

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

By:
Elaine Gaynes
Scott Reid
Jennifer Suttle

August 16, 1994

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

Across the country, state policymakers are evaluating the effectiveness of services to children, youth, and families. This evaluation is prompted as the problems faced by these groups have become increasingly complex and intractable. Factors including the breakdown of the traditional family structure and rising rates of crime among youth have led to ever-growing numbers of families who must turn to the state to for nurturing, support, and supervision. As a result, policymakers often find state social welfare delivery systems unable to meet the expanding needs of its clients.

Policymakers have often found that the effort by states to respond to welfare needs has been hindered by the organizational structure of state social welfare systems. The vast majority of current systems of delivering services to children, youth, and families have been structured within discrete categorical boundaries, usually related to professional disciplines and bureaucratic needs (Bruner 4). All too often, however, problems confronting families in crisis cross these agency boundaries and call for multi-agency solutions. In reality, mental health, child welfare, financial, and juvenile justice problems are often inextricably related. Addressing these problems calls for more flexible and comprehensive approaches which transcend rigid and distinct categories of services.

We have identified six ways in which states are redesigning their social welfare systems to better meet the needs of children, youth, and families. These are:

- 1) Organizational Structure
- 2) Family Preservation
- 3) Decentralization
- 4) Privatization
- 5) School-linked services
- 6) Coordinating Mechanisms

This paper will analyze these service delivery approaches, cite examples of states which are utilizing these approaches, offer drawbacks to each approach, and finally, evaluate why states are using each approach to improve service delivery.

Organizational Structure

In the 1970s many states attempted to improve the efficiency and effectiveness of the service delivery system for troubled children and youth. As a result, they either reorganized the agency structure by combining several services under one organization or created a new umbrella agency. This reorganization emphasized "particular categorical program units" over "a more generic service approach" (Robison 7). Today, restructuring is continuing but the reasoning is different. Reorganization is based on changing from a program-focused to an outcome-based approach, that is, building a structure that better provides for all the needs of at-risk children, youth, and families rather than pursuing a program-by-program approach.

We found that states do not organize their services uniformly. Table 1 indicates the services--income maintenance, social services, juvenile justice, health, and mental health--that are combined under one agency or department. It shows that among 48 of the states there are ten different combinations of services that are organizationally integrated:

- 1) income maintenance and social services
- 2) income maintenance, social services, juvenile justice, health, and mental health
- 3) income maintenance, social services, and juvenile justice
- 4) social services, juvenile justice, and mental health
- 5) income maintenance, social services, health, and mental health
- 6) social services and juvenile justice
- 7) income maintenance, social services, and mental health
- 8) health and mental health
- 9) social services, health, and mental health
- 10) juvenile justice and mental health

Although the formal organizational structure reveals a 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. Indeed, many states do this. 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.

Despite the past trend to integrate services, today some states are breaking the mold. For example, some states have separated or are planning to separate the juvenile justice function from the agency or department in which it is included. This is the result of the rising crime rates, especially among youth, and an increased fear of criminal acts. 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.

Structural integration of services is by no means a panacea for effective and efficient service delivery. Although we did not ask the states for the disadvantages of service integration, in 1990 the National Conference of State Legislatures reported that, despite reorganization, states had some problems. Among the problems listed were the continued lack of collaboration, incomplete integration of service delivery, and categorical funding streams which often lack flexibility to respond to individual needs (Robison 11).

Nevertheless, despite arguments for and against combining services under one agency,

the integration of services is one way in which a state government attempts to provide more effective and more efficient services to its at-risk population.

Family Preservation

The family preservation movement began in 1974 in Tacoma, Washington, with Homebuilders, a program whose underlying purpose was to keep the "original birth family intact" (MacDonald 46). The movement developed into a holistic way to address the needs of all family members. The programs deliver short-term, intensive, home-based services, and embody an optimistic, tolerant attitude toward both family structure and family functioning (MacDonald 46). Caseworkers provide various services for the family such as cash, food, assistance with advocacy groups, rent vouchers, furniture, and the like (MacDonald 46).

As Table 2 indicates, nearly all states have adopted family preservation programs. They use these programs to "bridge the gap among the different agencies serving children" (Robison and Binder 15) to reduce the high cost of out-of-home placements, to adapt to the declining number of available foster families, and to adapt to a renewed belief in the efficacy of rearing children in the family. 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-rooted problems many families face. However, most states do not regard family preservation programs as a solution to the problems of the at-risk population. Consequently, states maintain foster care programs as well as residential facilities for youth whose families suffer from problems that cannot be corrected through the intensive in-house care of social workers.

