SPA Students -- Golston Project

First Draft

State Government Services for Children, Youth, and Families: Integration and Innovations

Elaine Gaynes, Scott Reid, and Jennifer Suttle

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State Government Services for Children, Youth and Families: Integration and Innovations

A growing number of states are developing innovative ways of delivering services to needy children, youth, and families. Although change has occurred primarily through the initiatives of the individual states, the similar problems that many states face have resulted in the adoption of similar innovative methods. The newly emerging methods include:

1) Family preservation
2) Measurable goals
3) Collaboration
4) Decentralization
5) Public/ Private Relationships
6) School linked services
7) Self-sufficiency

This paper is a product of phone interviews, material published by state agencies, and scholarly articles or reports on state service delivery. It will discuss developments in the areas listed above, offering examples of what the states are doing to improve service delivery. The paper concludes with recommendations on how the federal government can foster these state initiatives.

First, we looked at the organizational structure of state delivery systems. As Chart 1 indicates, states do not organize service delivery to children, youth, and families uniformly. From the five major categories we identified--social services, health services, mental health services, income maintenance (including AFDC, Food Stamps, and Medicaid), and juvenile justice services, nine different combinations of these services appeared. Although the formal organizational structure indicates a truly fragmented system of service delivery, this diverse structure does not preclude different state agencies, departments, or divisions within a state

government from working together to provide the needed services. In Arizona, for example, if a child (or family) enters the system through one department, that department coordinates all the services needed by the child or family.

Due to the rising fear of crime, three states are separating the juvenile justice function from another department. In its 1994 state legislature session, Florida transferred its juvenile justice programs from the Department of Health and Rehabilitative Services to its own department. Georgia created a separate juvenile justice department in 1992, separating the program from its Department of Human Resources. Colorado has attempted to do the same thing; however, the measure failed in the 1994 session; they expect to revisit the issue again in the next session..

Despite the diversity of organizational structures, many states show similar patterns in the way they provide services to children, youth, and families. We will now examine these trends in more detail.

Family Preservation

Nearly all states have adopted family preservation programs. They have done so for a variety of reasons, including the high cost of out-of-home placements, the declining number of available foster families, and a renewed belief in the efficacy of rearing children in the family. Family preservation programs seek to keep families intact by developing parenting skills and strategies for coping. Many times a case worker will work for extended periods inside the troubled home. The case worker may actually live with the troubled family, helping out wherever possible and offering the family strategies on conflict resolution and crisis management. By avoiding the removal of a child from the home, states hope to reduce expensive

out-of-home placements which can be emotionally traumatizing to the child. North Carolina is one state with a strong family preservation program, which it finds is cost-effective.

Federal incentives for states to adopt their own family preservation programs are provided through the Family Preservation and Support Services Program (FPSSP). Under this program, federal funds are provided to state child welfare agencies for preventive services and services to families at risk. In FY 1994 federal allotments to the states totaled $60 million, and they are estimated to increase to $255 million by FY 1998. Numerous state social service personnel cited the federal program as a helpful boost to an already burgeoning idea.

Critics of family preservation programs argue that residential services are still needed and that family preservation programs are not enough to combat the deep-seeded problems many families face. However, most states do not regard family preservation programs as a panacea and maintain residential facilities for youth whose families suffer from problems than can not be corrected through the intensive in-house care of social workers.

Measurable Goals/Accountability

Some states are setting quantitative goals to measure the efficiency and effectiveness of their social services programs. For example, under Maryland's Systems Reform Initiative, a host of state agencies and departments coordinate efforts to meet quantifiable goals. Such goals include reducing the number of entries in out-of-home placement, implementing an automated case record system, redirecting interagency funds, and decreasing the number of entries in foster care.

In Michigan, the Office of Quality Assurance monitors the extent to which the state's Department of Social Services meets the needs of its recipients. It reviews various public

assistance programs like AFDC, Food Stamps, and Medicaid to assess their proficiency in delivering services accurately and completely. It also analyzes error patterns and develops and implements corrective action plans.

In New Jersey, the Human Services Department has taken strong measures to insure accountability in its delivery of services for children, youth and families. The Management-By-Objectives Program receives objectives from different sections of the Department and monitors the data provided by the different sectors to see how well those objectives are met. The program conducts quarterly management reviews with each division to discuss successes, obstacles to achieving objectives and other emerging issues.

Working in concert with the Management-By-Objectives Program is New Jersey's Contracting Task Force. The Task Force's mission is 1) to streamline the contracting system with the help of community representation, 2) to support community agencies with management, and 3) to ensure accountability. In the near future, the Task Force hopes to apply a rating system which would give benefits and incentives to state agencies with good performance histories.

States are looking at a number of organizational systems and delivery processes to insure accountability. It is no longer enough simply to have social service systems in place and functioning, with the only goal being the provision of services to the needy. The states are increasingly conscious of what works, how much it costs, and if there are any ways to provide the services more efficiently or more effectively. Lacking the private sector's ultimate measure of success, profitability, states are nonetheless adopting methods used by the private sector to streamline their own processes.

We are unable to make a definitive determination from the research we collected, but we

did find that at least _____ states are using this method to evaluate the effectiveness of their social services programs.

Collaboration

Collaboration means a formalized, structured effort on the part of state governments to foster cooperation among agencies and is taking place in varying degrees in many states. Minnesota offers state funds through its Children's Cabinet "collaboratives." These are groups of various organizations (schools, public health organizations, youth clubs, etc.) that join forces to offer a multi-faceted approach to providing services. They always include broad community representation. Participating agencies must agree in writing to provide coordinated services for children and youth and to commit resources. Principles guiding the collaboratives are as follows: 1) improving the early identification of children and families in need of services; 2) offering an inclusive service system supportive of families within communities; 3) developing multi-agency service plans and coordinating unitary case management; and 4) providing initial outreach to all new mothers and periodic family visits to children who are potentially at risk.

States are employing collaborative strategies at numerous levels. Several states have recently passed legislation creating interagency committees composed of public officials and directors from assorted service agencies. The directors from the Departments of Education, Health, Social Services, and other state human service agencies meet to formulate strategies to work together and minimize fragmentation of service delivery often associated with vying bureaucracies.

Decentralization

Another trend in improving service delivery is decentralization of system planning and service delivery. Although most states have branch or field offices located in the different counties or regions of the state, some states are giving counties the flexibility to design their own programs to assist children and families in need. Some of these states have no parameters within which counties must work, while other states such as Kansas set guidelines.

The added local responsibility, however, does not always mean added funds. For example, Iowa is currently restructuring its child welfare system but not providing additional funds for services. Iowa's counties are free to combine existing federal and state programs and reinvest any savings they achieve into community-based family-centered programs. Colorado decreased its budget by $5.5 million and reduced the number of employees as part of its restructuring process. Despite the lack of funding, however, the counties have a much greater role in deciding how to resolve the problems in their community.

Public/Private Relationships

An increasing number of states are turning to the private sector to help improve service delivery to children, youth, and families. We found that _____ states provide services in this manner, and we identified three types of approaches. The first involves contracting out for services. While most states directly provide various services to children, youth, and families, some states contract with private providers for these services. Delaware is one of these states. It currently contracts out about 40% of its services for mental health, families, and rehabilitation. Delaware is currently in the process of reorganizing its contracting system. Rather than having a separate contract for each service provided, they are developing a system whereby the state has one contract with a service provider for all the services it provides.

The second way the public and private sectors work together is by forming a public/ private partnership to deliver services. For example, Oklahoma has joined forces with the Urban League and the One Church to increase the number of African American children placed for adoption.

Kansas has a third type of public/private relationship. The state created the Corporation for Change, a non-profit organization whose mission is to coordinate and implement reform of children's services in Kansas. One way it accomplishes its mission is by building partnerships between and among government, business, labor, industry, parents, and children's advocacy and service groups.

School-linked Services

As states try to find innovative ways to address the problems of at-risk children and families, many are looking to schools to play a major role in the solution to make services more accessible to those who need them. We found that forty percent of the states either already have a statewide program in place or are experimenting with a project in one school district in the state. California, Florida, Kentucky, and New Jersey are among the states that have statewide programs. Alabama has proposed legislation to use schools as a center to provide services for at risk students, but the legislation has been delayed due to a dispute involving funding for the project. Colorado has recently begun preliminary discussions to use schools as part of the system for service delivery. In 1986, Illinois experimented with a school-based project called Project Pride. The demonstration project which provided school-based support to high school students proved to be a success: it achieved an 80% graduation rate compared with an overall rate of 70%, and the number of teen pregnancies was half of Joliet's citywide average in 1986.

However, the program was discontinued in 1991 due to lack of federal funding.

Self-Sufficiency

States often focus welfare reform on reducing or eliminating the role of income maintenance programs, most often AFDC. This focus is the result of critics who argue that AFDC provisions create welfare dependency. They argue that it is extremely difficult for welfare recipients to achieve self-sufficiency after receiving AFDC and that this problem has created a cycle of welfare in some families. State welfare reform has tried to address this by promoting and encouraging self-sufficiency. Ways in which states accomplish this vary. Some of the typical ways include:

- Expanding the amount a household can earn while retaining AFDC benefits
- Providing transitional services, for example, extending medical benefits for a certain period after a family is no longer eligible for AFDC
- Encouraging education by mandatory requirements
- Providing day care subsidies
- Increasing benefits to those enrolled in school
- Placing mandatory work requirements on AFDC recipients
- Limiting the amount of time a family can receive AFDC
- Refusing to increase benefits to mothers who have children while on AFDC
- Developing individualized self-sufficiency plans for AFDC recipients

Wisconsin's reform plan, "Work Not Welfare," is a typical example of state welfare reform. The plan requires that most AFDC recipients either work or look for jobs. The program facilitates employment by providing case management, employment activities, and work

experience. AFDC benefits are limited to 24 months in a four-year period, with exceptions made in certain conditions such as lack of appropriate jobs in the local area. After benefits are exhausted, recipients become ineligible for 36 months. The plan also stipulates that children born while a mother receives AFDC will no longer be counted in determining a family's AFDC benefits.

Utah has developed a pilot program of welfare reform which it has implemented in three cities. This program works to provide emergency assistance to families in order to divert these families from AFDC (See state report). After the first year of the program, 94% of families receiving AFDC have developed a self-sufficiency plan and are participating in appropriate activities. Thirteen percent of applicants eligible for financial assistance were diverted from ongoing AFDC assistance by receiving the emergency benefits they needed to become self-sufficient. Fourteen percent of those diverted returned and are receiving AFDC.

Table 1: Integration of State Service Delivery

	Income Main-tainance	Social Services	Juvenile Justice	Health	Mental Health
Ala.	X	X			
Alaska	X	X	X	X	X
Arizona	X	X			
Ark.	X	X	X		
Calif.	X	X	X	X	X
Col.	X	X	X		
Conn.	X	O,X	O		O
Dela.		X	X		X
Florida	X	X		X	X
Georgia	X	X		X	X
Hawaii	X	X	X		
Idaho	X	X	X	X	X
Illinois		X	X		
Iowa	X	X			X
Kansas	X	X	X	X	X
Kent.	X	X	X	X	X
Louis.				X	X
Maine		X		X	X
Mary.				X	X
Mass.	X	X		O	O
Mich.	X	X			
Minn.	X	X			
Miss.		X	X	O	O
Missouri					

	Income Main-tainance	Social Services	Juvenile Justice	Health	Mental Health
Mont.	X	X	X		
Neb.	X	X	X	O	O
Nevada	X	X	X	X	X
New H.	X	X		X	X
New J.	X	X			X
New M.				X	X
New Y.	X	X		O	O
N. Car.	X	X		O	O
N. Dak.					
Ohio	X	X		X	X
Okla.	X	X	X	O	O
Oregon	X	X	X	X	X
Penn.	X	X	X	X	X
Rhode I.	X	X	O		O
S. Carol.	X	X		X	X
S. Dak.	X	X		O	O
Tenn.	X	X			
Texas	X	X		X	X
Utah	X	X			X
Vermont	X	X	X	X	X
Virginia	X	X			
Wash.	X	X	X	X	X
Wisc.	X	X	X	X	X
Wyom.	X	X	X	O	O

Table 2: Trends in the States

	Family Preser-vation	Measur-able Goals	Collab-oration	Decentra lization	Public/ Private Relat-ionships	School-linked Services	Self-Suffic-iency
Ala.	X		X				
Alaska	X		X			X	
Arizona	X				X		
Ark.			X		X	X	
Calif.	X		X	X		X	
Col.	X	X	X	X		X	
Conn.	X				X	X	X
Dela.	X		X		X	X	
Florida	X		X		X	X	
Georgia	X		X	X	X	X	
Hawaii	X		X			X	
Idaho	X				X		
Illinois	X		X	X	X	X	
Iowa	X		X	X			
Kansas	X	X	X			X	X
Kent.	X	X	X		X	X	
Louis.	X		X				
Maine	X		X			X	
Mary.	X	X	X	X		X	
Mass.	X				X	X	
Mich.	X						X
Minn.	X		X	X	X	X	
Miss.	X						
Missouri	X		X		X	X	

	Family Preserv-ation	Measur-able Goals	Collab-oration	Decentra lization	Public/ Private Relat-ionships	School-linked Services	Self-Suffic-iency
Mont.	X		X		X	X	
Neb.	X		X			X	X
Nevada	X				X		
New H.	X				X		
New J.	X	X				X	X
New M.	X	X	X	X		X	
New Y.	X		X	X		X	
N. Car.	X	X	X				
N. Dak.	X		X	X			
Ohio							X
Okla.					X		
Oregon	X	X	X	X	X	X	
Penn.	X					X	X
Rhode I.	X		X	X	X		
S. Carol.	X		X	X	X		
S. Dak.	X				X		
Tenn.	X		X			X	X
Texas	X		X			X	
Utah	X					X	X
Vermont	X						X
Virginia	X		X	X	X		X
Wash.	X	X	X	X	X		X
Wisc.	X		X			X	
Wyom.	X					X	

Alabama

Organizational Structure

Alabama provides services to children, youth, and families on a multi-agency, multi-division basis. Formally, only social and financial services have been integrated, but for multiple needs children, the Multiple Needs Children Facilitation Team acts as a coordinating mechanism for all services..

- The Department of Human Resources (DHR) is responsible for the social service needs of children. A division of DHR, Family and Children's Services, is responsible for foster care, adoption, family preservation, protective services day care, and licensing child care facilities. There are separate divisions within DHR which manage public assistance, child support enforcement, and food assistance. Services are supervised in the state capitol and administered by local DHR offices in each of the 67 counties.

- The Department of Public Health provides all public health services.

- The Department of Mental Health is organized into separate divisions for mental illness, mental retardation, and substance abuse.

- The Department of Youth Services is responsible for juvenile delinquency prevention and rehabilitation.

Initiatives/State Legislation

There are three initiatives in progress in Alabama:

- The Departments of Human Resources and Youth Services are under a consent decree to reform the current system. Their goal is to improve interagency collaboration and to provide a continuum of services.

- Multiple Needs Children legislation became law in 1993. This law states that any child who needs services from more than one agency must get them. This has required a pooling of resources among the agencies. As a result, a Multiple Needs Children Facilitation Team has been established in each of Alabama's 67 counties. Sixteen of the teams are up and running; the remaining counties have appointed members to the team. Even though the referring agency is responsible for coordinating the resources for a particular case, the facilitating team's objective is to preserve the family and to provide services on an individualized basis. The state is now seeking a coordinator for the teams; this person's salary will be pooled from the state agencies involved. Also by the end of April, the state will have in place an automated data collection system regarding these cases.

