance Agency; Minnesota Planning; Ombudspersons for African American Families and Children, Asian Pacific Families and Children, Indian Families and Children, Spanish Speaking Families and Children; Council on Asian Pacific Minnesotans; Council on Black Minnesotans; Indian Affairs Council; and Spanish Speaking Affairs Council.

Upon request, the ChITA Newsletter will be made available in an alternative format, such as Braille, large print or audio tape.

Collaborative Member Section

Children's Mental Health Collaborative Update

By Lee-Ann Sanborn, DHS Collaborative Projects Director, (612) 296-7905

In 1993, the Minnesota Legislature passed an amendment to the Comprehensive Children's Mental Health Act that would allow integrated fund collaboratives, thereby decreasing the restrictions inherent in categorical funding streams. With the legislation came a one-time appropriation of \$560,000 to fund planning grants. Grant awards were made to 20 communities in 1994. Collaborative partners had to include at least one county, one school district and one mental health entity. In most communities, additional partners included parents, juvenile corrections and public health agencies, community-based organizations and health care providers.

There are now 21 collaboratives representing 31 of the 87 counties in Minnesota. Eighteen of the children's mental health collaboratives co-exist in counties that are also recipients of family services collaborative planning or implementation grants.

The State Coordinating Council for Children's Mental Health oversees children's mental health integrated fund projects. The SCC consists of the commissioners (or their designees) of the departments of Human Services, Education, Health, Corrections, and Commerce; a representative of the Minnesota District Judges Association — Juvenile Committee; and the director of Minnesota Planning.

Children's mental health collaboratives are represented on the Children's Interagency Technical Assistance team, and technical assistance to the collaboratives has been provided jointly by ChITA and its focus teams. ChITA is developing a statewide technical assistance plan that will include children's mental health collaboratives.

The planning grants required collaboratives to establish a target population, develop an integrated system of care, create an integrated fund, participate in activities that generated new federal revenue and establish a governance/management structure for finances and service delivery. The law called for collaboratives to submit proposals to implement their integrated serv-

ice system. Collaboratives whose plans are approved by the SCC will benefit from additional Medical Assistance reimbursement for some services and will qualify for implementation funds if they become available; can move toward developing a local managed care model for children's mental health; and can pursue additional federal revenue.

The Children's Mental Health Collaborative Integrated Fund projects are unique in their focus on accessing untapped sources of federal revenue, maximizing Medical Assistance reimbursement and incorporating the principles of managed health care in a fully integrated system of care. To achieve these goals, Minnesota received a grant from the Robert Wood Johnson Foundation to become a replication site for Mental Health Services for Youth, a foundation program. ♦

Collaborative *Q* & *A*

Q To encourage parent representation on the advisory board, our collaborative wants to offer stipends to compensate volunteers for their time. We are concerned that such stipends may affect participants' public assistance payments.

A In general, reimbursements for such expenses as transportation, parking, child care and costs of meals incurred while participating in a volunteer program are excluded from consideration in determining public assistance eligibility. A flat allowance for expenses may be used instead of separate reimbursement based on individual receipts, as long as the amount of reimbursement does not exceed expenses. For more information, contact Pam Reinstatler, Department of Human Services, (612) 296-8407.

Collaborative Member Section

Medical Assistance Managed Care and Children's Mental Health Collaboratives: A New Option for Delivering Mental Health Services

*By Tom Williams, Finance Focus Team,
(612) 282-5900*

Proposed amendments to the Children's Integrated Mental Health Fund collaborative legislation will allow ChIMHF collaboratives to choose to become managed care providers of Medical Assistance mental health services.

Managed care has been used successfully in other parts of the country to provide mental health services to children with severe emotional disturbance. The Robert Wood Johnson Foundation has been instrumental in helping develop such managed care programs for children. These programs seek to provide individualized, community-based mental health services. A mental health managed care program that many ChIMHF collaboratives are familiar with is Children Come First in Madison, Wisconsin. CCF received support from the Robert Wood Johnson Foundation. Minnesota may soon see similar projects in ChIMHF collaborative communities.

Managed care may be best described by comparison with the traditional fee-for-service system. Under fee-for-service, the provider is paid by the patient or the patient's insurer for each unit of service delivered. Many Medical Assistance recipients have fee-for-service coverage.