Decentralization

States administer services to children, youth, and families on two different levels: providing services directly or supervising services administered by localities or counties (Robison 15). A state may utilize one or both of these service delivery approaches, providing some services at the state level and others at the county or local level.

Although most systems are state administered with services provided directly by state employees, "a new emphasis is being given to initiatives that encourage local solutions and responses" (Robison 15). As a result, many states are seeking organizational methods which increase community and local involvement in planning and providing services (Robison 15).

Several factors may lead states to decentralize service delivery. The first is to become more responsive to local communities' needs. Second, service delivery on the county or local level makes for easier coordination and is less hindered by bureaucracy (Robison 16). Third, decentralization may reflect a pendulum effect after years of rising numbers of state and federal mandates.

We found that 15 states have a decentralized system of service planning and

administration. (See Table 2). One such state is Rhode Island. The state's Department of Children, Youth, and Families (DCYF) is currently undergoing a five-year reorganization to improve services to children and families. One of the major components of this reorganization is to decentralize service planning and administration to make them more community-focused. The state will create four regional offices. Central office structure and personnel will be dramatically reduced in order to deliver services faster, better, and cheaper (Annual Report 5). The long-term goal is to make these regional offices "self-sufficient, responsive to the needs of the community, and reflective of community values" (Annual Report 5). The central office would no longer deliver services but be a touchstone, providing coordination, support, and information (Annual Report 5).

Iowa is in the process of a less dramatic decentralization of its child welfare system. Here, as in many other states that have decentralized, additional responsibility for county governments does not mean that the counties receive additional funds. Iowa's counties are now free to combine existing federal and state programs and reinvest any savings they achieve to community-base, family-centered programs.

However, delivering services on the county or local level is not without its drawbacks. A common problem is variation in areas such as program quality, service availability, and personnel training and policies (Robison 16). Central administration ensures a certain level of statewide consistency. Decentralization programs should work to maintain this consistency. Second, a county or locally-based system may impede information gathering and communication. Provisions for state regulation, monitoring, and evaluation are critical to making a county or locally-administered system a success.

Privatization

An increasing number of states are turning to the private sector to help improve service delivery to children, youth, and families. Child mental health treatment and services to status offenders are most often contracted. Child welfare and delinquent's services are least likely to be contracted (Robison 17). We found that 22 states provide privatized services in varying degrees (See Table 2). In 1990, the states most dependent on the private sector were Arkansas, Illinois, Massachusetts, Utah, and Vermont, all of which contracted over 50 percent of their services for children, youth, and families (Robison 17). A Florida statute gives preference to contracting with the private sector over the government providing the service itself. The state must first demonstrate that a private agency cannot provide a service cost-effectively before the state can assume that service (Robison 17).

We identified three types of approaches to privatization. The first involves simply letting a private entity provide the services rather than the state. Delaware is an example of a state that contracts out much of its services. It currently contracts out about 40 percent of its services for mental health, families, and rehabilitation. Delaware is now reorganizing its contracting system. Rather than having a separate contract for each service provided, Delaware is developing a system whereby it consolidates its contracts with service providers.

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 relationship between the public and private sector. 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.

Privatization has developed as all levels of government look toward the private sector for ways to become more productive and efficient. States wish to improve the quality or cost-effectiveness of services by bringing in a factor that state agencies lack - the profit motive. In the private sector, companies which do not offer cost-effective services are driven out of the market. Therefore, private agencies are more adaptable to changing conditions and employ innovative methods of delivery without bureaucratic constraints that often characterize the public sector delivery of social services.

Privatization has its drawbacks. States have the additional cost of monitoring private agencies which deliver services. If monitoring is not adequate, private agencies may not deliver services cost-effectively.

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 as a way to make service delivery to children, youth, and their families more accessible and effective. State agencies are working to integrate services and offer all available services from one location. State agencies see schools as the logical place to offer these integrated services for a variety of reasons. First, "the school building is an easily accessible physical plant - often one of the few reasonably maintained facilities in a hard-pressed community" (Future of Children 46). Second, the school is the only institution with which every

child and family has contact (Future of Children 46). Schools also have a staff of skilled workers who come into regular contact with children and families. These relationships can be expanded to identify and respond to those in need (Future of Children 46). Third, it is a popular belief "that education is an escape route from whatever problems a child or family may confront" (Future of Children 46). Thus, "if supportive services can help ensure educational success and self-sufficiency, then the institution responsible for education should have a part in the provision of those services" (Future of Children 46).