Alabama continued

- The Alabama lawmakers have proposed legislation to restructure the school system to include schools as a center for services for at-risk children, youth, and families. However, the state is currently trying to resolve an equity funding dispute which encompasses the school restructuring issue. There is a September 30, 1994, deadline for resolution of the matter.

Alaska

Organizational Structure

Coordinating Mechanism. The Department of Health and Social Services through its several divisions manages all services provided to children, youth, and families except education:

- The Division of Administrative Services has assumed the fiscal responsibilities for Family and Youth Services.
- The Division of Alcoholism and Drug Abuse has a comprehensive prevention, intervention, and treatment program.
- The Division of Family and Youth Services provides protective and supportive services for children, youth, and adults who are at risk of abuse, neglect, or exploitation through its Family Services Section. Services include foster care, residential child care, family services, and early intervention services. Its juvenile justice programs are provided by the Youth Services Section.
- The Division of Mental Health and Developmental Disabilities provides assistance to emotionally handicapped individuals and operates the Alaska Youth Initiative jointly with the Division of Family and Youth Services and the Department of Education.
- The Division of Public Health provides services for maternal, child, and family health.
- The Division of Medical Assistance is responsible for managing the Medicaid program.
- The Division of Public Assistance is responsible for Aid to Families with Dependent Children, food stamps, and Medicaid.
- The Department of Education together with the Division of Family and Youth Services and the Division of Mental Health and Developmental Disabilities administer the Alaska Youth Initiative.

Initiatives/State Legislation

- The Alaska Youth Initiative which was established in 1985 is a joint collaboration of the Division of Family and Youth Services, the Division of Mental Health and Developmental Disabilities, and the Department of Education. It provides individualized services to severely emotionally or behaviorally disturbed youth.

Alaska continued

- In 1986 the Department of Health and Social Services' Division of Family and Youth Services developed and implemented a computerized case management system.

- In 1992 the Division began planning, developing, and implementing a family-centered approach to service delivery instead of providing services to an individual client. A task force was established to set goals and standards for the new procedure.

Arizona

Organizational Structure

Arizona provides services to children, youth, and families on a multiagency, multidivisional basis. Formally, it has integrated social and financial services.

- The Department of Economic Security through its several divisions provides all social and financial services: Family Assistance Administration - Food Stamps, AFDC, and medical assistance; Child Care Administration - child care services for less than 24 hours a day; Children, Youth and Families Administration provides services to strengthen and preserve the family unit, including child protective services, in-home support services, out-of-home support services, child abuse prevention and treatment, adoption, foster care; Comprehensive Medical and Dental Program; Child Support Enforcement; Community Services Administration - low income home energy assistance, emergency/transition shelter funds, refugee resettlement, and temporary food assistance; JOBS; Rehabilitation Services Administration provides services to physically and/or mentally impaired individuals; and Division of Developmental Disabilities which provides services to individuals with developmental disabilities. Some services are contracted out to the Catholic Social Services Agency.

- The Department of Health Services provides health, nutrition, and mental health services.

- The Department of Youth Treatment and Rehabilitation is responsible for juvenile justice system, including interstate compact on juveniles and treatment and for the supervision, treatment, and education of adjudicated youth.

Initiatives/State Legislation

None.

Arkansas

Organizational Structure

Arkansas provides services to children, youth, and families on a multi-agency, multi-divisional basis. It has integrated its social, financial, and juvenile justice services.

- The Department of Human Services' Division of Children and Family provides most of the social and financial services to children, youth, and families. Services include adoption, foster care, child day care, nutrition and food programs, protective services, community services, special investigations, and child support enforcement. The Department also is responsible for AFDC, Food Stamps, and Medicaid. Offices are located in each of the state's 75 counties. Services for "youth in need" which includes adjudicated delinquents, state offenders and youth at risk) are also provided by DHS through contracts with privately operated non-profit organizations.

- The Department of Health provides services relating to maternal and child health, well-child clinics, family planning, and maternal care.

Initiatives/State Legislation

- New Futures is a family-focused community-based program to improve the outcome of disadvantaged children. The program was originally funded with a grant from the Annie E. Casey Foundation in 1988. Goals for 1993 included: (1) improve academic level of at-risk students, (2) improve school attendance and graduation rate for the same group of people, (3) improve youth employment after finish high school, and (4) reduce teen pregnancy and parenthood.

California

Organizational Structure

California's Health and Welfare Agency is the coordinating mechanism that provides most social, financial, and health services to children, youth, and families. Its several departments provide the needed services.

- The Department of Social Services's Children and Family Services Division provides services including child protection, foster, care, and adoption. The Division has branches and bureaus that handle these programs and others, but they are operated by the 58 county departments of welfare, social services, or human services. The Department is responsible for interstate compact on child placement, adoption and Medicaid assistance.

- The Department of Health Services manages programs for low income families. It supervises maternal and child health, prevention programs, crippled children's services, the Early and Periodic Screening, Diagnosis and Treatment program and Medi-Cal, California's Federal Medicaid program.

- The Department of Mental Health is responsible for the interstate compact on mental health.

- The Department of Youth Authority is responsible for the interstate compact on juveniles. The Agencies are responsible for the detention and aftercare of juvenile offenders. There are 15 facilities for delinquents. The Parole Services and Community Corrections Branch has 30 offices through the state.

- The Department of Education currently administers a statewide program called Healthy Start. Other programs are operated in specific cities or counties only: Focus on Youth in Los Angeles; Fresno Tomorrow in Fresno, New Beginnings in San Diego, and Schools Partnership Project in San Francisco. Plans are to make the schools a focal point for services to children and families.

Initiatives/State Legislation

- Governor Pete Wilson has promised to develop a "comprehensive program of services that would promote family well-being and children's health, personal growth, and success in school. He pledged $20 million as seed money for the Healthy Start program and has committed all dollars gained by Medi-Cal refinancing through the schools to reinvestment toward his service strategy. His strategy is still in the planning stages, and due to a severe economic crisis in the state, implementation may be delayed until funds can be procured.

California continued

- A 1991 California statute requires the state to develop a comprehensive and collaborative service delivery system with school districts, revises county waiver requirements, involves state agencies on issues of youth correction, child development, and education, and authorizes a mechanism to enhance integrated case management.

- A 1991 California statute requires counties to provide a written case plan for children receiving child welfare services and directs a legislative study of voluntary alternatives to juvenile court supervision in the child welfare system.

- The state supports the Family Care Initiative which is a collaborative effort of the United Way North Los Angeles Region, the Los Angeles Educational Partnership (LAEP), and the Los Angeles Unified School District to demonstrate that school-linked services can improve the outcomes of children and, in turn, their families and communities. In response, California has restructured its curriculum in the schools and created innovative relationships with families, agencies, and community organizations.

- School-linked programs include:

  Focus on Youth - This program began in 1985 in the Los Angeles K-12 schools to provide case management for students who were at risk of dropping out or in need of health and human services; Focus staff provided the services. By 1989 school staff were trained to provide the students, and by 1991 the program expanded to the Long Beach Unified School District.

  Fresno Tomorrow - This program began in 1985 and in 1992 it was operating in 10 primarily elementary schools in Fresno County. A child identified as at risk is assessed according to his or her needs, and a case manager works with the child and family for up to 12 months. The program has reduced unexcused absences by 40% and decreased referrals for misbehavior by 70%.

  New Beginnings - This program opened with a demonstration project in 1991 which was the result of a collaborative effort of the San Diego City School District, San Diego County Departments of Health, Social Services, and Probation, the City of San Diego, and the San Diego Housing Commission. The objectives of the project are to improve outcomes for children and families through restructuring education, social services, and health systems.

Colorado

Organizational Structure

Effective July 1 1994, Colorado is restructuring its state government agencies. It will provide services to children, youth, and families on a multi-agency, multi-division basis and it will have integrated its social, financial, and juvenile justice programs.

- The Department of Human Services through its several divisions will provide income support and social services to children, youth, and families: The Children and Families Division will be subdivided into Division of Child Welfare, Division of Youth- juvenile justice, Family Preservation - child care and Family Resource Initiative, Office of Self Sufficiency - Public Assistance, Family Support, AFDC, Food Stamps, JOBS, and welfare reform.

- The Department of Health will provide services for mental health, developmental disabilities, vocational rehabilitation, and alcohol and drug abuse. It will also manage child and maternal health programs as well as nutrition.

- The Department of Education is involved in preliminary discussions to include schools as part of the overall system to assist at-risk children and families.

Initiatives/State Legislation

- The state government is restructuring several departments. It is eliminating the Department of Social Services and Institutions and creating a Department of Human Services; Medicaid will go to a new Health Care Policy Agency.

- There was a proposal to move Youth Services out of Human Services, but it did not pass. However, the proposal is expected to surface again next year.

- There is a strong county board that works with the soon-to-be Department of Human Services. Services are delivered by county employees.

- A 1993 statute created a 3-year pilot program to create and evaluate family development centers in at-risk neighborhoods.

- There is a strong county board that works with the soon-to-be Department of Human Services. Services are delivered by county employees.

- Denver Family Resource Schools (FRS) work to build relationships between schools and communities in order to support children's learning process. Each school has a Collaborative Decision Making Team (CDM) that includes

Colorado continued

representatives from the school (teachers, office, custodial, food service, principal) , families, neighborhood, and businesses. There are seven schools in the Denver area.

Connecticut

Organizational Structure

The State of Connecticut provides services for children, youth, and families on a multi-agency, multi-division basis. It early 1994 the Departments of Aging, Human Resources, and Income Management were combined to create a Department of Social Services.

- The Department of Children and Families, formerly The Department of Children and Youth Services, has a $230 million budget to provides services dealing with protective services, mental health, foster care, child welfare, family preservation, and substance abuse. Juvenile delinquents may be referred to this department by the Superior Court of Connecticut. The department enters into partnerships with service providers to plan, fund, and integrate the needed services.

- The Department of Social Services is responsible for child care, child support enforcement, services to people with disabilities, energy assistance to low income households, Food Stamps, AFDC, Medicaid, and job training and employment to recipients of AFDC and Food Stamps. Services are provided through 14 regional offices.

- The Department of Health through its Bureau of Community Health provides maternal and child health programs.

- The Family Division of the Superior Court of Connecticut has jurisdiction over neglected, dependent, and delinquent children.

- The Attorney General's Office has divisions for Child Support, Education, and Child Protection Services.

- The Department of Education does not have a statewide program that utilizes schools as a center to provide services. However. each district is allowed to create its own program. Currently, Bridgeport, Hartford, and New Haven each have a program in operation.

- Other departments that provide services for children, youth, and families include the Departments of Labor, Housing and Mental Retardation. There is also a Commission on the Deaf and Hearing Impaired and a Commission on Alcohol and Drug Abuse.

Initiatives/State Legislation

- Connecticut is under a consent decree to improve its services. It has already undergone some reorganization--some of the services in Human Resources have

been put in the Department of Social Services and health services are now in the Department of Public Health.

- A Human Services Cabinet has been established whereby the heads of agencies that are involved in providing services to children, youth, and families meet to discuss the coordination of their efforts.

- Pathways, a welfare reform program that has a family preservation component, is designed to make low-income people self-sufficient by helping them get jobs which in turn helps them to work their way out of poverty and off the welfare rolls. The program includes a change in the asset level of AFDC, removal of the deprivation requirement, extended medical and child care, job training, and a child support assurance system. The program requires a federal waiver of current regulations.

Delaware

Organizational Structure

Delaware provides services to children, youth and families on a multi-agency, mufti-divisional basis. It has integrated its services for social, mental health, and juvenile justice.

- The Department of Services for Children, Youth & Their Families through its several divisions is responsible for children's mental health, family, and rehabilitative services. The Department's Division of Youth Rehabilitative Services administers the programs for youths who have been adjudicated.

- The Department of Health and Social Services' Division of Public Health has three divisions that provide services: The Division of Public Health, the Division of Alcoholism, Drug Abuse, Mental Health and the Division of Mental Retardation. The Division of Public Health provides health services for children and youth through its state-operated health offices in each of the three counties.

- The Department of Public Instruction which is responsible for the school system currently has six schools that have school-based wellness centers. It is the goal to have one in every high school in the state.

Initiatives/State Legislation

- The Department of Services for Children, Youth & Their Families currently contracts with private agencies to deliver 40% of services provided. The present procedure calls for a contract for each service under the each separate division of the department. However, this system for out-patient and alcohol treatment services is being revised to consolidate contracts to allow for cross-divisional coordination. In other words, private agencies will be allowed to hold one contract for multiple services provided for under more than one division of the Department.

- There is a pilot project of family centers that focus on early childhood care.

- The state has entered into an agreement with the Alfred I. DuPont Center to offer services to children. Clinics are located throughout the state and are available to low income families.

Comments

- Delaware would like more federal funding. For example, federal funds account for 25% of a management information systems while state funds account for 75%. The department is currently studying the issue of unfunded federal mandates.

Florida

Organizational Structure

Florida has one agency, the Department of Health and Rehabilitative Services, that provides most of the services for children, youth, and families. However, other departments have responsibilities to these groups also.

- The Department of Health and Rehabilitative Services (DHRS) provides social, health, and rehabilitative services to children, youth, and families. Specifically, services include health, substance abuse, mental health, child welfare services and financial assistance. These services are administered through 11 district offices. These district offices cooperate with county-operated health departments.

- The Department of Corrections, Probation and Parole Field Services provide services for children, youth, and families; specifically, the Department of Corrections assists youths tried as adults.

- The Department of Education is required by state law to work with DHRS to administer the Full Service Schools program.

- The Department of Revenue has taken over the responsibilities for child support enforcement from the Department of Health and Rehabilitative Services.

Initiatives/State Legislation

- The Full Service Schools is a joint initiative of the Department of Education and the Department of Health and Rehabilitative Services which was created in 1990 by the Florida legislature. Both departments are required by law to offer high-risk students and their families prevention, treatment, and support services through collaborative arrangements among state, local, private, and public entities. The schools serve as the focal point to provide education, health, social, and human services to those who need them. The Interagency Work Group on Full Service Schools offers support for these services. Members of the Group include representatives from the Departments of Education, Health and Rehabilitative Services, and Labor and well as the Governor's Office and two branches of the legislature.

- A 1994 bill passed to transfer the juvenile justice function from the Department of Health and Rehabilitative Services to its own department.

- A measure was proposed in the 1994 session to move health and mental health functions from DHR to the Department of Health Care; it did not pass. The issue may resurface during a special session of the state legislature in summer 1994.

Florida continued

- The creation of a separate Department of Child Care was also considered. The proposal was to combine the Department of Education, prekindergarten and child care services from the Department of Health and Rehabilitative Services into one department. The Auditors General will study the feasibility of the project.

- A proposal to create a Department for Children, Youth, and Families was considered, but it died in the Appropriations Committee.

- Child support enforcement function was moved from DHR to the Department of Revenue.

- A proposal was made to create a special task force and local planning group to study how programs for children, youth and families can be combined so as to attract additional federal funding. This issue passed the and was placed on the calendar.

Comments

- Federal programs do provide much needed funding for such things as computer systems, and a relaxation of federal requirements has proven beneficial. A problem for Florida, however, is not enough support for undocumented aliens.

Georgia

Organizational Structure

Georgia provides services to children, youth, and families on a multi-agency, multi-divisional basis. The state has integrated its social, financial, health, and mental health services.

- The Department of Human Resources has several divisions: that provide services--foster care, economic support, adoption, protective services, day care, family planning, Medicaid, and Aid to Families with Dependent Children. However, the delivery of services is supervised by the Division of Family and Children's Services. The Division of Public Health provides maternal and child health services, nutrition, and family planning. The Division of Mental Health and Mental Retardation is responsible for mental health and substance abuse services. Services are supervised at the state level and administered by local Departments of Family and Children Services.