Under managed care, an individual enrolls in a health plan (such as a health maintenance organization) for a monthly premium. The individual pays this premium in advance, either in whole or in part with an employer contribution. Under the prepaid medical assistance program, the state pays the premiums on behalf of the enrollee. The health plan provides all the services the person requires during the enrollment period. If the person does not require care, the health plan keeps the full premium. If the person requires open-heart surgery, the health plan must provide it. Managed care moves the element of risk to the health plan. More than 3 million Minnesotans receive health care through managed care health plans.

More than 130,000 MA recipients are enrolled in managed care health plans in Anoka, Carver, Dakota, Hennepin, Itasca, Ramsey, Scott and Washington counties through the prepaid Medical Assistance program.

This program is scheduled to expand to the St. Cloud area (Benton, Sherburne and Stearns counties) and to the northeast part of the state (Carlton, Cook, Koochiching, Lake and St. Louis counties) in 1995. Eventually, the program will be available throughout the state.

Certain disabled people are excluded from participating in the prepaid Medical Assistance program, including certain children with severe emotional disturbance. Currently, the Department is working with a stakeholder group to develop managed care approaches to providing health care to disabled populations.

Why would a ChIMHF collaborative want to become a managed care provider? Michael Dunham, director of Children Come First, says the three most important reasons to deliver mental health services through managed care are: flexibility, flexibility and flexibility. For example, under the prepaid medical assistance program prepaid health plans may provide services not ordinarily covered by Medical Assistance. Flexibility is also achieved through a reimbursement system that makes a set monthly payment (called a capitation payment) to the provider. A collaborative provider could combine the capitation payment with monthly contributions from local partners to the collaborative's integrated fund to develop an individualized, community-based care plan designed to prevent the need for costly hospitalizations or out-of-home placements.

Several ChIMHF collaboratives are considering the managed care option, and the Collaborative Finance Focus Team has organized a subteam to work on these issues.

The Department of Human Services is interested in collaborative participation in managed care as a model for achieving enrollment of disabled populations in prepaid health plans. ♦

Collaborative Member Section, continued

ChITA Coordinator's Corner

*By Dianne Marsh, Minnesota Planning,
(612) 296-7939*

To improve communication within ChITA, 14 members participated in introductory training on the Internet at the Science Museum in St. Paul. If you know of useful information related to children and families that is on the Internet, please tell ChITA members about it.

ChITA has prepared a draft of its technical assistance plan for collaboratives. This plan will be presented for the first time during the ChITA-sponsored retreat for family services collaboratives March 28 and 29 at the Koinonia Retreat Center in South Haven.

To request a copy of the draft technical assistance plan if your collaborative will not be represented at the retreat or to request technical assistance, please contact me. ♦

Family Services Grants Administration Update

*By Tim Reardon, (612) 296-8953
e-mail: tim.reardon@inet.educ.state.mn.us*

The Grants Administration Team has been busy negotiating agreements for the 28 implementation grants awarded this year. I am negotiating the second-year awards, and Deborah Meininger is negotiating the first-year ones. Once this is done, the team will turn its attention to applicants that applied for funding but did not get grants. In April and May, Deb and I will be giving feedback to these applicants. Collaboratives seeking this feedback must request it in writing.

The Governor has requested \$15 million for continued funding of the Family Services Collaborative Grant Program. Half of the amount is in the budget request for the Department of Education and half in the Department of Human Services. Decisions on allocation of dollars will be made at the end of the legislative

Focus Team Reports

EVALUATION

Tim Reardon, (612) 296-8953

The Evaluation Focus Team plans to meet each month via interactive television. For information on the team or to get on its mailing list, contact Pam Field at (612) 282-3705. ♦

INFORMATION MANAGEMENT

Jim Clark (218) 547-3253, Bob Kinderman (612) 257-0454, Eileen McCormack (612) 282-6787

The Information Management Focus Team is putting together a group of state and local collaborative representatives to address many information management issues. The following goals have been discussed:

- Determine what information systems collaboratives have.
- Assess collaboratives' immediate expectations and technical assistance needs.
- Determine state expectations for collaboratives' data collection.
- Assist in developing a consistent and coordinated data collection process that meets the needs of both the state and the collaboratives.
- Help build networks among collaboratives.