We found that 29 states either already have a statewide program in place or are experimenting with a project in one school district in the state (See Table 2). 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 percent graduation rate compared with an overall graduation rate of 70 percent, 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.

The movement to use schools as a center to provide various services to the at-risk population is not without its critics. Some argue that schools already lack enough resources and staff to carry out their educational function without accepting responsibility to provide additional services. Opponents to school-linked services in Alabama argue that it is socialism; it is just

another way for government to get involved in people's lives.

Coordinating Mechanisms

States have devised a number of coordinating mechanisms to improve service delivery to children, youth, and families. These changes aim to make service delivery more efficient and accountable while avoiding duplication of services. The coordinating mechanisms take the form of task forces, commissions, advisory councils, and other groups which foster interagency information-sharing, coordination, and cooperation. These coordinating mechanisms strive to reorient systems away from the narrow dimensions of single agency mandates and toward the broad-based needs of children and families (Melaville and Blank 9). Often, the process starts with cooperation across agency lines and develops into more established collaborative efforts.

States are using cooperative mechanisms because services are currently fragmented. They have been structured within discrete categorical boundaries, usually related to professional disciplines and bureaucratic needs (Bruner 4). Consequently, public dollars are often expended with no meaningful effect, and service agencies fail to meet basic family needs or to lead families toward greater self-sufficiency. The needs of at-risk children rarely fall into a single category, and most agencies can offer help only after problems have reached a crisis level, when the problems are the most difficult to solve. Since children and families' problems are usually interrelated and require multiple supports from different agencies, it is increasingly apparent that flexible and comprehensive approaches that transcend agency boundaries are required (Robison and Binder 15). Our study revealed that 32 states have some method by which they coordinate to integrate services (Table 2).

Some states have passed legislation creating committees which consist of directors of

various human service agencies. This coordination at the administrative level offers a forum for the discussion of a range of issues of mutual concern and serves several purposes. First, the committees foster a sense that the problems of children and families are everyone's problems and are best handled when confronted collectively. Second, the committees allow directors to share ideas for new programs and develop strategies for cross-agency collaboration. Finally, the committees help participating agencies to better understand the various roles each plays in the child and family serving system (Bruner 9). For example, Montana recently created county interdisciplinary child information teams which allow educators, health care providers, sheriffs, and other public officials to discuss collaborative strategies and exchange information.

Other cooperative mechanisms occur at the service delivery level. Not only do agencies share information at the administrative level, but they offer services jointly. A prime example of this is the "one-stop shopping" offered when services are integrated in the schools. For example, a school-link project in Oregon offers health and mental health services, a resident social worker, an anti-drug program, and a tutoring program.

Not all states have adopted cooperative mechanisms. Some states, such as Mississippi, still maintain a largely fragmented system of service delivery. Changes are starting to take place, motivated chiefly by the lure of federal money through the Family Preservation and Support Services Program and the positive examples of other states.

There are drawbacks to coordinating mechanisms. In some instances, extensive collaboration for certain problems may only confuse the delivery of services among agencies. As a result, some problems children and families experience are best handled by a single agency. Ultimately, the interagency collaboration needs to be evaluated in terms of the outcomes it

produces in the family, as opposed to resources expended.

Conclusions

In sum, our research indicates that states employ diverse methods in providing services to at-risk children, youth, and families. Many differences in state structures arise from states formulating their systems to suit their particular demographics. Other differences reflect the extent to which state governments redesign their system of service delivery in response to fiscal constraints and service effectiveness. Despite the diversity, however, commonalities exist, and among the various methods used to integrate service delivery, family preservation, decentralization, privatization, school-linked services, and coordinating mechanisms were found to be the most prominent.

These innovative efforts, except privatization, are forms of interagency cooperation. They seek to match children and families in crisis with a host of different agencies working together to alleviate problems. Currently, all too many states cannot hope to serve children and families effectively when their rigid and distinct categories of services fail to reflect interrelated causes and solutions. Reorganization efforts are pointless unless changes in structure focus on enabling different institutions serving the same families to solve common problems (Bruner 9).