- The Department of Children & Youth Services was created in 1992 and replaced the Division of Youth Services within the Department of Human Resources. The new department is responsible for juvenile detention facilities.

- The Department of Education together with the Departments of Human Resources and Medical Assistance administer the Family Connections program which provides all services. troubled children, youth, and families.

- The Department of Agriculture administers the food stamp program.

Initiatives/State Legislation

The following programs are only representative of the many that exist in the state:

- The Atlanta Project, a non-profit organization spearheaded by former President Jimmy Carter, is very active in improving community life. Its mission is to assist people to develop their own solutions to community problems and to support and promote collaboration of government agencies, service providers, and all others who want to help. The centers set up by the Project are usually located near a school. One of its recent accomplishments is the reduction of a 64-page application for services into an 8-page application. This application is being tested in two areas of Georgia with the hope that it may be used nationwide.

- The Family Connection is a one-year old initiative designed to develop community models through which the Departments of Education, Human Resources, and Medical Assistance coordinate services for at-risk youth and their

Georgia continued

families. The goal of the program is to help children and youth to achieve success in school through a stronger network of family, community, and school. The program is coordinated by a steering committee formed by representatives of the Departments of Education, Human Resources, Medical Assistance, and Children and Youth, the Georgia Academy of Children and Youth Professionals, and other organizations.

- The Governor's Program for At-Risk Four-Year-Old Children and Their Families has established coordinating councils to coordinate all the services needed to help prekindergarten children. Each program is designed to meet local needs and is home-, family center- and/or community-based.

- The Georgia Child Care Council was created by the 1991 General Assembly and is composed of a 15-member board of appointed citizen representatives. Its mission is to ensure that every child in Georgia has individualized, quality, affordable, accessible child care services that use community partnerships and are responsive to individual family needs. The Council's responsibilities include coordinating state and federal child care funding streams, providing a mechanism for the planning and coordination of child care programs among the agencies at the state and local levels; serving as the state clearinghouse for information on child care resources and statistics; and promoting private-public sector collaborations.

- The D.A.F.F.O.D.I.L. Center in Ware County, modeled after D.A.I.S.E.Y. (Diversified Agencies Involved in Serving Youth), is administered and funded by the Department of Human Resources. The centers are a collaborative effort of education and human service agencies that provide early intervention and preschool services to children from birth to five years of age.

- Youth Futures which operates in Savannah and also Chatham County was established in 1988 with a grant from the Annie E. Casey Foundation. The project's objectives are to increase academic achievement, reduce dropouts and teen pregnancy rates, and increase the employability of disadvantages middle and high school students. Among its many services, the initiative provides case management strategies, builds collaborative relationships, encourages integration of services, and focuses on prevention and early intervention. A unique feature of the program is the data base on student characteristics and outcomes which is available not only to Youth Futures staff but also to other communities statewide.

Hawaii

Organizational Structure

Hawaii provides services to children, youth, and families on a multi-agency, multi-divisional basis. It integrates its social, financial, and juvenile justice services. However, for children at risk, the Hawaii Cluster System (HCS) acts as a coordinating mechanism for all needed services.

- The Department of Human Services provides social and income maintenance services through its Family and Adult Services Division. Services are provided by branch offices located on the islands of Oahu, Hawaii, Maui, and Kauai. Juvenile justice services are the responsibility of the Office of Youth Services, and Hawaii Youth Correctional Facility administers juvenile protection services.

- The Department of Health administers services relating to maternal and child health, children with special needs, and school health.

- The Department of Education is part of the Hawaii Cluster System which provides all types of services to troubled children, youth, and their families.

Initiatives/State Legislation

- Hawaii Cluster System (HAS) was established in 1987 by the Hawaii State Legislature. It is an interdepartmental program within the Department of Health and comprised of representatives from the Departments of Education, Health, and Human Services, the judiciary and the Office of Children and Youth. Seven local clusters have been established as well as one state-level cluster. The clusters have legislative mandates to coordinate and monitor the efforts of departments working with the most difficult cases, to provide resources for emotionally and developmentally troubled young people as appropriate, and to prevent placement of children outside their homes. HAS handles approximately 50 cases annually.

Idaho

Organizational Structure

Coordinating Mechanism - The Department of Health and Welfare through its several divisions manages all services except education provided to children, youth, and families:

- The Division of Family and Community Services is responsible for services relating to adoption, substance abuse treatment and prevention, child protection, child care licensing, juvenile justice, children's mental health, Job Opportunities/Basic Skills (JOBS) programs, and the interstate compacts on children and juveniles. It also oversees administration, operation and program development for statewide services for mental health, developmental disabilities. One of its divisions, the Bureau of Children's Services, focuses on families as the primary resource for resolving problems.

- The Bureau of Juvenile Justice, a section of the Division of Family and Community Services, is responsible for case management, family therapy, youth companion, regional day treatment, youth employment, out-of-home placements, and substance abuse treatment, observation, and treatment. The Bureau is also responsible for the Juvenile Justice Reform Act which authorizes the Department to assist counties in developing services to help troubled youths in their local communities.

- The Division of Health is responsible for school immunization programs, maternal and child health services, family planning, and women, infants, and children programs.

- The Division of Welfare provides services for Aid to Families with Dependent Children, food stamps, Medicaid, child support, and financial and medical assistance.

- The Bureau of Family Self Support provides a variety of education, employment, training, and social services to families who receive AFDC and Food Stamps. The programs offered are intended to help families become self-sufficient.

Initiatives/State Legislation

Accomplishments of the Division of Family and Community Services:

- developed a partnership with Idaho's seven district health departments to provide services to at-risk infants and toddlers.

Idaho continued

- developed an agreement with vocational schools and Private Industry Councils regarding core services for AFDC recipients who participate in work and training programs.

Illinois

Organizational Structure

Illinois provides services to children, youth, and families on a multi-agency, multi-divisional basis. It has integrated its social and juvenile justice services.

- The Department of Children and Family Services through its many divisions provides child protection services and provides or purchases welfare services. These services include care in foster homes, group homes or institutions, adoption, family counseling, day care, homemaker and family preservation services. The Department has 5 regional offices and 80 offices statewide.

- The Department of Public Aid through its several divisions is responsible for social services for income maintenance recipients, such as supplemental security income, AFDC and Medicaid.

- The Department of Public Health manages programs for children and youth through the local departments on a consultant basis and as a funding source. However, in some regions of the state, the Department provides health services directly. Health services to children are provided by the Division of Family Health and Health Assessment and Screening.

- The Department of Corrections has a Juvenile Division which administers its programs to juvenile offenders. There are six institutions three district parole offices. Counties provide probation services.

- The Department of Education administers a statewide program called Project Success which coordinates various services to troubled children, youth, and families. The program began with 6 schools, expanded to 39 last year, and will expand again this year.

Initiatives/State Legislation

- Family First Initiative begun in 1989 provides immediate services to families in danger of having children placed outside the home. These services include emergency caretakers, housing assistance, respite care, child care, transportation, counseling, emergency food assistance, and training in child development and household management.

- Comprehensive Community-Based Youth Services provides services to divert youth from the child welfare or juvenile justice system. Services include family, individual, or group counseling, employment or educational aid, drug or alcohol abuse education, foster care, and around-the-clock crisis intervention.

Illinois continued

Comments

- Project Pride which began in 1986 provided school-based support to high school students. It was a demonstration project that proved successful: it achieved an 80% graduation rate compared with an overall rate of 70% and the number of teen pregnancies was half of Gallate's citywide average in 1986. However the program was discontinued in 1991 due to lack of federal funding.

Iowa

Organizational Structure

Iowa provides services to children, youth, and families on a multi-agency, multi-divisional basis. A coordinating mechanism for all services for participating counties is the Child Welfare Decategorization Project.

- The Department of Human Services is responsible for Aid to Families with Dependent Children, protective services, foster care, and day care. Its Division of Mental Health, Mental Illness & Developmental Disabilities administers mental health programs. The Division of Adult Children and Family Services is responsible for placement of children, adoption, medical assistance, and juvenile probation.

- The Department of Public Health has two divisions that are responsible for most of the health services to children, youth, and families: the Division of Family and Community Health and the Division of Substance Abuse.

- The Department of Human Rights' Division of Criminal & Juvenile Justice Planning implements the Juvenile Justice and Delinquency Prevention Act programs and also researches and recommends policy changes.

- The Department of Education has separate divisions for Food & Nutrition, Educational Services for Children, Families and Communities and a Vocational Educational Advisory Council.

Initiatives/State Legislation

- The Child Welfare Decategorization Project began in 1987 when the Iowa state legislature passed a law to decategorize the funding streams for child welfare and to channel them into a single source. The project was designed to be more community-based, family-centered, and prevention oriented. Each county has the authority to design its own program but must apply for the decategorization process. In 1991 the legislature passed a law which allowed any county to apply for the decategorization process. The process began with two model counties and is now operating in 7 of Iowa's 99 counties; these 7 counties, however, comprise about a third of Iowa's population. A decategorization advisory committee composed of representatives from various state agencies, legislature, juvenile courts, child welfare provider community and county government provides statewide coordination. Its goal is to decrease the number of foster care placements both in and out of state and reform the system rather than provide particular services.

Iowa continued

- A 1992 Iowa law (Chap. 1221) created a pilot program for family resource centers in schools. The services provided by these centers include all-day childcare, support services to parents of newborn infants, parenting skills, and high school equivalency training.

- A 1992 Iowa law (Chap. 1231, Sec. 49) required the Division of Criminal and Juvenile Justice Planning to coordinate the development of a multi-agency database to track juveniles, evaluate state services, and to propose guidelines for information sharing.

- A 1992 Iowa law (Chap. 1241, Sec. 11) created an interdisciplinary child welfare task force to develop a flexible financing system that enhances federal participation and redirects expenditures from institutional to community-based alternatives in the child welfare, mental health, and juvenile justice systems.

Kansas

Organizational Structure

The Department of Social and Rehabilitative Services administers all welfare services and juvenile justice programs. Missions of the department include strengthening and preserving the family and achieving and sustaining independence. There are 12 regional offices and a local office in each of the 105 counties.

- Alcohol and Drug Abuse Services coordinates efforts with local community services to provide alcohol and drug abuse prevention education and treatment programs.

- Income Support/Medical Services is responsible for Aid to Families with Dependent Children, general assistance, Low Income Energy Assistance Program, Refugee Assistance, Food Stamps, medical assistance programs funded by Medicaid and MediKan, community-based long-term care and community living and day programs, and child support enforcement.

- Mental Health and Retardation Services provides services for mental health disabilities.

- Rehabilitation Services is responsible for Kansas Industries for the Blind; Business Enterprise Program, Rehabilitation Teaching, the Rehabilitation Center for the Blind, Kansas Vocational Rehabilitation Centers, Transition Planning, Independent Living, Commission for the Deaf and Hard of Hearing; and vocational rehabilitation services to persons who are blind, visually impaired or deaf-blind.

- Workforce Development administers two federal mandated work programs: JOBS/KanWork program for AFDC recipients and MOST program for food stamp recipients. This division also is responsible for child care services for AFDC, General Assistance, food stamp recipients and other income eligible persons.

- Youth and Adult Services provides services to protect health and welfare of children and oversees the operation of four state youth centers, the state's juvenile justice programs. It also provides foster care and adoption.

- The Department of Health and Environment through its several divisions administers public health services including programs for nutrition and women, infants, and children.

Kansas continued

- The State Board of Education is part of the system that provides services to children, youth, and families. The services provided include special education, career development, child care, nutrition, and wellness.

Initiatives/State Legislation

- Some consideration was given to creating a Youth Authority which would combine children services, but the measure failed.

- The Corporation for Change is a non-profit organization created in 1992 by the state legislature to coordinate and implement reforms for children's services. It is funded with both public and private monies. The board consists of the secretaries for the Departments of Social and Rehabilitative Services, Health and Environment and Education as well as representatives of children's advocacy organizations.

- In September 1992 the Department of Social and Rehabilitation Services began a new "wraparound" process which more effectively serves children with multiple needs and mandates the creation of regional interagency councils. The process results in an individually designed plan to meet the needs of a child and his or her family.

- The Department of Social and Rehabilitative Services plans to develop an automated information system that is accessible to all state agencies who collaborate in child welfare, juvenile justice, and adult protection delivery systems.

Kentucky

Organizational Structure

Coordinating Mechanism - In 1974 Kentucky legislators established The Cabinet of Human Resources is a cabinet-level agency that is responsible for coordinating services for children, youth, and families. Specifically, it is responsible for the development and operation of human services, health, income supplement, manpower training, employment and unemployment programs, and related services. The services are provided through its several departments:

- The Department of Social Insurance administers programs for income maintenance, food stamps, Aid to Families with Dependent Children, and Medicaid.

- The Department of Medicaid Services contracts with the Department of Social Insurance to provide services in each of the 120 counties.

- The Department of Health Services is responsible for health services and the prevention, detection, and treatment of physical disabilities and illnesses. Services are provided by county and district health departments. The health departments are not run by the state.

- The Department of Mental Health and Mental Retardation provides services for the prevention, detection and treatment of mental disabilities.

- The Department of Social Services provides social services for children, youth, and families.

- The Department of Employment Services provides job recruitment, counseling, and placement services.

- The Department of Education provides human services to children and their families through Kentucky Integrated Delivery Systems (KIDS). This program provides social workers, mental health counselors, and public health professionals at local schools to assist children and their families. This program was formed in 1988 as a collaborative venture between the Department of Education and the Cabinet of Human Resources. It has evolved into a statewide school-based strategy to deliver services to families with children most likely to drop out of school. Also, the state's Family Resource and Youth Services Centers (FRYSC) are a statewide, school-linked system that delivers services to children, youth, and families.

- The Commission for Handicapped Children provides services and facilities for handicapped children to the extent funds allow.

Kentucky continued

Initiatives/State Legislation

- An attempt was made to move child care now in the Department of Social Services to the Department of Social Insurance. However, this was not successful.

- Under the Kentucky Education Reform Act Family Resource Centers were established to increase the likelihood of a child's success in school by providing services to both children and their families. Centers are located in or near schools in which 20% or more of the student body are eligible for free meal programs. Services provided by the centers include child care, health care, support and counseling for new and expectant parents, parent education, and vocational skills of preschool parents.

  Services are also provided to youth through Youth Services Centers. These centers serve middle school, junior high, and high school students and their families. Services include health services, referrals to social services, employment counseling, training and placement, substance abuse, and family crisis and mental health.

  There are more than 380 combination Family Resource Youth Services Centers statewide.

- The Pew Charitable Trust had offered several states funds to reorganize funding for services to children -- child welfare, child care, health services, etc. However, the trust withdrew its offer stating that no state was far enough along in the reorganization process. Despite this setback, Kentucky is planning to continue the effort by obtaining funds from other sources.

Louisiana

Organizational Structure

The Department of Social Services (DSS) administers social and health services for children, youth and families through its local offices located in nearly all of the state's 64 parishes. Eight regional offices supervise the local offices.

Child welfare programs are administered by the Office of Community Services, a branch under DSS. Eligibility for AFDC and Medicaid is determined by the Office of Family Support, also within DSS.

Health services are supervised and funded by the Office of Public Health (OPH). OPH's Division of Family Health Services supervise maternal and child health programs. These services are administered by city and parish health units.

Some juvenile justice services are handled by the Office of Youth Development (OYD). OYD serves adjudicated delinquents or persons under 21 in need of supervision. The Division of Youth Services (DYS) also handles functions related to juvenile justice. DYS is responsible for providing juvenile probation and parole services, along with running residential and non-residential treatment services.