At the collaboratives' retreat March 28 and 29, we will review the role and process of the Information Management Focus Team and hope to receive input from other collaborative representatives. To participate in information management planning for collaboratives, call Eileen McCormack at (612) 282-6787. The location and frequency of team meetings will be determined by its members. A minimum of one meeting a quarter is anticipated; participants will be asked to commit to attending all team meetings for at least one year. ♦

*Focus Team Reports,
continued on page 6*

Focus Team Reports, continued

SERVICE DELIVERY

Minnesota Individualized Family Plan of Interagency Support

Lee-Ann Sanborn, DHS Collaborative Projects Director, (612) 296-7905

A two-part training has been developed on the use of the Minnesota Individualized Family Plan of Interagency Support. This model multiagency plan of care was initially intended to combine other treatment plans for children with mental health needs. It is a written plan of intervention and integrated services developed by multiagency teams in conjunction with and on the basis of the unique strengths and needs of the child and family. The plan specifies measurable outcomes and strategies to attain these outcomes, the agencies responsible for providing specified services, funding responsibilities, time lines and needed judicial or administrative procedures; it also designates one person to have lead responsibility for overseeing its implementation.

Four children's mental health collaboratives have volunteered to test the plan: Kandiyohi/Meeker/Yellow Medicine/Renville, LeSueur/Henderson, Hennepin and Jackson. Family services collaboratives also have expressed an interest in testing it.

Phase one of the training, which is called "Implementing the Vision — Making the Plan a Reality," will be offered in Marshall on April 11 and in the Twin Cities on April 24. This phase will focus on interagency planning, making initial contacts with families, creating a family-focused process, building a successful team, interagency intake and assessment planning, and considering cultural competence throughout the process. Representatives from the departments of Human Services, Education, Health and Corrections will be present. LuAnn Jelinek of Project Dakota, a state and federal project that provides staff development training and technical assistance on planning family services, will conduct this training. Representatives of any collaborative are welcome to attend the training.

Phase two will be tailored to the individual needs of each collaborative pilot site. Additional emphasis will be placed on developing and conducting joint assessments for serious emotional disturbance and emo-

tional/behavioral disorders, developing an interagency plan, implementing an interagency plan and providing follow-up and progress monitoring.

For more information, contact Wendy White, Department of Human Services, (612) 296-2220. ♦

FINANCE

Norm Isaacson, Department of Human Services, (612) 297-3539

Training is underway for staff members and coordinators who are participating in a pilot project of the Finance Focus Team, known as the Local Collaborative Time Study. The purpose of LCTS project is to obtain federal reimbursement of certain expenditures by local collaboratives. Members from the departments of Corrections, Education, Public Health and Human Services are conducting the LCTS project.

The local collaboratives involved in this effort are: Becker County Children's Initiative, Blue Earth and Nicollet Counties South Central Children's Project, Cass County/Leech Lake Reservation Children's Initiative and Hennepin County School-Human Services Redesign Initiative.

As part of the time study, staff members are asked several times a month to indicate by code, which activity they are engaged in at that specific moment. The LCTS coordinator then compiles this information and forwards it to the Department of Human Services. The department uses this information to prepare quarterly claims for federal reimbursement, which will be returned to the local collaboratives for the purpose of expanding services.

This reimbursement method will be evaluated in September and a decision will be made whether to abandon or continue it.

Everyone has been very understanding and supportive throughout this training process, even though the time study means additional work for staff who are already stretched to the limit. Clearly, participants are hopeful that this extra effort will provide the opportunity to improve services. ♦