Comprehensive change cannot happen overnight, but an increasing number of states realize their current structures of service delivery for children, youth, and families are inadequate and inefficient. By observing the results of streamlined service delivery used by proactive state governments, states currently operating service delivery along discrete boundary lines are redesigning their antiquated systems to be more client-conscious and outcomes-oriented.

Table 1: Integration of State Service Delivery

Xs indicate the services that have been combined under one state agency. If there is more than one department which has integrated services, the second group is indicated with Os.

	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			

	Income Main- tainance	Social Services	Juvenile Justice	Health	Mental Health
Miss.		X	X	O	O
Missouri					
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

States which display a given trend in service delivery are denoted with an X.

	Family Preser- vation	Coord- inating Mechanism	Decentral- ization	Privatiz- ation	School- linked Services
Ala.	X	X			
Alaska	X	X			X
Arizona	X			X	
Ark.		X		X	X
Calif.	X	X	X		X
Col.	X	X	X		X
Conn.	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
Kent.	X	X		X	X
Louis.	X	X			
Maine	X	X			X
Mary.	X	X	X		X
Mass.	X			X	X
Mich.	X				
Minn.	X	X	X	X	X
Miss.	X				
Missouri	X	X		X	X

	Family Preserv- ation	Coordin- ating Mechanism	Decentral- ization	Privatiz- ation	School- linked Services
Mont.	X	X		X	X
Neb.	X	X			X
Nevada	X			X	
New H.	X			X	
New J.	X				X
New M.	X	X	X		X
New Y.	X	X	X		X
N. Car.	X	X			
N. Dak.	X	X	X		
Ohio					
Okla.				X	
Oregon	X	X	X	X	X
Penn.	X				X
Rhode I.	X	X	X	X	
S. Carol.	X	X	X	X	
S. Dak.	X			X	
Tenn.	X	X			X
Texas	X	X			X
Utah	X				X
Vermont	X				
Virginia	X	X	X	X	
Wash.	X	X	X	X	
Wisc.	X	X			X
Wyom.	X				X

Works Referenced

"Annual Report for the Fiscal Year 1991-1992 - State of Rhode Island." Department of Children, Youth and Families. 1992.

Bruner, Charles. Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services. Washington, DC: Education and Human Services Consortium, 1991.

Center for the Future of Children, The David and Lucille Packard Foundation. The Future of Children: School-Linked Services. Los Altos, CA: Center for the Future of Children, 1992.

Edelman, Peter and Beryl Radin. Serving Children and Families Effectively: How the Past Can Help Chart the Future. Washington, DC: Education and Human Services Consortium, 1991.

Melaville, Atelia and Martin Blank. What it Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services. Washington, DC: Education and Human Services Consortium, 1991.

MacDonald, Heather. "The Ideology of Family Preservation." The Public Interest Spring 1994.

Robison, Susan and Hillary Binder. "Building Bridges for Families." Public Welfare. Summer 1993.

Robison, Susan. Putting the Pieces Together: Survey of State Systems for Children in Crisis. Denver, CO: National Conference of State Legislatures, 1990.

Methodology of Research for State Reports

In response to interest from the Domestic Policy Council, we conducted a comprehensive survey to discover how states integrate services provided to children, youth, and families and what innovative approaches, if any, they are currently undertaking to accomplish this integration of services.

Using a standardized set of questions, we contacted state officials and surveyed them on methods of service integration. Often, one agency was not able to provide all the information needed. Consequently, we contacted other state employees in the same or other state agencies.

To supplement the information we accumulated by telephone, we also acquired information from various written sources, such as state published reports, academic articles and reports, and professional journals. We obtained research from organizations such as the National Conference of State Legislatures, the Education and Human Services Consortium, the Center for the Future of Children, and the Center for the Study of Social Policy.

NOTE: Because information was already available to the Domestic Policy Council on service integration in the states of Indiana and West Virginia, they are not included in this report.

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.

Sources

Lapley, Carolyn, Department of Human Resources, State of Alabama. Telephone Interview. April 1994.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

Toothaker, Harry H., Department of Education, Division of Information and Communications. Telephone Interview. July 1994.

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.

Sources

Alaska. Dept. of Health and Social Services, Div. of Family and Youth Services. Annual Report, March 1993. Juneau: Dept. of Health and Social Services, 1993.

Alaska. Dept. of Health and Social Services. Alaska's Health and Welfare: Annual Report to Our People 1993. Juneau: Dept. of Health and Social Services, 1993.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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.