Initiatives/State Legislation

Recognizing the need to organize and coordinate the myriad of programs and services for children, youth and families, the state legislature in created the Children's Cabinet in 1992. The Cabinet was formed as a state agency within the office of the Governor charged with carrying out the following functions:

- Facilitating and requiring coordination of policy, planning and budgeting affecting programs and service for children and their families
- Eliminating duplication of services
- Coordinating delivery of services to children and their families

The Cabinet is composed of public officials throughout the state which act in a wide range of capacities. Members must include persons from DSS, the Department of Health and Hospitals, the Department of Public Safety and Corrections, the state Superintendent of Education, the Executive Budget Officer and other state posts.

Louisiana continued

Comments

The Children's Cabinet is responsible for submitting annual reports to the Committee on House and Governmental Affairs and the Committee on Senate and Governmental Affairs. These reports will contain information relating to the effectiveness and efficiency of delivery of services for children and families The Children's Cabinet will terminate on January 1, 1997, unless the legislature gives it continued legal authority.

Maine

Organizational Structure

Maine's Bureau of Child and Family Services operates as a branch of Maine's Department of Human Services (DHS). It offers programs to children and families in all 16 counties through five regional offices. Services include child protective services, foster care, day care, adoption, family planning and mental health.

Also under DHS, the Bureau of Health provides a host of health programs, such as public health nursing, family planning, prenatal care, adolescent pregnancy services, WIC, and AIDS/STD services. Notably, Bureau staffers work closely with state and local educators to improve the health of Maine's children. Medical assistance (Medicaid) is available to children and youth through the Bureau of Medical Services.

The Department of Corrections handles youths adjudicated delinquent by district courts, and also runs a juvenile correctional facility. The Department's Division of Probation and Parole is responsible for the intake of juvenile court cases and for programs to divert youthful offenders from becoming institutionalized. The Division uses public and private resources for placing children.

Initiatives/State Legislation

In 1993 Maine took the following legislative actions:

- It created the legislative Federal Funds Task Force, to be staffed by the legislative council, to review federal resources and ways in which to maximize their use. The task force's report was due by November 1993.

- It reorganized state agencies, consolidating DHR and the Department of Mental Health and Retardation into the Department of Children and Families and the Department of Health. The same legislation created a transition team to oversee reorganization and develop legislation that achieves streamlined administration, universal information and referral, single case management, contracting, and evaluation.

- Under Maine's new welfare law, professional and driver's licenses are revoked from parents who fall behind on child support payments. The law has persuaded deadbeat fathers to fork over around $1 million per month.

Comments

Maine is one of the few states to direct its state agencies to study the problems of violence among children, youth and young adults. Last year, the Maine Legislature required many of its

Maine continued

state agencies to make recommendations on what measures can be taken to reduce the incidence of violence and its effect on those at risk.

Maryland

Organizational Structure

Maryland provides social service programs for children, youth and families through its Department of Human Resources' Social Services Administration.

Health services for children and youth are delivered by Maryland's Department of Health and Mental Hygiene. This department also provides services for family health, drug abuse, alcoholism control and persons with developmental disabilities.

Juvenile justice is handled by the Circuit Court system. Many cases are heard by hearing officers or masters rather than by judges. Adjudicated delinquents are referred by the courts to the Department of Juvenile Services, which provides intakes, probation and aftercare services.

Initiatives/State Legislation

In an effort to coordinate services and improve the delivery of social service programs for children, youth and families, Governor Schaefer created the Systems Reform Initiative (SRI). SRI seeks to support Maryland's children and families through fostering their capability to become healthy and self-sufficient. SRI follows the following principles:

- Change service support delivery to children and families so that services are family focused, directed toward enhancing family strengths.

- Alter decision-making from single-agency to interagency decision-making, basing decisions on data and outcomes collected by collaborative governing bodies called Local Planning Entities.

- Redirect funds to services that support families, maximizing federal funding opportunities and interagency budgets and funding pools to family preservation services. Not yet implemented statewide, 19 of Maryland's 24 counties are full-fledged participants or have initiated plans to join SRI.

Systems reform under SRI is a interagency effort drawing upon the Department of Human Resources, Department of Juvenile Services, the Department of Health and Mental Hygiene, the Maryland State Department of Education and the Department of Budget and Fiscal Planning. In fiscal year 1993, SRI either met or exceeded many of its goals. Accomplishments include redirecting $12 million in interagency funds to home and community-based services, implementing interagency services in Montgomery County, serving a larger number of imminent risk children and installing an automated case record system in SRI sites, called HomeBase.

- In 1993, the Subcabinet for Children, Youth and Families was established. The agency is charged with providing continuing examination of the structure and

Maryland continued

delivery of social service programs for children, youth and families, and facilitating a comprehensive service delivery system for this population. It also seeks to develop a plan for interagency sharing of client information.

Massachusetts

Organizational Structure

The Department of Social Services is responsible for protecting abused and neglected children and offering preventive services to strengthen families. It operates out of 26 local offices, and offers a full range of child welfare and protective services.

Under the Department of Public Health (DPH), the Bureau of Family and Community Health administers health programs for children and families. Preventive, primary care and therapeutic programs for children and youth are provided through the Bureau. The Department of Mental Health operates as a separate agency from DPH.

The Office for Children provides day care services and acts as an advocate for programs ministering to the needs of young people. It is responsible for licensing institutions that provide services to the young.

District Courts hold jurisdiction over matters concerning dependent and neglected children. Adjudicated delinquents are committed to the Department of Youth Services, which handle approximately 600 youths a day on pre-trial detention basis. About 40 non-profit agencies provide a variety of services to the Department of Youth Services.

Initiatives/State Legislation

- The Executive Office of Health and Human Services is composed of directors from 17 different human service agencies and acts as an overseeing body dedicated to formulating and implementing policy. Members of the body are appointed by the Governor.

- Last year Massachusetts enacted the following legislation:

    1) The Departments of Social Services, Youth Services, Mental Health and Mental Retardation were required to allocate between 1 and 2 percent of their total budget to provide programs in school-based services.

    2) In an effort to force deadbeat fathers to pay child support, Massachusetts recently passed a law which makes deliberate non-payment of child support a felony, punishable by five years in prison.

Comments

Massachusetts appears to lack broad-based integrated services of programs relating to children, youth and families. Services are fragmented, and there are little collaborative or cooperative programs.

Michigan

Organizational Structure

Michigan's Department of Social Services (DSS) administers all social welfare programs for children, youth and families through its 83 county social service departments. Its central administrative offices are located in Lansing, with at least one DSS office in all other counties.

Health services to children and youth are administered by the Department of Public Health's Bureau of Child and Family Services. The Bureau handles the allocation of federal/state funds to local health departments while formulating policy and program development.

Adjudicated delinquents are committed to juvenile justice care by Probate Courts. Under DSS's Office of Delinquency Services, the Residential Services Unit administers juvenile detention and treatment facilities.

Initiatives/State Legislation

Numerous goals and policy initiatives were set forth under Michigan's welfare reform proposal "To Strengthen Michigan Families". It specifies 21 initiatives based upon four underlying values: encouraging employment, targeting support, increasing personal responsibility and involving communities. Some of the initiatives include:

- Expanding entrepreneurial training to promote self-support.
- Rewarding earned income by allowing AFDC recipients to keep a percentage of their earned income, thus encouraging recipients to find employment.
- Requiring public assistance recipients to engage in some form of productive effort for at least 20 hours each week, such as community service, education or employment.
- Reducing public assistance grants to recipients whose children fail to achieve high rates of school attendance. This program is called "Higher Aims".

Comments

Michigan has won national awards for such programs as Families First and Michigan Opportunity and Skills Training (MOST). Last year it radically altered its method of funding public schools in an attempt to make funding more equitable. It now uses sales tax revenues instead of property tax revenues to account for the majority of school funding.

Minnesota

Organizational Structure

Minnesota delivers services for children, youth and families through three departments. The Department of Human Services supervises programs in chemical dependency, deaf services, developmental disability and mental health. County welfare and social service departments administer the programs locally.

Most Health services for children and youth are administered by Minnesota's county health departments. The state Department of Health handles programs for handicapped children. The Department of Health also manages statewide health programs through its Division of Disease Prevention and Health Promotion.

Adjudicated delinquent youths are committed to the Department of Corrections, which maintains two juvenile correctional facilities. County authorities are responsible for juvenile parole and probation services.

Initiatives/State Legislation

Minnesota is trying to improve service delivery to children, youth and families in a number of ways. Minnesota's recently created Children's Cabinet is composed of commissioners from ten state agencies. It seeks to create a flexible, accountable system for the comprehensive administration of programs related to children and to set priorities for children and families. Among the goals of the Cabinet:

- Avoiding service fragmentation and duplication, while fostering cooperation among its state agencies and regional, local and private sectors.
- Developing a data collection system that will enable common tracking to improve service delivery.
- Creating a single, integrated budget and strategy to effect policy goals.

Perhaps most notably, the Cabinet is strengthening its cooperative relationship with Action for Children, a bi-partisan public/private body established to stimulate community, public and private partnerships to assure improved conditions for children and families. Action for Children shares a common mission with the Children's Cabinet, to improve the well-being of Minnesota's children and families.

Governor Arne Carlson and the Minnesota legislature initiated Family Services Collaboratives and Community-Based Collaboratives in 1993. Collaborative grants can be earned by meeting the following standards:

Minnesota continued

- Including at least one school district, one county and one public health organization and broad community representation in a collaborative. These collaborative grants offer communities incentives to facilitate coordination among service providers.

The types of collaboration grants are split into planning grants and implementation grants. Planning grants are designed to aid Collaboratives develop a community plan to improve results for children and families. Plans must establish clear goals and use objective indicators to gauge progress in achieving the goals. Implementation grants are for communities that have developed measurable goals and comprehensive plans for effecting those goals.

In 1993, legislation was passed to require the Departments of Education, Administration, Health and Human Services and the Office of Strategic and Long-Range Planning to develop an integrated data base to coordinate service to children and families.

Comments

Minnesota is one the most advanced states with respect to delivering effective programs and integrating services for children, youth and families.

Mississippi

Organizational Structure

Under Mississippi's Department of Human Services are three state agencies: the Division of Family and Children's Services, the Division of Youth Services and the Office for Children and Youth. These departments provide the bulk of services and programs for children, youth and families. Each branch offers varied programs suited for meeting different needs and has a wide range of responsibilities. These agencies strive to perform services with the goal of changing service delivery from an end to itself to service delivery which enables recipients to improve their own lives by attaining and maintaining independence.

The Division of Family and Children's Services (DFCS) provides the following services:

- Protective services to children, youth and vulnerable adults, foster care and adoption placement services for children in its custody, and education and prevention activities for individuals and families exhibiting at-risk behavioral patterns associated with abuse and neglect. Social workers for DCFS are located in each of Mississippi's 82 counties.

- Investigation of reports of abuse and neglect, planning placement of children in agency custody and counseling individuals and families to improve quality of life and ameliorate family dysfunction.

The Division of Youth Services (DYS) is responsible for juvenile programs. Two major programs exist within DYS: the Institutional program and the Community Services program. Adjudicated delinquents are referred to DYS by Mississippi's County Courts, Family Courts, Chancery Courts and Municipal Courts. DYS is guided by the goal that all children experience success in caring families and nurturing communities. DYS services include:

- Probation supervision, professional counseling, and rehabilitative services to children committed to institutional care.

- Operation of two training schools offering intensive military-style training regiments which place emphasis on self-discipline, self-worth and personal responsibility. Graduates of the school take diagnostic tests and are placed into either intensive literacy training or regular schools.

The Office of Children and Youth (OCY) provides child care services for eligible Mississippi parents and assesses the extent to which Mississippi's child care needs are met. Its mission is to provide policy and direction through the coordination of programs and services involved with child care and caregivers. 90% of its funding comes from federal sources.

Mississippi continued

Health services for children, youth and families are provided by the Department of Health. Its 82 county health departments offer services to children and families, including pre-natal care and services for disabled children. The Department also licenses all child-caring facilities.

Initiatives/State Legislation

In 1992 Mississippi directed its Department of Human Services to compile all its statutes and regulations affecting children into a compendium.

Comments

Mississippi's system for delivering social services to children, youth and families is largely fragmented. Agencies perform assigned functions and infrequently coordinate with other state agencies.

Missouri

Organizational Structure

Under the Department of Social Services, the Division of Family Services (DFS) is responsible for providing delivery of social service programs to children and youth. DFS has seven regional offices located throughout the state and maintains an office in all of the 114 counties. The Division also assists blind and visually disabled persons through financial assistance programs and services.

Over 100 years old, the Division of Children and Youth Services (DCYS) administers correctional, probation and parole services for delinquent youth. Cases are referred to DCYS from the circuit courts, who have jurisdiction over dependent, neglected and delinquent children and youth. Historically, DCYS has exclusively been a residential care agency, meaning that committed youth received the same services regardless of needs or offenses. In recent years, with the support of national consultants and foundations such as the Edna McConnell Clark Foundation and the Annie Casey Foundation, DCYS has significantly improved its delivery system, which now offers:

- Non-residential community based services, including day treatment, intensive supervision and proctor care. These additional services have greatly strengthened DCYS's capacity to serve committed youth.

- Numerous residential programs, including youth centers, park camps and group homes supported by family therapy and aftercare services for juvenile offenders.

Health services are the responsibility of the Department of Health, which administers local health agencies, such as the Division of Injury Prevention and Head Injury Rehabilitation district offices. The bureau of Primary Care implements the Early Periodic Screening, Diagnosis and Treatment program.

The Department of Health's Division of Maternal, Child and Family Health administers numerous programs related to childhood development, including Family Planning and Prenatal Care, Child Health Conferences, Supplemental Food Program (WIC) and the Child Care Food Program among others.

Initiatives/State Legislation

Last year, the Governor created the Family Investment Trust, which

- Joins the directors of four state human service agencies in an effort to facilitate coordination and collaboration among the different departments.

Missouri continued

The Departments of Social Services, Mental Health, Elementary and Secondary Education and Health are represented in this collaborative effort.

Comments

According to state officials, some collaboration between various departments already occurs, although mostly on an ad hoc basis. For example, the Department of Social Services often contacts the Department of Health to obtain and share information, but the extent of interaction is limited.

Montana

Organizational Structure

The Department of Family Services (DFS) is responsible for all youth correctional facilities, child welfare services and youth aftercare supervision. DFS's five regional offices and 56 county departments deliver services throughout the state.

Through its various bureaus, the Department of Health and Environmental Sciences provides statewide programs in maternal and child health care, prevention of communicable diseases and other health services.

The Juvenile Corrections Division administers parole services and training centers for adjudicated delinquents. The division also operates a transition center and a youth evaluation center.

Montana's Child Support Enforcement Division works to locate nonsupporting parents. Among its various functions: Locating absent parents, establishing paternity, enforcing court support orders and disbursing child support payments.

Initiatives/State Legislation

Montana's legislature enacted the following measures in 1993:

- Establishment of a citizen's review board to assess placements of adopted children and set goals on reunification and adoption dates.

- County interdisciplinary child information teams were created, which allow youth courts, sheriffs, public school superintendents, health care providers and other public officials to form teams in order to facilitate the exchange of information on children they are serving.

- For each local service area, a local family services advisory council was established, in order to ensure a broad-based community plan for family and children services within the area. The councils serve only in an advisory capacity.

- In an effort to promote coordination among state agencies, the legislature created an interagency coordinating council charged with developing planning efforts, preventive programs and cooperative partnerships.

Comments

Montana's recent flurry of legislative activity to reform and streamline services for children, youth and families makes it one of the more progressive states in the nation.

Nebraska

Organizational Structure

Nebraska's Department of Social Services coordinates programs in child support enforcement, early childhood development, public assistance and foster care.