Children's Calendar

April

- 3** ChITA meeting, 1:30 - 4:30 p.m., 658 Cedar St., St. Paul. For more information call Dianne Marsh, Minnesota Planning, (612) 296-7939.
- 5** Child and Teen Checkup Training, Minnesota Dept. of Health, 717 Delaware St. SE, Minneapolis. For more information contact Maria Rubin (612) 623-5342 or Julie Kamrath (612) 623-5528.
- 6, 13** Nursing Child Assessment Satellite Training II. Location: Water's Edge Building, Roseville. Call Julie Kamrath, Department of Health, (612) 623-5528 for information.
- 6, 13** N-Cast Training, second session, Water's Edge, Roseville. For more information contact Julie Kamrath (612) 623-5528.
- 11** Training on the Minnesota Individualized Family Plan of Interagency Support, "Implementing the Vision, Making the Plan a Reality." Marshall. Contact Wendy White at (612) 296-2220.
- 12** Early Identification of Mental Health Needs of Children and Youth and Access to Services. Range Technical College, Eveleth. For registration information call (612) 623-5528.
- 12** Nursing Child Assessment Satellite Training II. Location: Garden Inn, Mankato. Call Julie Kamrath, Department of Health, (612) 623-5528 for information.
- 17** ChITA meeting, 1:30 - 4:30 p.m., 658 Cedar St., St. Paul. Articles for the May edition of the newsletter are due. For more information call Dianne Marsh, Minnesota Planning, (612) 296-7939.
- 19** Home Visiting Teleseminar: Evaluation and Planning, 1-2 p.m., Minnesota Department of Health, 717 Delaware Street SE (Oak and Washington), Room 350, Minneapolis. For more information contact Barb Palmer at (612) 623-5339.
- 20** Home Visiting Teleseminar: Evaluation and Planning, 2-3 p.m., Minnesota Department of Human Services, 444 Lafayette Road, Room 2B, St. Paul. For more information contact Kim Baldwin at (612) 296-2217.
- 21** Preventing Alcohol Use During Pregnancy and Working Effectively with FAS/FAE Children. New Ulm. For information contact Joyce Holl, Minnesota Healthy Roots Coalition at (612) 647-6905.
- 24** Preventing Alcohol Use During Pregnancy and Working Effectively with FAS/FAE Children. Bemidji. For information contact Joyce Holl, Minnesota Healthy Roots Coalition at (612) 647-6905.
- 24** Training on the Minnesota Individualized Family Plan of Interagency Support, "Implementing the Vision, Making the Plan a Reality." Twin Cities. Contact Wendy White at (612) 296-2220.
- 24** "Emotional Problems in the Classroom," 1-3:30 p.m., Dr. Stanley Turecki, MD. Sponsored by South Central ECSU, Mankato. Call Denise Schumacher (507) 389-1426.
- 24** "Normal Children Have Problems Too," 7-9:00 p.m., Dr. Stanley Turecki, MD. Sponsored by South Central ECSU, Mankato. Call Denise Schumacher (507) 389-1426. ♦

May

- 1** ChITA meeting, 1:30 - 4:30 p.m., 658 Cedar St., St. Paul. For more information call Dianne Marsh, Minnesota Planning, (612) 296-7939.
- 3** Statewide video-conference, Partners in Action for Teen Health (PATH) Training, 9:00 AM - 1:00 PM. St. Paul, Crookston, Duluth, Fergus Falls, Marshall, St. Peter, Virginia. Sponsored by MDH Division of Family Health. For information and locations, contact Julie Kamrath (612) 623-5528.

Children's Calendar, continued on page 8

Children's Calendar

May (continued)

4, 11 Nursing Child Assessment Satellite Training II. Location: Crookston. Call Julie Kamrath, Department of Health, (612) 623-5528 for information.

4-5 Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPP) Annual Conference. St. Paul. Contact (612) 296-6550.

10 Child and Teen Checkup Training, Minnesota Dept. of Health, 717 Delaware St. SE, Minneapolis. For more information contact Maria Rubin (612) 623-5342 or Julie Kamrath (612) 623-5528.

15 ChITA meeting, 1:30 - 4:30 p.m., 658 Cedar St., St. Paul. For more information call Dianne Marsh, Minnesota Planning, (612) 296-7939.

17 Early Identification of Mental Health Needs of Children and Youth and Access to Services. Alexandria Technical College, Alexandria. For registration information call (612) 623-5528.

30 ChITA meeting, 1:30 - 4:30 p.m., 658 Cedar St., St. Paul. Articles for the June edition of the newsletter are due. For more information call Dianne Marsh, Minnesota Planning, (612) 296-7939.

May 30- Statewide Children's Mental Health

June 1 Conference, Northland Inn Executive Conference Center, Brooklyn Park. For information call (612) 296-5242. ♦

June

May 30- Statewide Children's Mental Health

June 1 Conference, Northland Inn Executive Conference Center, Brooklyn Park. For information call (612) 296-5242.

7 Child and Teen Checkup Training, Minnesota Dept. of Health, 717 Delaware St. SE, Minneapolis. For more information contact Maria Rubin (612) 623-5342 or Julie Kamrath (612) 623-5528.

12 ChITA meeting, 1:30 - 4:30 p.m., 658 Cedar St., St. Paul. For more information call Dianne Marsh, Minnesota Planning, (612) 296-7939.

14 Early Identification of Mental Health Needs of Children and Youth and Access to Services. Northern Inn, Bemidji. For registration information call (612) 623-5528.

26 ChITA meeting, 1:30 - 4:30 p.m., 658 Cedar St., St. Paul. Articles for the July edition of the newsletter are due. For more information call Dianne Marsh, Minnesota Planning, (612) 296-7939.. ♦