Sources

Arizona. Dept. of Economic Security. Services Provided by DES. Phoenix: Dept. of Economic Security, 1994.

Marc-Aurele, Roger. Arizona Department of Economic Security. Telephone Interview. April 1994.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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 high school, and (4) reduce teen pregnancy and parenthood.

Sources

Center for the Future of Children, The David and Lucile Packard Foundation. The Future of Children: School-Linked Services. Los Altos: Center for the Future of Children, The David and Lucile Packard Foundation, 1992.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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' 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, a collaborative effort of the United Way North Los Angeles Region, the Los Angeles Educational Partnership (LAEP), and the Los Angeles Unified School District, which demonstrates 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:

Healthy Start - This statewide program was legislated in 1991 and funded with \$20 million each year for three years. The California Department of Education has responsibility for implementation of the program with oversight by the California Partnership for School-linked Services which is composed of the Superintendent of Public Instruction, representatives from the Governor's Office, cabinet-level officials, state department directors, and a group of private foundations called the Foundation Consortium for School-linked Services. The program is community-based and is committed to implementing collaborative models that integrate services for children and families using the school as the hub and making service delivery systems more comprehensive, integrated, flexible, and family-focused.

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%.

California continued

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.

Sources

Center for the Future of Children, The David and Lucile Packard Foundation. The Future of Children: School-Linked Services. Los Altos: Center for the Future of Children, The David and Lucile Packard Foundation, 1992.

Healthy Start Field Office. "Healthy Start." Davis: Univ. of Ca.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

Simmons, Robert, PhD., CHES, Office of School-Linked Services, California Department of Health Services. Telephone Interview. July 1994.

The Center for the Study of Social Policy. Improving Outcomes for California's Children: A Strategy to Build Comprehensive Community Services. Washington, D.C.: April 1994.

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.
- 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.

Sources

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

Tuffin, Sue. Colorado Department of Human Services. Telephone Interview. May 1994.

Connecticut

Organizational Structure

The State of Connecticut provides services for children, youth, and families on a multi-agency, multi-division basis. In 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 provide 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

Connecticut continued

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.

Sources

Connecticut Dept. of Social Services. A Fair Chance: Connecticut's Welfare Reform Proposal.
Hartford: Dept. of Social Services, 1994.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94.
Longmont, CO: Marian L. Peterson, 1993.

Delaware

Organizational Structure

Delaware provides services to children, youth and families on a multi-agency, multi-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, and 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.

Delaware continued

Sources

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94.
Longmont, CO: Marian L. Peterson, 1993.

Smith, Henry, Deputy Director of Division Management Services. Delaware Department of
Services for Children, Youth, and Their Families. Telephone Interview. March 1994.

Vincent, Edith, Delaware Department of Education. Telephone Interview. May 1994.

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 provides 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 legislative session to move health and mental health functions from DHR to the Department of Health Care; it did not

Florida continued

pass. The issue may resurface during a special session of the state legislature in summer 1994.

- The legislature also considered creating a separate Department of Child Care. The proposal was to combine the Department of Education and 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 and was placed on the calendar.

Comments

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

Sources

Harvard Family Research Project. Building Partnerships: Models of Family Support Education Programs. Cambridge:

Legislative Information Division, State of Florida. Telephone Interview. .April 1994.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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 division: 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. to 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 disadvantaged 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.

Georgia continued

Sources

Georgia's Initiative for Children and Families: Application to the Pew Charitable Trust for a Development Planning Grant, pp. 12-14, 63-70.

Goldberg, Joyce, Georgia Department of Human Resources, Office of Communications.
Telephone Interview April 1994.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94.
Longmont, CO: Marian L. Peterson, 1993.

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.

Sources

Gorder, Ed Van, and Brenda Hashimoto. "Hawaii Reaches Out to the Multineeds Child." Public Welfare. Summer 1992, Vol. 51, No. 3, 6-14.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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 and 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.

Sources

Idaho Dept. of Health and Welfare. 1993 Annual Report and Guide to 1994 Programs and Services. Boise: Dept. of Health and Welfare, 1994.

Idaho Dept. of Health and Welfare, Division of Family and Community Services. 1993 Status Report. Boise: Dept. of Health and Welfare, 1994.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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, homemake,r 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 and 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 the 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.