Children and youth health services are provided by the Department of Health's Division of Maternal and Child Health. Most of these programs administered by community agencies and county health departments.

County courts hold jurisdiction over dependent, neglected and delinquent children. The three largest counties (Douglas, Lancaster, and Sarpy) have special juvenile divisions in the county courts. The Department of Correctional Services is responsible for committed adjudicated delinquents and operating the state's two youth development centers.

State Initiatives/Legislation

In 1987, the state legislature passed the Nebraska Family Policy Act, which mandates coordination between all state agencies.

In late 1993, the Governor's Task Force Report on Welfare Reform was released. The report sets forth numerous recommendations and proposals to reform the welfare system under three categories:

- Prevention - State agencies should work collaboratively with business and industry to plan job creation and employment strategies.
- Temporary Assistance and Transition to Self-Sufficiency - These programs are simplified and time-limited. Cash assistance is provided only to recipients who participate in specific activities outlined in self-sufficiency plans.
- Ongoing Assistance and Support - This program assists persons and families with such significant physical, mental or intellectual limitations who cannot hope to achieve self-sufficiency.

In other recent legislative activity, Nebraska has enacted the following collaborative agreements and mandates:

- School-based services for children with disabilities.
- Juvenile services grant programs.
- Establishment of a health care reform task force.

Nebraska continued

Comments

Nebraska's welfare reform, if proven effective, can be used as a model for other state governments wishing to reform their welfare systems. Nebraska has a separate regional breakdown for a host of different federal, local and state programs. It is unclear whether the smooth delivery of programs and services is hindered under this organizational structure.

Nevada

Organizational Structure

Nevada's Department of Human Resources (DHR) administers social service programs for children, youth and families. The Department's Division of Child and Family Services (DCYF) was recently created to house all the programs previously administered by various agencies within DHR.

DCYF's three primary branches serve various needs:

- Family Support Services - This branch provides case management services, family preservation services and foster care recruiting/training.

- Treatment Services - Provides outpatient services, residential services and inpatient services for persons in need of acute psychiatric care. Responsibilities previously assigned to the Division of Mental Hygiene/Mental Retardation will become the sole province of this branch.

- Corrections - Responsible for youth parole programs, alternative juvenile justice programs, operating childrens homes and training centers for committed youth. Nevada has four facilities for committed youth, with one reserved for youth requiring more restrictive facilities.

Initiatives/State Legislation

In order to better serve children and families in need of welfare, health services, and/or other related services, DCYF seeks to provide single points of contact recognizable and accessible to Nevada's children and families. DCYF is establishing Centralized Intake/Specialized Assessment (CISA) Units which consist of a Centralized Intake Coordinator and a multi-disciplinary diagnostic team. Persons seeking treatment may come to a CISA office or to a DCYF locale. Eventually, DCYF hopes to operate a comprehensive centralized information, referral and assessment program for serving children, youth and families. Currently, CISA Units are operating on a limited basis due to inadequate funding and staffing, but are targeting the most severe cases to children and families most in need.

In 1991, the Nevada legislature reorganized its Department of Human Resources, abolishing its youth services division and replacing it with the Division of Child and Family Services. The purpose of this change was to avoid the overlapping and fragmentation which characterized Nevada's service delivery to children, youth and families prior to the reshuffling and to promote more integrated service delivery.

Nevada continued

Comments

DCFS's reorganization will take some time to become fully effective. But its reorganization has made it easier to engage in strategic planning with local government and private service providers. This is essential, as the changing fiscal environment brought on by lowered federal funding patterns and anticipated increases in the juvenile population requires Nevada to be more effective in serving the needs of children, youth and families.

New Hampshire

Organizational Structure

New Hampshire's Department of Health and Human Services supervises social welfare, mental health and health services for children, youth and families. Its primary agent to provide services is the Division of Children, Youth and Families (DCYF). It serves approximately 5,200 children and their families daily from an annual budget of roughly $60 million. The DCYF is composed of five bureaus which are responsible for different programs. Two of the bureaus provide most of the services.

- The Bureau of Children and Families - Twelve district offices located throughout the state provide probation and protective services for abused or neglected children. Families and/or children in need are assigned a Child Protective Service Worker (CPSW) or Juvenile Services Officer (JSO), who then works with the family to develop a case plan designed to resolve problems.

- The Bureau of Residential Services - The Bureau's Youth Development Center provides services for youth committed by the courts. It offers protective care, family reunification services, individual counseling and educational and vocational instruction.

Created in 1983, the Division of Children and Youth Services provides services for children and youth in three categories: abuse and neglect, delinquents, and children in need of services. The Division's mission is to support families and children by developing community collaborative efforts while providing services in the least intrusive manner possible.

The Division of Public Health Services administers health services to families and children and is responsible for licensing day care and residential facilities.

Comments

Private organizations provide a range of foster, group, home-based and diversion programs for youth.

New Jersey

Organizational Structure

Under New Jersey's Department of Human Services (DHS), the Division of Youth and Family Services (DYFS) offers comprehensive social services to children, youth and families. It operates through 32 district offices and is supervised by four regional offices. Responsibilities of DYFS include administering federal funding under the Social Services Block Grant, family counseling, child protection, foster care, day care, adoption and family planning. DYFS also contracts with approximately 800 public and private nonprofit provider agencies and individuals to provide community-based social services.

Two other divisions exist within DHS. The Division of Medical Assistance and Health Services provides a broad range of health care services to the state's needy children, families, elderly and disabled persons. The Division of Family Development administers the Family Development Program (FDP), which are reforms aimed at revamping the state's welfare system.

Health services are provided by the Department of Health's Division of Family Health Services. The Division offers comprehensive maternal and child health services and supervises many specialized programs. Mental health services are administered by DHS's Division of Mental Health and Hospitals. This division also contracts with private, non-profit agencies to provide a host of mental health services.

Juvenile justice matters are handled by either the county courts, the Department of Corrections (DOC) or state-funded Youth Service Boards. The courts have jurisdiction over dependent, neglected or delinquent children. DOC operates institutional, residential and parole programs, while the Youth Service Boards offer programs to deter delinquency.

Initiatives/State Legislation

In an attempt to stop the cycle of welfare dependence, FDP reforms enhanced some welfare benefits while imposing new requirements. Enhancements include:

- Extending Medicaid benefits to qualified participants who are working.
- Assisting participants or family members accepted in college or vocational training programs with tuition costs.
- Providing counseling, vocational assessment, employment skills training and other support services.

Some of the FDP requirements include:

- Requiring AFDC recipients to participate in training programs.

New Jersey continued

- Requiring recipients to earn a high school diploma or equivalency before being assigned to a vocational-related activity.

- Eliminating increases in AFDC benefits if additional children are born.

In 1992, DHS implemented strong measures to insure its efficiency and accountability. Called Management-By-Objectives, quarterly reports use outcome measure to monitor performance. Reviews are then conducted to discuss successes and resolve problems.

Comments

New Jersey also offers a computer bulletin board, 24 hours a day, 7 days a week. Called DHS Online, the service allows easier access to human services information and promotes communications between human services personnel.

New Jersey is one of nine states in a pilot program receiving federal aid to provide employment and training programs to fathers of children on AFDC. In general, New Jersey has adopted many of the measures other states are using to streamline services and coordinate service delivery.

New Mexico

Organizational Structure

New Mexico's delivery of social service programs is broken down into three departments.

- The Human Services Department is responsible for assisting people to achieve self-sufficiency and improving their socio-economic condition.

- The Department of Health administers physical and mental health programs through 43 local field offices, which includes programs for expecting mothers, disabled children, drug abuse treatment and prevention.

Juvenile justice programs are handled by the Children, Youth and Families Department, a newly created consolidated agency which has also initiated efforts to improve coordination among state social service programs and establish local government mechanisms that stress results and "cross-system" collaboration. The emphasis is on integrating services to make community level services more effective by taking the following steps:

- Measuring outcomes of programs.

- Promote accountability in the delivery of these programs.

The framework for providing the services falls into three broad categories.

- Services and supports geared toward fostering healthy early development of children, from birth to 5 years.

- Supports insuring that all children succeed in school, for the 6 to 18 age group,

- Supports to preserve vulnerable families and/or meet specialized needs of children.

The first component, providing care and services to promote healthy development in the first five years of life, attempts to bring together state agencies into a coherent service system. Specific goals for children and families during this early development period are identified. Vehicles for coordinating services seek to ensure that separate agencies are brought together to achieve these goals.

The second component, aimed at 6 to 18 year olds, develops a network of services and supports that meet the needs of children and families for health care, social services and education. By linking supports for youth to schools, New Mexico envisions families will be aided in meeting their children's needs before problems become severe. It is hoped such measures will promote healthy development and assist children to graduate from school with the necessary skills to enter the work force.

New Mexico continued

The third component provides supports to preserve vulnerable families and meet specialized needs of children through traditional state agencies. Goals include strengthening troubled families, ensuring the safety of children from abuse and providing quality substitute care for children whose parents are unable to care for them.

Comments

New Mexico's plan for improving delivery of programs for children, youth and families is to allow local entities to pursue their own "natural experiments" while setting a clear, purposeful backdrop of goals and measurable outcomes. This promotes local initiative and flexibility, which has proven most effective in providing service delivery.

New York

Organizational Structure

New York social service programs for children, youth and families are supervised by the Department of Social Services (DSS). Under DSS, the Division of Family and Children Services (DFCS) administers child welfare programs and is responsible for developing services that strengthen the ability of the family to live together in a supportive and stable environment. Its major programs include child protective services, foster care, adoption, day care, prevention services, teen pregnancy, domestic violence and refugee assistance.

New York's Department of Health supervises statewide health programs and serves about half of the state's 57 counties, with the others being run by county health departments. The Department's Center for Community Health is responsible for programs related to maternal and child health and services for disabled children. Mental health services and substance abuse programs are handled by the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities and the Office of Substance Abuse Services.

New York's Division for Youth is responsible for programs serving adjudicated delinquents and other troubled youth. Local community agencies refer troubled youth to the Division's statewide offices, who then screen youth using a system of uniform risk and needs criteria to determine the ideal facility placement. Some of the Division's functions include:

- Offering financial aid and professional help to localities to spur development of effective delinquency prevention and youth development programs.
- Providing aftercare, employment and day services to maintain youths in the community, while habilitating youth through counseling, vocational training and treatment conducted in various residential and nonresidential environments.
- Funding community organizations and agencies for educational and recreational programs aimed at detering delinquent behavior.

Initiatives/State Legislation

Established in 1977 as a state agency within the Executive Department, the New York State Council on Children and Families strives to promote more effective and coordinated service delivery. The Council is composed of commissioners and directors of thirteen state health and human service agencies. Its primary function is to identify deficiencies in service delivery and develop interagency approaches to effect more responsive and cost-effective service delivery systems. The Council works in concert with state and local organizations at the public and private sector levels.

New York continued

In another state initiative, New York's Schools in Communities Program seeks to improve student outcomes through comprehensive education, health, nutrition, and other support services needed by children and families.

North Carolina

Organizational Structure

The Department of Human Resources (DHR) supervises social service and health service programs for North Carolina's children and youth. Various divisions under DHR perform the following functions:

- The Division of Medical Assistance administers Medicaid.
- The Division of Mental Health, Developmental Disabilities and Substance Abuse Services offer treatment programs for alcohol and drug abuse.
- Vocational rehabilitation and services for the blind are handled by their respective divisions.

DHR's Division of Youth Services (DYS) is responsible for running the state's training schools and detention centers for neglected, dependent and delinquent children and youth. DYS provides funding and technical assistance to community-based programs, operates volunteer programs and manages the Eckerd Therapeutic Wilderness Camps.

Most of the state's health services are provided by the Department of Environment, Health & Natural Resources (DEHNR). DEHNR is responsible for strengthening the local health departments through monitoring communities' public health achievements. Under DEHNR, the Division of Maternal and Child Health offers numerous programs designed to promote healthy families. It also provides family planning, counseling, nutrition and prenatal care programs.

Initiatives/State Legislation

- The North Carolina Family Preservation Act of 1991 established the an Advisory Committee on Family Centered Services within DHR. The Family Preservation Act requires that all of the state's counties phase in locally-based family preservation programs over four years beginning with fiscal year 1991-1992.
- In 1993, an interagency committee was created to develop a collaborative plan to provide and pay for mental health and medical evaluations for suspected abused and/or neglected children, irrespective of their reimbursement eligibility through child protective services.

North Carolina continued

Comments

Efforts to keep families together using family preservation programs have been highly successful and cost-effective. The program has thus far enjoyed an 80% success rate, and costs much less than out-of-home placements for foster home care, (about $8,000) and residential-facility care (as much as $40,000).

North Dakota

Organizational Structure

North Dakota's Department of Human Services (DHS) oversees human service functions, family support services and vocational rehabilitation services. Under DHS, eight regional human service centers coordinate 53 county social service boards. The regional centers provide program direction, monitoring and supervision to county social service boards. Local regional coordinating committees, county administered and state supervised, provide planning and collaboration.

County social service offices are responsible for the following services related to children and families: foster care, day care, disabled children's services, child abuse and neglect, volunteer services and services to unwed parents.

Health services are provided by the Department of Health and Consolidated Laboratories (DHCL). Under DHCL, the Division of Maternal and Child Health manages health care programs for the state's children and families, and has the following responsibilities:

- Administering mother and infant care, children and youth screening and family planning.
- Sponsoring poison and accident prevention programs, and improving maternal and child health on Indian reservations.

The Division of Juvenile Services (DJS), under the Department of Corrections and Rehabilitation, operates community-based programs for probation and parole. DJS's responsibilities include:

- Providing services to delinquent and unruly juveniles, especially those who have exhausted court services or are in need of a out-of-state placement.
- Running the state's one juvenile correctional institution, the State Industrial School.

Initiatives/State Legislation

Last year North Dakota lawmakers enacted legislation requiring state agency leaders to work together to consolidate maternal and child health programs into a single agency, and to introduce legislation effecting this administrative restructuring in 1995.

North Dakota continued

Comments

State officials indicate that federal funds received through the Family Preservation and Family Support Services Program have proven effective, since the need for additional state taxes is obviated, and system-wide collaboration is enhanced.

Ohio

Organizational Structure

Two agencies offer services to children, youth, and families in Ohio.

- The Ohio Department of Human Services (ODHS) develops programs to provide cash, food, medical help and social services to needy children, youth, and families. Programs are administered at county Departments of Human Services and public children services agencies.

  The four offices within the Department all offer services to children, youth, and families. Divisions between offices is minimal and cooperation between offices can be found in various programs. For example, individuals in the JOBS training program may receive help with their child day care and transportation expenses. Medical help and child day care services may even be provided temporarily after they are employed.

- County Juvenile Courts have juvenile jurisdiction in Ohio. Youths aged 12 to 18, adjudicated of felony offenses, may be committed to the custody of the Department of Youth Services, an independent state agency. The Department operates nine facilities and provides aftercare services including counseling, educational programs, and residential foster care.

Initiatives/State Legislation

Ohio offers a number of innovative state programs including Healthchek, Healthy Start, and LEAP.

- Healthchek provides health care services for children and young people from birth to age 20. Services include well-child exams, health education, vision, hearing, and dental care. The program aims to prevent medical problems or detect them early.

- Healthy Start pays for medical services for low-income pregnant women and children up to age 11. Some families are eligible for Healthy Start even though they may not be eligible for other programs. The program covers more children each year. In a few years, the program will pay for children and youth up to age 21.

- The Learning, Earning, and Parenting (LEAP) program pays pregnant teens and teen parents if they stay in school and go to classes regularly.