Sources

Center for the Future of Children, The David and Lucile Packard Foundation. The Future of Children: School-Linked Services. Los Altos: Center for the Future of Children, The David and Lucile Packard Foundation, 1992.

Department of Children and Family Services. "Helping Children, Savings Families."

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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 was established 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, the 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.

Sources

Bennett, Barry. Iowa Dept. of Human Services. Iowa Child Welfare Decategorization Project: A Model of Collaboration. Des Moines: Department of Human Services, 1994.

Harvard Family Research Project. Building Partnerships: Models of Family Support Education Programs. Cambridge:

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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 and 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.

Sources

Kansas Department of Social and Rehabilitation Services. Kansas Families Are Priority One. Topeka: Kansas Dept. of Social and Rehabilitation Services, 1993.

Kansas Department of Social and Rehabilitation Services. Annual Report 1992. Topeka.: Kansas Dept. of Social and Rehabilitation Services, 1993.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

The Corporation for Change. 1994 Annual Report. Topeka: 1994.

Kentucky

Organizational Structure

Coordinating Mechanism - In 1974 Kentucky legislature established The Cabinet of Human Resources, 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 from 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 parents with preschool age children.

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.

Sources

Kentucky Family Resource and Youth Services Centers, Cabinet for Human Resources. Annual Implementation Status Report FY 93. Frankfurt: 1994.

Peterson, Marian L., Editor. The National Directory of Children, Youth & Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

The Kentucky Children's Initiative: A Reform Strategy to Improve Outcomes for Children and Families. Implementation Planning Grant Application. November 8, 1993.

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 supervises 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 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.

Sources

Harrison, Judy. Louisiana Children's Cabinet. Telephone Interview.
11 April 1994.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94.
Longmont, CO: Marion L. Peterson, 1993.

Wingeiter, Isabel. Louisiana Children's Cabinet. Telephone Interview.
15 April 1994.

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 make additional payments of \$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.

Sources

Goddard, Nancy. Maine Division of Child and Family Services. Telephone Interview.
31 March 1994.

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94.
Longmont, CO: Marian L. Peterson, 1993.

Talbott, Janette. Maine Department of Human Services. Telephone Interview.
19 May 1994.

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 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 develop interagency budgets and funding pools for 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.

Sources

Harris, Glenda. Office for Children, Youth and Families. Telephone Interview.
22 February 1994.

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94.
Longmont, CO: Marion L. Peterson, 1993.

"Status of Systems Reform - Fiscal Year 1993." State of Maryland Subcabinet for Children, Youth and Families, 1993.

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.

Massachusetts continued

Sources

Boatswain, Mary. Massachusetts Department of Social Services. Telephone Interview.
15 April 1994.

Conners, James. Massachusetts Department of Social Services. Telephone Interview.
31 March 1994.

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94.
Longmont, CO: Marian L. Peterson, 1993.

"Questions and Answers" Massachusetts Department of Social Services. 1993.

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.

Michigan continued

Sources

Engler, John, Governor. "To Strengthen Michigan Families." Michigan Office of the Governor. 1992.

Labovitz, Judy. Michigan Department of Social Services. Telephone Interview. 25 April 1994.

"Let's Talk - A few words from the director." DSS Digest Michigan Department of Social Services. June 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94. Longmont, CO: Marion L. Peterson, 1993.

"State of Michigan - Biennial Report to the Legislature." Michigan Department of Social Services. 1992.

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 standard:

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 in developing 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.

Sources

"Family Services Collaboratives and Community-Based Collaboratives." Children's Cabinet-State of Minnesota. February 1994.

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

"Prevention and Intervention Funding for Minnesota's Communities." Prevention and Intervention Work Group. Fall 1993.

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.

Sources

Johnson, Joyce. Mississippi Department of Human Services. Telephone Interview.
31 March 1994.

"Mississippi Department of Human Services - Annual Report - Fiscal Year 1993." Mississippi Department of Human Services. 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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

Missouri continued

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.

Sources

"Annual Statistical Report of the Division of Children and Youth Services." Missouri Department of Social Services. 1993.

Bishop, Edward. Missouri Family Investment Trust. Telephone Interview. 22 April 1994.

"1993 Historic Overview and Program Description." Missouri Division of Youth Services. 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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.

Montana continued

Sources

McCarthy, Charlie. Department of Family Services. Telephone Interview.
15 April 1994.

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94.
Longmont, CO: Marian L. Peterson, 1993.