Oklahoma

Organizational Structure

Two agencies offer services to children, youth, and families in Oklahoma.

- The Department of Human Services offer social services, child welfare services, financial assistance programs, and juvenile justice services. Services are provided by county offices.

- The Department of Health supervises health services such as maternal and child health programs, mental health programs, and family planning. Services are administered by local and county health departments.

Initiatives/State Legislation

- The Oklahoma Department of Human Services (DHS) completed 18 months of restructuring and decentralization during fiscal 1993. The goal of the restructuring was to reduce the number of middle managers to create a more efficient and effective system. There were three major outcomes of this restructuring.

  1) Decision-making for service delivery was transferred from a centralized system to local authority. Fifteen county offices were combined into six administrative areas.

  2) The Rehabilitation Services Division was separated from DHS and became a freestanding agency effective July 1, 1993.

  3) Effective July 1, 1992, the Legislature passed House Bill 1735 creating a separate DHS Office of Juvenile Justice. The office, formerly part of the Division of Children, Youth, and Family Services, realigned program responsibilities while still retaining some joint activities with DCYFS.

Oklahoma is in the process of several initiatives to improve service delivery.

- First, the DHS supports public-private partnerships to improve delivery. For example, a partnership between the DHS, the Urban League, and the One Church increased the total number of black children placed for adoption to 106 for fiscal year 1993.

- Second, Oklahoma is considering Electronic Benefits Transfer (EBT) to distribute payments, food stamps, and AFDC faster, more securely, and more cost

effectively. A pilot project is being run in Oklahoma County to determine the feasibility of such a system.

- Third, Oklahoma is in the process of a complete revamping of its Medicaid system. In 1992, the Interim Task Force on Medicaid and Welfare Reform developed specific recommendations for consideration by the governor and the Legislature. Based on the report of this task force, the Governor's Advisory Committee on Health Care Reform prepared a package of reforms to be considered by the Legislature. House Bill 1573 and Senate Bill 76 were passed as part of this package. These bills will transform the current fee-for-service system to managed care. The Medicaid client population will be converted to the new system by eligibility grouping over a period of several years beginning July 1, 1995. Effective January 1, 1995, the Medicaid program will be moved from DHS to the newly created Oklahoma Health Care Authority.

Oregon

Organizational Structure

The Department of Human Resources (DHR) is the umbrella organization for health and social services in the state of Oregon. Several divisions within this department offer services to children, youth, and families including the Division of Children's Services, Adult and Family Services, Mental Health and Disabled Services, Vocational Rehabilitation, the Alcohol and Drug Program, the Oregon Health Plan, the Health Division, and the Office of Juvenile Corrections.

Initiatives/State Legislation

Oregon has recently passed several laws concerning service delivery to children, youth, and families.

- First, in 1993 the Oregon legislature passed a law creating a task force to develop a family support and work development system in place of the current welfare system as part of a human investment strategy. The law requires a report to the legislature in 1994.

- Second, in 1993 the Oregon legislature reorganized children and family services, over a two- to seven- year period, by transferring duties from some state agencies to a state commission (the State Commission on Children and Families) that will adopt service goals, priorities, and outcome measures. The bill also further validates two paths Oregon is taking in service delivery - decentralization of services and service integration. The bill follows the state's trend of decentralization of service delivery by approving plans for the transfer of certain services and funding to local or regional commissions. The bill outlines characteristics of local plans to include in achieving state benchmarks, and state and county outcome measures. Further, the bill provides for financing including administration of state and local commissions and non-supplantation of county general funds. The bill forwards the state goal of service integration by suggesting a network of family resource and service centers to provide prevention and treatment as a viable local service delivery structure. The bill also provides for the development of an integrated data collection system and implementation progress reports to the legislature.

- As stated above, service integration projects are high on Oregon's agenda. These projects include collaboration within the DHS, with outside governmental organizations such as the Department of Education, and with private agencies. The state's objective is to treat an individual or family as a whole, and not just attend to isolated issues such as poverty or drug abuse or housing. The state wishes to do that by providing "one-stop shopping" for social services.

Oregon continued

An example of service delivery initiatives is the North Clackamas School District. The purpose of this project is to use a site at the Lot Whitcomb Elementary School to improve the health and mental health status of students and their families. The project addresses four benchmarks: readiness to learn, basic student skills, health care access, and teen pregnancy. Partners in the project include the Department of Human Resources, school district representatives, and Clackamas County staff. The site offers a number of services - Mental Health workers see clients from the community, a local nursing school places students at the site, a Child Services Division caseworker is assigned to the project, the Fire Marshall uses the site for interviews and evaluations of child fire starters, the local D.A.R.E. Officer operates from the site, an Adult and Family Services worker has been placed at the site, and an extensive volunteer program offers tutoring to local children.

Pennsylvania

Organizational Structure

Pennsylvania's Department of Public Welfare is responsible for most social and health services offered in the state. Five of the department's eight offices offer services to children, youth, and families. These offices are: the Office of Children, Youth, and Families (which handles the treatment of delinquent youth, adoption, foster care, day care, and child abuse); the Office of Income Maintenance; the Office of Medical Assistance Programs; the Office of Mental Health; and the Office of Mental Retardation.

Initiatives/State Legislation

Pennsylvania has adopted several innovative methods of service delivery.

- The first of these is the New Directions program implemented in 1987. In its first three years, New Directions has placed more than 122,000 former welfare recipients in full-time jobs. Each client is assessed for individual needs, and a customized employment program is created. Education programs include Adult Basic Education, literacy training, English as a second language, and General Education Development (GED). Training locations include vocational-technical schools, Job Training Partnership Act programs, community colleges, community-based organizations, and training institutions. New Directions also supports clients with extended health care benefits, child care subsidies, transportation stipends, and help with paying for work clothes and tools. This program is the combined effort of the departments of Public Welfare, Labor and Industry, and Education.

- In 1989, Pennsylvania's Drug Policy Council created PENNFREE - Pennsylvania Drug Free Community Trust Fund. The Office of Children, Youth, and Families, issue PENNFREE Family Preservation grants to counties for developing and implementing programs that maintain families of abused children. The grants provide intensive services that keep the families together and avoid placing the children in foster care. PENNFREE also funds for county programs that help families with children who require protective services because of drug and/or alcohol problems. Further, the program funds the higher cost of providing foster care of children infected with HIV.

- The Pennsylvania Department of Public Welfare also implements a student assistance program in response to increasing drug, alcohol, and mental health problems among children. The program trains school faculty members, county mental health, and drug and alcohol staff to identify students who may require evaluations.

Rhode Island

Organizational Structure

Rhode Island has three departments which offer services to children, youth, and families.

- The Department of Human Services provides community services, economic services, child support services, and some medical services.
- The Department of Health protects and promotes the health of mothers and children.
- Since 1980, Rhode Island has had a separate department, the Department of Children, Youth, and Families, which focuses on child protection. This department provides foster and shelter care, counseling and other mental health services, and youth correction and probation services.

Initiatives/State Legislation

- Rhode Island's Department of Children, Youth, and Families (DCYF) is currently undergoing a five-year reorganization to improve services the children and families. A comprehensive reorganization plan was developed in response to the Benoit Commission report, "Our Children, Our Responsibility." DCYF's reorganization plan, titled "Our Children, Our Responsibility: Phase II. Taking the Initiative," works to ensure better and more coordinated services in a family's home community. It aims to make DCYF more family-friendly and community-focused.

  According to Linda D'Amario Rossi, Director of DCYF, a decentralized organization with regional offices can deliver better services more efficiently. Part of the reorganization plan includes reducing Rhode Island's central office structure and creating four regional offices.

  The Department's reorganization also focuses on family preservation. According the Ms. Rossi, intervention should be temporary, delivered in a timely manner, and dispensed in the least intrusive and least-restrictive way possible.

  Restructuring will also focus on stronger partnerships with private sector service providers. Private providers now provide many services including group homes and substance abuse programs. The department wishes to give private sector care providers a more important role in case management.

  DCYF is also working to streamline service delivery. For example, in the juvenile justice system, social workers have been assigned to track individual cases from

Rhode Island continued

commitment to release to provide consistency in the case management process.

- In 1991, the state legislature established the Children's Cabinet to undertake inter-departmental, long range planning for integrated children's services and to function as an on-going collaborative body across department lines.

South Carolina

Organizational Structure

South Carolina delivers services to children, youth, and families though the Department of Human Services and Self-Sufficiency and the Department of Youth Services.

- The Department of Human Services and Self-Sufficiency is responsible for protective and preventive services, foster care, adult services, adoption services, economic and medical assistance, child support enforcement, and work support.

  The various agencies within the Department of Human Services and Self-Sufficiency are all represented in the Human Service Coordination Council. This body consists of the heads of agencies and works to streamline the operation of the Department.

- The Department of Youth Services provides juvenile justice services including crime prevention programs, detention/release screening, probation supervision, and aftercare supervision.

Initiatives/State Legislation

- In 1993, the Social Services system in South Carolina underwent a significant reorganization. All social service agencies were brought under the control of the governor's office. This move was made to coordinate services among the agencies by making them accountable to a single organization.

- South Carolina is also currently using a two year Kellogg Foundation Grant to reconstruct its Child Welfare System. The goal of the project is to emphasize family preservation.

- Strong community planning for state services is stressed in South Carolina. Local Departments of Health and Human Services are encouraged to set up committees to do planning at the county level. State funds are available to administer these committees. To facilitate the exchange of information between state and county governments, the state has established Interagency Coordination Councils (ICCs). These councils answer to the governor's office, not to local agencies.

- South Carolina is encouraging privatization of public services. Privatization is expanding beyond the cities into the rural regions of the state. An example of this is counseling services. The state is working to make federal Medicaid money more available to Family Counselors to encourage them to come to the state.

South Dakota

Organizational Structure

South Dakota has three separate agencies which deliver services to children, youth, and families.

- Social services are delivered by South Dakota's Department of Social Services, primarily through the Offices of Program Management and Assistance Payments. The Office of Program Management is the lead agency responsible for child welfare services including protective, foster care, adoption, day care, and in-home services. The Office's focus is on family preservation. Social workers try to offer support services to families with problems before they become too severe. Income support programs such as AFDC are operated by the Office of Assistance Payments. Services are administered by the Department's 15 multi-county services areas which are supervised by four district offices.

- South Dakota's Department of Health delivers health services to children, youth, and families through its Division of Health Services. Some services are administered directly by the Division, while others are delivered under contract to the state by county health agencies.

- In South Dakota, Circuit Courts have jurisdiction over dependent, neglected, and delinquent children, Adjudicated delinquents are referred to the Department of Corrections. Probation and aftercare services are administered by officers of the circuit court.

Initiatives/State Legislation

- South Dakota established Child Care Services under the Office of Program Management in 1991 to improve the affordability, accessibility, and quality of child care in South Dakota. Federal Child Care and Development Block Grants funds help low-income families pay for the child care they need to work or go to school. Families with children under age 13 with a family income of less than 150 percent of the federal poverty level are eligible. Families receive a child care certificate good fro a six-month period. During this time, the program can pay 20 to 90 percent of a family's child care costs, determined on a sliding-fee scale. Child Care Services also provides matching fund grants to improve the quality and accessibility of child care throughout the state. For example, Early Childhood Development grants train providers in early childhood development and Provider Training grants train providers in areas such as nutrition, first aid, and CPR.
  Child Care Services is also working with the newly-created Child Care Task Force to develop a comprehensive five-year plan for child care.

South Dakota continued

- The Family Independence Program is a comprehensive effort of the Department of Social Services, Labor, and Education to get AFDC recipients off welfare. The program focuses on AFDC recipients who have not completed high school and young parents with little work experience. The key emphasis of the program is education. AFDC recipients are required to complete their high school education or participate in a secondary education program. The program provides these families with child care, transportation, medical care, and other support services they may need while participating in education, training, and job search efforts. Child care and medical coverage are provided for up to 12 months after the family gets off AFDC to help them make the transition to self-sufficiency.

Tennessee

Organizational Structure

A number of agencies provide services to the children, youth, and families of Tennessee.

- Social services and financial aid programs are supervised by the Department of Human Services and administered through the Department's county offices.

- Health programs are supervised by the Department of Health and, for the most part, administered by regional and county health agencies.

- Mental health programs are administered by the Department of Mental Health and Mental Retardation.

- Juvenile courts have jurisdiction over delinquent youth in Tennessee. Adjudicated delinquents are placed in the custody of the Department of Youth Development.

Initiatives/State Legislation

- The Tennessee Comprehensive Area Resource Efforts (CAREs) is a demonstration comprehensive child development project which operates on the organizational philosophy that supporting the entire family by providing intensive and comprehensive services is the best way to achieve self-sufficient families. The program is administered by Tennessee State University, funded by the Administration for Children and Youth, and serves 60 families in four rural Tennessee counties.

  CAREs operates five centrally-located family resource centers which are affiliated with neighborhood schools. These centers are used to deliver program services, host activities, and conduct weekly workshops. Each participating family also receives a weekly 90-minute home visit by a CAREs caseworker. Available services include medical, dental, and prenatal care, adult education, parent education, vocational training, housing assistance, nutrition education, employment counseling, and early intervention for at-risk children.

  CAREs' staff reflects the various services offered by the program. Staff include child development specialists, educational assistants, a parent educator/teacher, a family development specialist, a human resources specialist, child welfare advocates, and various other consultants.

Texas

Organizational Structure

The Department of Health and Human Services is the umbrella organization for health and social services in Texas. The department is broken down into 11 related agencies which oversee programs administered in local offices in Texas' 254 counties. All social and health services to children, youth, and families fall under this Department. The Texas Youth Commission is a separate department which operates Texas' juvenile justice system.

Two of the major agencies which provide assistance to children, youth, and families are the Office of Client Self-Support Services and the Texas Department of Protective and Regulatory Services.

- The Office of Client Self-Support Services administers family assistance programs including AFDC, food stamps, medical coverage for children and families, employment and training for AFDC and food stamp clients, child care, and federal child nutrition and food distribution programs.

- The Texas Department of Protective and Regulatory Services manages child protective services, foster care, adoption, services to runaways and at-risk youth, and licensing of child-care facilities.

Initiatives/State Legislation

Several recent legislative measures will ease service delivery to children, youth, and families.

- In Texas' 1993 legislative session the Health and Human Services Commission was established. The Commission is an umbrella organization for Health and Human Service agencies. Its goal is to facilitate cross-agency collaboration. As a provision of this legislation, a central client database will be established.

- The Texas Commission on Children and Youth was also established in the last legislative session. This 18-member Commission will develop a comprehensive proposal to improve and coordinate programs for children and the achieve specific goals in education, health care, juvenile justice, and family services. Education goals include reducing the rate of school dropouts, increasing parental involvement and accountability, reviewing disciplinary procedures, and ensuring that all children are prepared to enter the work force upon graduation. Health related goals include increasing access for all children to basic health care, including preventive care, prenatal care, immunization, and mental health services. Juvenile justice goals include improving services for predelinquent and at-risk children, providing

Texas continued

effective supervision, treatment, and aftercare services for children in the juvenile justice system, and establishing a mechanism for cooperation among agencies that deal with juvenile crime. Family services goals include improving prevention, detection and treatment of abused or neglected children, reviewing the rules governing foster care for children, and recommending ways to provide child care for all children of working parents. The Commission is to submit a report with recommendations to the Governor, Lieutenant Governor, and the Speaker of the House no later than December 1, 1994. Recommendations will be considered in the 74th Texas Legislature which convenes in January 1995.

- The San Antonio Independent School District Family Support Program (FSP) is a school-based system to enhance the mental well-being of families. The program provides individual and group therapy, crisis intervention, a parent education program, conflict resolution, prenatal care, and preschool education and support services. Initiated in July 1990, the program is one of the four Hogg Foundation School for the Future sites. FSP serves approximately 2,500 predominately Latino children and their families at three school sites.