Racicot, Marc. Governor. Montana's 1993 Legislative Summary. 1993.

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.

Sources

"Governor's Welfare Reform Task Force Report to Governor E. Benjamin." Governor's Welfare Reform Task Force. October 1993.

Mattersbaugh, Bonnie. Nebraska Department of Social Services. Telephone Interview. 31 March 1994.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

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 children's 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.

Sources

"Division of Child and Family Services - Progress Report." Nevada Department of Human Resources. 1991.

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94. Longmont, CO: Marian L. Peterson, 1993.

Riley, Thom. Nevada Division of Child and Family Resources. Telephone Interview. 15 April 1994.

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 Hampshire continued

Sources

Morisett, Melissa. New Hampshire Departemnt of Health and Human Services. Telephone Interview. 11 April 1994.

"Report Detailing the Allocation and Distribution of DCYF 1993-94 Incentive Funds"
New Hampshire Division for Children and Youth Services. 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94.
Longmont, CO: Marion L. Peterson, 1993.

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 measures 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.

Sources

Cassidy, Kathleen. New Jersey Department of Human Services. Telephone Interview. 19 May 1994.

"County Human Services Advisory Councils." New Jersey Department of Human Services. Office of the Assistant Commissioner for Public Affairs. December 1993.

"Human Services '92." New Jersey Department of Human Services. Publications and Media Unit. 1992.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94. Longmont, CO: Marion L. Peterson, 1993.

Schmall, Phylliss. New Jersey Department of Human Services. Telephone Interview. 11 April 1994.

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.

Sources

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

"New Mexico's Children's Agenda." New Mexico Department of Children, Youth and Families. 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94. Longmont, CO: Marion L. Peterson, 1993.

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 deterring 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.

Sources

"1991 Annual and Statistical Report." New York State Department of Social Services. 1991.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94.
Longmont, CO: Marion L. Peterson, 1993.

"Summary of Selected Current Activities." New York State Council on Children and Families.
December 1992.

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 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).

Sources

"Evaluability Assessment of North Carolina's Family Preservation Services Program." The University of North Carolina at Chapel Hill - School of Social Work. December 1993.

"Family Preservation Services Annual Report 1993." North Carolina Division of Family Development. 1993.

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94. Longmont, CO: Marion L. Peterson, 1993.

Simpson, Holly. North Carolina Department of Human Resources. Telephone Interview. 23 March 1994.

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.

Sources

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

Peterson, Marion L., Editor. The National Directory of Children, Youth and Families 1993-94. Longmont, CO: Marion L. Peterson, 1993.

Schmidt, Don. North Dakota Department of Human Resources. Telephone Interview. 31 March 1994.

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

Oklahoma continued

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.

Sources

Ennis, David. Oklahoma Division of Children, Youth, and Families. Telephone Interview. 15 April 1994.

King, Shelma. Oklahoma Division of Children, Youth, and Families. Telephone Interview. 15 April 1994.

Oklahoma Department of Human Services. FY 1993 Annual Report. November 1993.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

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.

Ohio Continued

Sources

Ohio Department of Human Services. A Program Guide.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

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.

Sources

Concannon, Kevin W. Oregon Department of Human Resources. 1992 Service Integration Projects. February 1994.

Concannon, Kevin W. Oregon Department of Human Resources. 1993 Service Integration Projects. February 1994.

Concannon, Kevin W. "Service Integration: A Key Goal for 1994." Human Resources Currents. Oregon Department of Human Resources. December 1993.

Lee, Kathy. Children's Services Division, Oregon Department of Human Resources. Telephone Interview. 15 April 1994.

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

Oregon Department of Human Resources. Service Intergration. March 1994.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

Sellars, Jim. "One-Stop Services." The Council of State Governments. January 1994.

Sellars, Jim. Oregon Department of Human Resources. Telephone Interview. 28 March 1994.

Sellars, Jim and Barbara Ross. Oregon Department of Human Resources. Family Centered Human Investment Demonstration Projects. Summer 1993.

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.

Pennsylvania continued

Sources

Pennsylvania Department of Public Welfare. "A Steady Progression." 1991.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

Spear, Joe. Pennsylvania Department of Public Welfare. Telephone Interview. 15 April 1994.

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 to 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.