Comments

- Although the Department of Health and Human Services is an umbrella organization for services, there is some fragmentation within the Department because of conflicting agency guidelines. Agencies within the Department do, however, try to collaborate their efforts as much as possible. The Texas Department of Protective and Regulatory Services and the Texas Education Agency, for example, has successfully integrated state and federal funding for child care into one service delivery system. The federal government has helped by easing federal regulations. Head Start, however, is not included in this collaboration because it is federally administered.

Utah

Organizational Structure

- In Utah, social services are provided by the Department of Human Services. The agencies which service children, youth, and families include the Division of Family Services, which administers foster care, protective services, and adoption services; the Office of Family Support, which administers entitlements such as AFDC and food stamps, implements job programs and is responsible for child care programs and licensing; the Division of Services for People with Disabilities; and the Division of Mental Health.

- Health services for children, youth, and families are provided by the Division of Family Health Services (FHS) within the Department of Health. This division is responsible for maternal and child health, with emphasis on early intervention. FHS has privatized a number of its health care services which include on-site and traveling clinics, special clinics for high-risk pregnancies, and extensive campaign to promote prenatal and infant care called Baby Your Baby, and a Neonatal Follow-up Program for high-risk infants. Medicaid services are administered by the Department's Division of Health Care Financing with eligibility determined by the Department of Human Services.

- District Juvenile Courts in Utah hold jurisdiction over dependent, neglected, and delinquent children. There is interaction with the Division of Family Services in this area. Adjudicated serious delinquents are referred to the Division for alternate placement.

Initiatives/State Legislation

- Utah has developed a single parent employment program and implemented it in three cities. The purpose of the program is to transform AFDC into an employment program and to increase family income through employment and child support. The program is different from the state's current welfare system in four fundamental ways:

  1) Self-sufficiency planning occurs before AFDC eligibility determination with diversion from going on AFDC as an option. Under diversion, persons with immediate employment prospects or other sources of income are offered job placement assistance, a payment to meet immediate needs, and transitional medical and child care support services.

  2) There is universal participation in activities leading towards employment.

Utah continued

This is accomplished by individualized self-sufficiency plans. Every parent, regardless of their age or the age of their children, develops a self-sufficiency plan and participates in appropriate self-sufficiency activities. Temporary leave from active participation is provided for illness, medical problems, lack of transportation, and to search for quality child care.

3) The program works to support rather than penalize employment. The first $100 plus 45% of the remainder of earned income is disregarded when determining AFDC payments. When determining food stamps, $90 is disregarded to take into account work expenses in addition to the present disregard of 20% of earned income. Utah has also requested waivers to extend transitional Medicaid from 12 months to 24 months and extend transitional child care indefinitely based on a sliding fee schedule.

4) The program works to simplify AFDC, Food Stamps, Medicaid, and child care rules. The demonstration program requires 44 waivers in six major programs (AFDC, JOBS, Food Stamps, Medicaid, Child Care, and Child Support).

Comments

- After the first year of the program, 94% of families receiving AFDC have developed a self-sufficiency plan and are participating in appropriate activities. Thirteen percent of applicants eligible for financial assistance were diverted from ongoing AFDC assistance. Fourteen percent of those diverted returned and are receiving AFDC. Utah's Office of Family Support hopes that provisions of their demonstration program will be considered in national welfare reform.

Virginia

Organizational Structure

Virginia offers services for children, youth, and families through four departments: the Department of Social Services; the Department of Health; the Department of Mental Health, Mental Retardation, and Substance Abuse; and the Department of Youth and Family Services.

- Agencies within the Department of Social Services' Division of Service Programs are responsible for child protective services, foster care and adoption, child day care assistance, employment services, income maintenance, and child support.

- Virginia's Department of Health operates maternal and child health, family planning, crippled children's, and nutrition services. This department implements the WIC program.

- Mental health programs are operated by the Department of Mental Health, Mental Retardation, and Substance Abuse Services.

- The Department of Youth and Family Services is responsible for adjudicated delinquents in Virginia.

Initiatives/State Legislation

- A number of interagency efforts are underway to improve services to children, youth, and families. These include the Virginia Council on Coordinating Prevention, the Interagency Transition Task Force, the Mental Health Planning Council, and the Interagency Consortium of Child and Mental Health. The Council on Community Services for Youth and Families is perhaps the most visible of these groups. The council was established in 1990 when the Secretary of Health and Human Resources called for major changes in the delivery and funding of services for at risk and troubled youth and their families. The charge to the Council on Community Services for Youth and Families is to improve services for youth with emotional and/or behavior problems. With the Secretaries of Education and Public Safety, a cross-secretarial interagency council was formed to recommend creative and realistic changes for statewide implementation.

- Virginia's Department of Youth and Family Services is the state's newly formed agency on juvenile justice. In 1989, the General Assembly, through Senate bill 278, created a Department of Youth Services. The name was expanded to the Department of Youth and Family Services (DYFS) by Governor Wilder. The

Virginia continued

Department was created by separating the Division of Youth Services from the Department of Corrections. DYFS is a part of the Secretariat for Public Safety with other agencies such as the Department of Corrections and the State Police.

The Department was created to establish a service delivery system responsive to the needs of youth and families, local communities, and victims of juvenile crime. The agencies within DYFS offer a wide range of programs. Efforts range from community prevention services, aimed at youth who are "at risk" to become delinquent to the security and structure of state-operated juvenile correctional institutions. Treatment strategies range from monitoring and supervision of a youth in the home to the intensive therapeutic environment of a residential substance abuse treatment center. This diverse range of services is the result of a unique partnership of locally-, privately-, and state operated programs. These programs are supported by a variety of funding sources and mechanisms and are directed by a number of different structures and governmental agencies. Virginia sees such a system as beneficial because programs are often developed in response to local needs and interests. Currently, DYFS is working towards a system which will give localities more flexibility in providing individualized creative community-based services to youth who are at risk of residential placement.

- Virginia's "Welfare Reform Project" will encourage employment in two ways, by identifying employers who commit to hire AFDC recipients for jobs paying between $15,000 and $18,000 a year and by providing additional months of transitional child care and health care benefits.

  A second statewide project also promotes self-sufficiency. It will: enable AFDC families to save for education or home purchases by allowing the accumulation of up to $5,000 for these purposes, encourage family formation by changing the way a stepparent's income is counted, and allowing full-time high school students to continue to receive AFDC benefits until age 21.

Vermont

Organizational Structure

The Agency of Human Services is the umbrella organization for all social and health services in Vermont. Services for children, youth, and families are provided in district offices of the Agency of Human Services.

Initiatives/State Legislation

- In 1990, the Office of Child Support was created by the State Legislature to consolidate all child support activity in the Agency of Human Services.

- Reach Up is an employment, training, and educational program, primarily for AFDC parents, which promotes long-term independence from welfare. It provides AFDC parents with a broad range of services such as counseling, day care, and transportation to help them obtain jobs with benefits and security. Reach Up is administered by the Agency of Human Services, the Department of Employment and Training, and the Department of Education with support from numerous community-based organizations.

- Vermont's "Family Independence Project" (FIP) also promotes work and self-sufficiency. It allows AFDC recipients to retain more income and accumulate more assets than is allowed under federal guidelines. FIP also requires AFDC recipients to participate in community or public service jobs after they have received AFDC 30 months for most families, 15 months for families participating in the unemployed parent component of AFDC. Vermont received a federal waiver to implement this program in August 1993.

Comments

- AIRS, the Automated Information and Referral System, is a computerized directory of statewide human service information. It includes details on more than 3,000 programs and resources available in Vermont, including program descriptions, eligibility requirements, and costs (if any) for services. AIRS is available on diskettes for IBM-compatible and MAC computers.

Washington

Organizational Structure

In Washington, social, health, and juvenile justice services are provided by the Department of Social and Health Services. Within the Department, the Divisions of Medical Assistance Services, Economic Services, and Children, Youth, and Family Services offer services to children, youth, and families.

Initiatives/State Legislation

- The Family Independence Program (FIP) is a five year demonstration project which attempts to provide an alternative to the AFDC and Food Stamps programs by giving incentives to families to become self-sufficient. The program is for families with children or an unborn child, with enhanced supportive services for young parents (under 22). FIP differs from AFDC in a number of respects.

  - FIP provides continuing earnings incentives where current AFDC incentives are reduced after four months of employment.

  - FIP enrollees receive an individual assessment of their work skills and career potential.

  - FIP will continue child care and medical care for one year after an enrollee becomes ineligible as a result of increased earnings from employment.

  - FIP enrollees receive food assistance in cash rather than food stamps.

- The Family Policy Initiative, a collaborative undertaking among state agencies to improve our efforts on behalf of children and families at risk, was begun in December 1989. Five state agencies are involved, including the Department of Social and Health Services, the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Community Development, and the Employment Security Department. The initiative recognizes that families frequently have multiple and interrelated needs. It aims to: 1) consider family needs holistically, 2) achieve greater collaboration among public and private programs, and 3) focus on specific outcomes.

  The initiative stresses locally planned approaches. The Family Policy Council works through the Interagency Agreement Coordinating Committee to assist local communities in the implementation of projects consistent with the Family Policy principles. Local planning was strengthened during the 1992 legislative session when a new process under which local communities may request that state funds be decategorized and used to address pressing local issues for children and

Washington continued

families was authorized by the state legislature.

Wisconsin

Organizational Structure

In Wisconsin, social, health, and juvenile justice services are provided to children, youth, and families by the Department of Health and Social Services. Services in Wisconsin are delivered on the county level with state supervision.

Initiatives/State Legislation

- Wisconsin's welfare reform plan, "Work Not Welfare," will require most AFDC recipients to work or look for jobs. The plan promotes self-sufficiency by providing case management, employment activities, and work experience to facilitate employment. "Work Not Welfare" will limit the receipt of AFDC benefits to 24 months in a four-year period, with exceptions made in certain conditions such as lack of appropriate jobs in the local area. After a recipients benefits are exhausted, the recipient becomes ineligible for 36 months.

  Children born while a mother receives AFDC will not be counted in determining a family's AFDC benefits.

  Wisconsin received a federal waiver to implement "Work Not Welfare" in November 1993.

- Wisconsin's Learnfare program mandates school requirements for teen recipients of AFDC.

- The Department of Health and Social Service's Division of Youth Services is looking into new ways to deal with youth offenders. Effective July 1994, a corrective sanctions program will be operational in Milwaukee and two other counties. Serving 40 juveniles in Milwaukee County and 20 juveniles in the other two counties, the program places the juveniles in their home under electronic monitoring.

- The DD Network, a network of local community service providers, county case managers, and state staff has been organized to facilitate coordination between state and local agencies.

Wyoming

Organizational Structure

Two departments in Wyoming offer services to children, youth, and families.

- The Department of Family Services provides economic assistance and social services with the agency goal to provide help toward self-sufficiency. The department also has responsibility for dependent, neglected, and delinquent children. Services are provided by field offices located in each county.

- The Department of Health is the primary state agency providing health and mental health services in Wyoming.

Initiatives/State Legislation

- Wyoming has enacted a welfare reform plan which it hopes will promote self-sufficiency. It was granted a waiver of federal AFDC guidelines on September 7, 1993. Some of the plan's provisions are as follows:

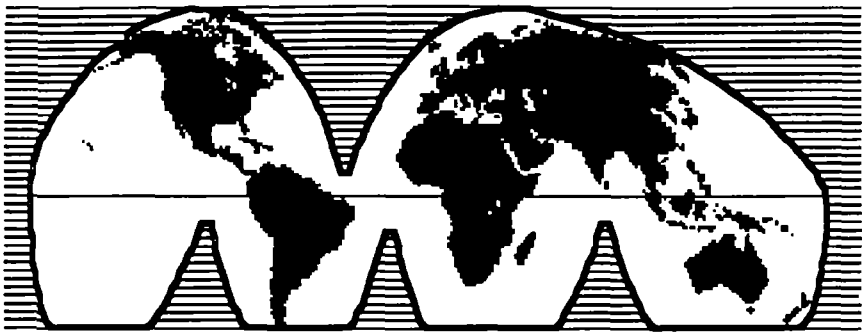
  - AFDC families with an employed parent will be allowed to accumulate $2500 in assets, rather than the current ceiling of $1000.

  - Tough penalties will promote work and school penalties: AFDC minor children who refuse to stay in school or accept suitable employment could have their monthly benefit reduced by $40, and adult AFDC recipients who are required to work or perform community service and refuse to do so face a $100 cut in their monthly benefit.

  - The plan severely restricts eligibility for adults who have completed a post-secondary educational program while on welfare.

  - Wyoming will deny payment to recipients who have confessed to or been convicted of program fraud until full restitution is made to the state.

  - Unemployed, non-custodial parents of AFDC children who do not pay child support can now be court-ordered into Wyoming's job program.



FAX IN BRIEF

TO: Mike Schmidt, Office of Domestic Affairs

FAX: 9w (202) 456-7028

FROM: Santiago R.J. Collazo (Jim)

PAGES (INCLUDING COVER): 4

Tuesday, July 19, 1994

Mike: Since the Fed. Gov. now wants resumes rather than SF171, I am sending you what I sent Eric Griego, DOC. He will be contacting me within a week or so. Thanks for your help.

Santiago R.J. Collazo
8560 - Second Ave., Apt. 416
Silver Spring, Md. 20910
(703) 440-1544 - W (301) 585-9031 - Home & Fax

July 19, 1994

Dear Sirs,

I am a Hispanic Government Employee from the **Department of the Interior** who has just completed collateral opportunities in a training program for potential supervisors named The Women's Executive Leadership Program (WEL). This curriculum was designed to identify talented and capable men and women who have supervisory potential and designed to provide training and experiences that enhances career opportunities. This program includes formal training sessions, special projects and other activities.

I was born in Puerto Rico, speak Spanish fluently, and a graduate of Boston College. I have lived on the mainland relatively all my life and I have been involved and very interested in the Hispanic and Asian Community since college in 1973 through 1977.

I am forwarding my resume to explore any possibilities of being detailed to your office within the next few months. I would also like to introduce myself and converse about my experiences, education, and professional goals. Perhaps my concerns with job opportunities for immigrants, education for minorities, vocational schools for youths, and discrimination of minority women, will be an additional subject of conversation for us.

Your time and consideration will be appreciated. I am fully flexible as to the style and time when we could meet. I also would be glad to be at your relegation for any internships or research projects in the future.

Santiago R.J. Collazo
8560 - Second Ave., Apt. 416
Silver Spring, Md. 20910
(703) 440-1544 - W (301) 585-9031 - Home & Fax

OBJECTIVE

Position as a Detailee to The Bureau of International Labor Affairs, Department of Labor, working as a contact for **NAFTA** .

PROFESSIONAL EMPLOYMENT

November 1989 to present — **BUREAU OF LAND MANAGEMENT, DOI.** Preparing a diversity of legal decisions by researching and analyzing applicable laws, regulations, and policy guidelines. Moreover, serving as a liaison to assist the public, lawyers, and oil companies and respond to them verbally and in writing.

June 1989 to November 1989 — **TRANSPORTATION MANAGEMENT DISTRICT OFFICE, MONTGOMERY COUNTY GOVERNMENT.** Identified and evaluated market trends to promote reduced traffic congestion into Silver Spring roads during heavy road utilization. Promoted participation in the Ride-Share Program by displaying products and information to employees of companies through booth and festival gatherings.

March 1988 to June 1989 — **LONG & FOSTER REAL ESTATE.** Arranged and processed contracts between buyers and sellers of Real Estate properties.