Sources

Matthews, Patricia. Rhode Island Department of Children, Youth, and Families. Telephone Interview. 15 April 1994.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

State of Rhode Island Children's Cabinet. "State Child System Plan 1992-1997: Taking Responsibility." December 1992.

State of Rhode Island Department of Children, Youth, and Families. Annual Report for the Fiscal Year 1991-1992.

South Carolina

Organizational Structure

South Carolina delivers services to children, youth, and families through 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 Carolina continued

Sources

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

Schakle, Joanne. South Carolina Department of Social Services. Telephone Interview. 28 March 1994.

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 for 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.

Sources

Hines, Judy. South Dakota Department of Social Services. Telephone Interview. 15 April 1994.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

South Dakota Department of Social Services. Department Structure.

Wire, Diane. South Dakota Department of Health, Division of Mental Health. Telephone Interview. 22 March 1994.

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.

Tennessee continued

Sources

National Resource Center for Family Support Programs. The Family Support Program and Comprehensive Family Support Services. "Comprehensive and Collaborative Program Models." Chicago: National Resource Center for Family Support Programs, January 1993.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

Wyrich, Sandra. Tennessee Department of Human Services. Telephone Interview. 22 March 1994.

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 effective supervision, treatment, and aftercare services

Texas continued

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.

Sources

O'Hanlan, Mary Beth. Texas Department of Human Services. Telephone Interview. 28 March 1994.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

Radle, Rod. "San Antonio Independent School District Family Support Program." Family Resource Coalition Report 1993-1994. Fall/Winter 1993.

Texas Commission on Children and Youth. Fact Sheet. 1994.

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, an 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

- In its 1993 session, the Utah legislature required the establishment of local interagency councils. It also required the State Council to expand the youth at risk prevention and early intervention program in schools.
- 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

Utah continued

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. 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.
- Utah contracts out over 50% of children, youth, and family services.

Sources

Hansen, Janet A. "Utah Single Parent Employment Demonstration Program and National Welfare Reform." Testimony given before Senate Appropriations Sub-Committee Labor, Health, and Human Services, and Education. April 11, 1994.

Hofeling, Gene. Utah Division of Family Services. Telephone Interview. 28 March 1994.

Utah continued

National Conference of State Legislatures. 1993 State Legislative Summary. Denver, CO: 1993.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

Robinson, Susan D. Putting the Pieces Together: Survey of State Systems for Children in Crisis. Denver, CO: National Conference of State Legislatures, 1990.

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.
- Vermont contracts out over 50% of services to children, youth, and families.

Vermont continued

Sources

Department of Health and Human Services - Administration for Children and Families. State Welfare Demonstrations 1993 - Fact Sheet. Washington, DC: 1993.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

Robinson, Susan D. Putting the Pieces Together: Survey of State Systems for Children in Crisis. Denver, CO: National Conference of State Legislatures. July 1990.

Vermont Agency of Human Services. "People Primer." September 1993.

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 services, 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.

Sources

Department of Health and Human Services - Administration for Children and Families. State Welfare Demonstrations 1993 - Fact Sheet. Washington, DC: 1993.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

Virginia Department of Youth and Family Services. Agency Overview. June 1992.

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.

Sources

Demich, Jeanine. Washington Division of Children and Family Services. Telephone Interview. 26 April 1994.

Joseph, Anona. Washington Children, Youth, and Family Services. Telephone Interview. 28 March 1994.

Kenny, Janet. Washington Division of Children and Family Services. Telephone Interview. 28 March 1994.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

Washington State Department of Social and Health Services. Briefing Book. January 1993.

Wolf, Priscella. Washington Department of Social and Health Services. Telephone Interview. 15 April 1994.

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 recipient's 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.

Sources

Bernard, Barbara. Wisconsin Department of Health and Social Services. Telephone Interview. 15 April 1994.

Wisconsin continued

Department of Health and Human Services - Administration for Children and Families. State Welfare Demonstrations 1993 - Fact Sheet. Washington, DC: 1993.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.

Wisconsin Department of Health and Social Services. Information Packet. March 1994.

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: 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.

Sources

Department of Health and Human Services - Administration for Children and Families. State Welfare Demonstrations 1993 - Fact Sheet. Washington, DC: 1993.

Wyoming continued

Niles, Joseph. Wyoming Department of Family Services. Telephone Interview. 27 May 1994.

Peterson, Marion L., editor. The National Directory of Children, Youth, and Families 1993-1994. Longmont, CO: Marion L. Peterson, 1993.