February 1987 to January 1988 — **O'KEEFE REALTY AND TRAVEL TEMPS.** Worked full-time as a Real Estate Agent and part-time as a Travel Agent.

August 1984 to January 1987 — **TRAVEL COORDINATORS .** Arranged reservations for customers traveling for business or pleasure. This required the ability to establish rapport with clients, attention to detail, and use of tact.

Volunteer June 1987 to December 1987 — **TESS COMMUNITY CENTER.** Advised Vietnamese of moderate means about housing under government assisted programs and found them housing.

EDUCATION

To begin in September 1994 — **Georgetown University Graduate School, Master's in Liberal Studies.** International Affairs

1993 - 1994 — **Women's Executive Leadership Program, OPM** . This curriculum was designed to identify talented and capable men and women who have supervisory potential and designed to provide training and experiences that enhances career opportunities. This program includes formal training sessions, special projects and other activities.

1991 — **Detailee: The Office of Territorial and International Affairs, DOI.**
Investigated and compiled pertinent Statue Authority for International Activities of the Department of Interior. Moreover, coordinated a survey of Departmental International Rosters.

1975 - 1977 — **Boston College** Major - Psychology, Minor - History, B.A.

Santiago R.J. Collazo
8560 - Second Ave., Apt. 416
Silver Spring, Md. 20910
(703) 440-1544 - W (301) 585-9031 - Home & Fax

EDUCATION (CONTINUED.)

1973 - 1975	**College of Basic Studies, University of Hartford.**	A.A.

ORGANIZATIONS

1991	The Asia Society of Washington
1989	The Smithsonian & National Geographic
1994	Office of Asia and Pacific Islanders Affair's, D.C. Government

ADDITIONAL INFORMATION

The Women's Executive Leadership Program has included:

90 Day Developmental Assignment

Voice of America , Spanish Branch. Evaluating, analyzing, and advising content and presentation of International Broadcast's to Latin America by VOA.

Four Executive Interview's

- Executive Director of the Inter-American Commission of Women, Organization of American States
- Deputy Director, Bureau of Land Management, Department of Interior
- Deputy Assistant Secretary, EEO and Civil Rights, U.S. Department of State
- The Honorable Robert Underwood, House of Representatives, U.S. Congress

Three Management Book Reviews

Television interview

"Desde Washington", with Congresswoman Ileana Ros-Lehtinen and Congressman Lincoln Diaz-Balart

SPECIAL SKILLS

Fluent in Spanish
Skill on the Macintosh Personal Computer
Typing

RESIDENCE

Lived and studied in Mexico for one year and a half.
Lived and studied in the Dominican Republic a year and a half.

June 15 - Rough Draft - Galstom mtg
Set-up
oral Rept

June 22

Mike,

Here is a sampling of our memos. We are still working on a standard, easy-to-read format. Please call and let us know what you think (301) 314-3142. Thanks!

Jennifer

Alabama

Organizational Structure

Alabama provides services to children, youth, and families on a multi-agency, multi-division basis.

- The Department of Human Resources (DHR) is respnsible for the social service needs of children. A division of DHR, Family and Children's Services, handles welfare, day care, and adoption on a county level. There are separate divisions within DHR for public assistance, child support enforcement, and food assistance.
- The Department of Public Health provides all public health services.
- The Department of Mental Health is organized into separate divisions for mental illness, mental retardation, and substance abuse.
- School related services are provided by the Department of Education.
- Juvenile delinquency prevention and rehabilitatin is the responsibility of the Department of Youth Services.

Initiatives/State Legislation

There are three initiatives in progress in Alabama:

(1) The Departments of Human Resources and Youth Services are under a consent decree to reform the current system. Their goal is to improve interagency collaboration to provide a continuum of services.

(2) The Annie E. Casey Fondation has granted $_____ million for a Family-to-Family Initiative.

(3) Multiple Needs Children legislation became law in 1993. This law states that any child who needs services from more than one agency must get them. This has required a pooling of resources among the agencies. As a result, a Multiple Needs Children Facilitation Team has been established in each of Alabama's 67 counties. Sixteen of the teams are up and running; all the remaining counties have at least appointed team members. Even though the referring agency is responsible for coordinating the resurces for a particular case, the faciitating team's objective is to preserve the family and to provide services on an individualized basis. The state is now seeking a coordinator for the teams; this person's salary will be pooled from the state agencies involved. Also by the end of April, the state will have in place an automated data collection system regarding these cases.

Florida

Organizational Structure

Florida has one agency which provides most of the services for children, youth, and families. However, other departments have responsibilities to these groups also.

- Florida has an umbrella agency, the Department of Health and Rehabilitative Services, which provides social, health, and rehabilitative services to children, youth, and families. Specifically, the services include health, substance abuse, mental health, child welfare services as well as prevention, control and treatment of juvenile delinquency and financial assistance.

- The Department of Corrections, Probation and Parole Field Services provide services for children, youth, and familes; specifically, the Deprtment of Corrections assists youths tried as adults.

Initiatives/State Legislation

The 1994 session of the Florida State Legislature considered several measures involving services to children, youth, and families:

(1) A bill passed to transfer the juvenile justice function from the Department of Health and Rehabilitative Services to its own department;

(2) Consideration was given to moving health and mental health functions from DHR to the Department of Health Care; it did not pass. This issue may resurface this summer during a special session of the state legislature.

(3) The creation of a separate Department of Child Care was also considered. The proposal was to combine the Department of Education, prekindergarten and child care services from the Department of Health and Rehabilitative Services into one department. The Auditors General will study the feasibility of the project.

(4) A proposal to create a Department for Children, Youth, and Families was considered. The measure passed the committee and Government Operations, but it died in the Appropriations Committee.

(5) Child support enforcement function were moved from DHR to the Department of Revenue.

(6) A proposal was made to create a special task force and local planning group to study how programs for children, youth and famiies can be combined so as to attract additional federal funding. This issues passed the committee and was placed on the calendar, but there it may have

died.

Comments

Federal programs do provide for much needed funding for such things as computer systems. A relaxation of federal requirements has also proved beneficial. A problem for Florida, however, is not enough support for undocumented aliens.

Texas

The Department of Health and Human Services is the umbrella organization for health and social services in Texas. The department is broken down into 11 related agencies which oversee programs administered in local offices in Texas' 254 counties. All social and health services to children, youth, and families fall under this Department.

Two of the major agencies which provide assistance to children, youth, and families are the Office of Client Self-Support Services and the Texas Department of Protective and Regulatory Services. The Office of Client Self-Support Services administers family assistance programs including AFDC, food stamps, medical coverage for children and families, employment and training for AFDC and food stamp clients, child care, and federal child nutrition and food distribution programs. The Texas Department of Protective and Regulatory Services manages child protective services, foster care, adoption, services to runaways and at-risk youth, and licensing of child-care facilities. The Texas Youth Commission is a separate agency which operates Texas' juvenile justice system.

Although the goal for the Department of Health and Human Services is self-sufficiency, there is some fragmentation within the Department because of conflicting agency guidelines. Agencies and departments in Texas do, however, try to collaborate their efforts as much as possible. The Texas Department of Protective and Regulatory Services and the Texas Education Agency, for example, has successfully integrated state and federal funding for child care into one service delivery system. The federal government has helped by easing federal regulations. Head Start, however, is not included in this collaboration because it is federally administered.

Several recent legislative measures will also ease service delivery to children youth, and families. In Texas' 1993 legislative session the Health and Human Services Commission was established. The Commission is and umbrella organization for Health and Human Service agencies whose goal is to facilitate cross-agency collaboration. As a provision of this legislation, a central client database will be established.

The Texas Commission on Children and Youth was also established in the last legislative session. This 18-member Commission will develop a comprehensive proposal to improve and coordinate programs for children and the achieve specific goals in education, health care, juvenile justice, and family services. Education goals include reducing the rate of school dropouts, increasing parental involvement and accountability, reviewing disciplinary procedures, and ensuring that all children are prepared to enter the work force upon graduation. Health related goals include increasing access for all children to basic health care, including preventive care, prenatal care, immunization, and mental health services. Juvenile justice goals include improving services for predelinquent and at-risk children, providing effective supervision, treatment, and aftercare services for children in the juvenile justice system, and establishing a mechanism for cooperation among agencies that deal with juvenile crime. Family services goals include improving prevention, detection and treatment of abused or neglected children, reviewing the rules governing foster care for children, and recommending ways to provide child care for all children of working parents. The Commission is to submit a report with recommendations to the Governor, Lieutenant Governor, and the Speaker of the House no later than December 1, 1994. Recommendations will be considered in the 74th Texas Legislature which convenes in January 1995.

South Carolina

South Carolina delivers services to children, youth, and families though the Department of Human Services and Self-Sufficiency. This office is responsible for protective and preventive services, foster care, adult services, adoption services, economic and medical assistance, child support enforcement, and work support.

The various agencies within the Office of Human Services and Self-Sufficiency are all represented in the Human Service Coordination Council. This body consists of the heads of agencies and works to streamline the operation of the Department.

In 1993, the Social Services system in South Carolina underwent a significant reorganization. All social service agencies were brought under the control of the governor's office. This move was made to coordinate services among the agencies by making them accountable to a single organization.

South Carolina is also currently using a two year Kellogg Foundation Grant to reconstruct its Child Welfare System. The goal of the project is to emphasize family preservation.

Strong community planning for state services is stressed in South Carolina. Local Departments of Health and Human Services are encouraged to set up committees to do planning at the county level. State funds are available to administer these committees. To facilitate the exchange of information between state and county governments, the state has established Interagency Coordination Councils (ICCs). These councils answer to the governor's office, not to local agencies.

South Carolina is encouraging the growing trend of privatization of public services. Privatization is expanding beyond the cities into the rural regions of the state. An example of this is counseling services. The state is working to make federal Medicaid money more available to Family Counselors to encourage them to come to the state.

The trend in South Carolina is to decentralize social services in order to let the community set up social services to meet its specific needs. The federal government had allowed this trend to happen by granting waivers of certain federal guidelines.

Maryland

Maryland provides social service programs for children, youth and families through its Department of Human Resources' Social Services Administration. Health services for children and youth are delivered by Maryland's Department of Health and Mental Hygiene. This department also provides services for family health, drug abuse, alcoholism control and persons with developmental disabilities.

Juvenile justice is handled by the Circuit Court system. Many cases are heard by hearing officers or masters rather than by judges. Adjudicated delinquents are referred by the courts to the Department of Juvenile Services, which provides intakes, probation and aftercare services.

In an effort to coordinate services and improve the delivery of social service programs for children, youth and families, Governor Schaefer created the Systems Reform Initiative (SRI). SRI seeks to support Maryland's children and families through fostering their capability to become healthy and self-sufficient. The three principles of the Initiative seek to 1) change service support delivery to children and families so that services are family focused, directed toward enhancing family strengths, 2) change decision-making from single agency to interagency decision-making, basing decisions on data and outcomes collected by collaborative governing bodies called Local Planning Entities, and 3) redirecting funds to services that support families, maximizing federal funding opportunities and interagency budgets and funding pools to family preservation services. Not yet implemented statewide, 19 of Maryland's 24 counties are full-fledged participants or have initiated plans to join SRI.

Systems reform under SRI is a interagency effort drawing upon the Department of Human Resources, Department of Juvenile Services, the Department of Health and Mental Hygiene, the Maryland State Department of Education and department of Budget and Fiscal Planning. In fiscal year 1993, SRI either met or exceeded many of its goals. Accomplishments include redirecting $12 million in interagency funds to home and community-based services, implementing interagency services in Montgomery County, serving a larger number of imminent risk children and installing an automated case record system in SRI sites, called HomeBase.

In 1993, the Subcabient for Children, Youth and Families was established. The agency is charged with providing continuing examination of the structure and delivery of social service programs for children, youth and families, and facilitating a comprehensive service delivery system for this population. It also seeks to develop a plan for interagency sharing of client information.

UNIVERSITY OF MARYLAND AT COLLEGE PARK

SCHOOL OF PUBLIC AFFAIRS

Environmental Policy Programs

Speak to Heather Ross
Bob Nelson
(301) 405-6345 (w)
(301) 656-3331 (h)

FAX TRANSMITTAL

Please deliver the following pages to:

NAME: Michael Schmidt

ADDRESS: White House

FAX NUMBER: 202-456-7028

From:

NAME: Bob Nelson

ADDRESS:

DATE: 1/13/94

Number of Pages: 3 *(including cover)*

Sending FAX Number: (301) 403-4675

If there is any problem receiving this fax please call Linda Ball at (301) 405-6351.

MESSAGE:

Good to talk with you. Hope to speak with you about this next Tuesday.

UNIVERSITY OF MARYLAND AT COLLEGE PARK

SCHOOL OF PUBLIC AFFAIRS

The Policy Analysis Workshop at the University of Maryland School of Public Affairs

As part of the masters degree programs in public policy and in public management at the University of Maryland School of Public Affairs, students do a major project for an outside client. A team of three to five students (most often four) undertake work on a voluntary basis for a client in a federal, state or local agency. Teams may also work for clients in nonprofit organizations.

This project is undertaken as the major requirement for the policy analysis workshop course. The course is offered in the second semester of the first year in the masters programs. Besides this course, the students typically continue to pursue three other courses as part of their first year curriculum.

The student teams do not physically locate at the site of the client. Clients are expected to work with teams to define a project that meets the needs of the sponsoring agency. Clients provide overall direction to the teams; assist the teams in obtaining background studies, data and other needed materials; direct the teams to people with relevant information inside and outside of the agency; and provide other guidance as needed.

The student team is responsible for producing a study, report, or other policy document that meets the needs of and is prepared under the direction of the client. Projects should enable students to apply the economic, statistical, political and other analytical skills that are obtained as part of their public policy school education. Projects should be as well defined as possible at the beginning.

There may be a co-client or a designated contact point at an agency, thus reducing the time burden on any one agency official. Clients may meet with students as few as several times over the course of the semester or more frequently. Student teams are expected to provide the client with a final briefing at the end of the project.

The project is to be completed by the end of the semester, late April or early May. As an approximation, each student will be expected to contribute about 100 person hours to the project. Thus, a team of four students might be expected to make available

in total about 400 person hours -- the equivalent of ten full time weeks of an individual's time -- to the project.

The purpose of the policy analysis workshop is to create an opportunity for students to learn the craft of policy analysis in a real world situation, while producing a product that is of genuine use to the client. It is in a sense an apprenticeship program for future policy analysts.

~~For further information, contact Professor Robert Nelson, University of Maryland School of Public Affairs, (301) 405-6345.~~

Contact: Mike Schmidt 456-2165 for more details

Sft Students 2-14

- Are Federal programs effective, reasonable — do they work

- Federalism
  - how does fed govt interact w/ state & local
  - have state & local govt been doing any innovative things

(1) How can fed Govt re-org. programs,
(2) ways we can assist/not be impediments to products

(1) inventory across 50 states of how state & local govts run programs
   - lots of agencies? one agency?
   - common forum?
   - how is fed govt interacting? how can fed govt be more helpful

(2) Set of Conclusions -- patterns, etc.

holistic problems -- fragmented programs

(copies, maybe less)

Top 1 or 2 things states are doing either w/ fed govt programs or ~~ethics~~ with their own programs
- under SPA Project, not w/ wtt

↘ Points of departure
- Nat Gov Assn,
- Inst. Ed Leadership

Juvenile Justice
welfare
Education
Family Services/Support
Transport
Ag (Food stamps, Nutrition)

- Call Rob & Ask on Phone use

also Accomodate
Advisory Council on Intergovernmental Relations

~~CACIR~~

National Assoc. of Public Admin
Encyc of Assn