A FULL REPORT
FROM THE FAMILY
IMPACT SEMINAR

Coming Together
for Children
and Families

How cabinet-level collaboration
is changing state policymaking
ABOUT THE FAMILY IMPACT SEMINAR

Founded in 1976, the Family Impact Seminar (FIS) is a national, nonpartisan information and resource center on marriage and family policy. FIS provides balanced and comprehensive information, ideas, and technical assistance. It conducts studies, seminars, and roundtables on cutting-edge family issues to help public and private officials strengthen and support family life. Current activities focus on marriage, welfare reform, teen pregnancy, and fatherhood.

ABOUT THIS REPORT

This report is the summary of a study of 27 state governing bodies, called “Collaborative Councils” in this report, that were created for the purpose of improving child and family services and programs. Information was gathered in 1996-97 through phone interviews and written surveys and from reports and other materials submitted by the states. Author John Hutchins and his FIS colleagues also conducted on-site visits to four Councils: the Connecticut Commission on Children, the Kentucky Commission on Families and Children, the Ohio Family and Children First Initiative, and the Washington Family Policy Council.

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Coming Together for Children and Families: How Cabinet-Level Collaboration Is Changing State Policymaking

John Hutchins

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Without the cooperation of the many dedicated people — both in state governments and in communities — who make these initiatives work, this study could never have been completed. Thanks to them for their willingness to answer multiple written and phone surveys. The names of the many people we interviewed in the four case study states — Connecticut, Kentucky, Ohio, and Washington — are listed at the ends of those chapters.

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1. Executive Summary

Scope of the Study

In recent years, state governments have established cabinet-level governance bodies designed to give greater priority to children and family issues and to promote better coordination among government programs that serve children and families. Their proliferation reflects the growing consensus that child and family services can be improved through better coordination (if not integration) as well as the political popularity of high-profile, executive-level initiatives devoted to families and children. And, in an era of devolving responsibility for health and human services from the federal level to the states and from the states to local communities — particularly in welfare reform — these bodies are likely to take on an increasingly important role.

This report, Coming Together for Children and Families: How Cabinet-Level Collaboration is Changing State Policymaking, offers findings of a study of 27 such state governance bodies (SGBs) conducted by the Family Impact Seminar (FIS), a nonpartisan public policy institute in Washington, DC. Funded by the Annie E. Casey Foundation, the FIS study explains what functions these bodies serve, why they have increased in number so rapidly over the past five or ten years, and what organizational structures and governance practices they have developed for improving services to families and children.

To understand more fully the operations of representative SGBs, FIS selected four governance bodies — the Connecticut Commission on Children, the Kentucky Commission on Families and Children, the Ohio Family and Children First Initiative Cabinet Council, and the Washington state Family Policy Council — to be studied in greater depth during three-day site visits in 1996. In 1997 and again in late 1998, each governance body was given the opportunity to offer an update.

What Are These State Collaborative Governance Bodies?

Nearly 30 states have created some form of state collaborative governance body to coordinate child and family policy — most of them since 1990. The language found in the executive orders or authorizing legislation that defines the mandates of these state governance bodies is remarkably similar: they all seek to promote comprehensive, collaborative, community-driven child and family services. For example, the Maine Children’s Cabinet, established in 1995, seeks to “actively collaborate to create and promote coordinated policies and service delivery systems that support children, families, and communities.”

Variety of goals and activities. Despite the similarity of their mission statements, close examination of the specific goals set for each SGB illuminates the differences in their focus and strategies. The Connecticut Commission for Children’s goals emphasize its consultative, coordinating, and watchdog function (see Chapter 4). The mandate for the Washington Family Policy Council, on the other hand, is defined by particular outcomes in the areas of youth violence, teen pregnancy, teen suicide, school dropout, child abuse and
neglect, domestic violence, and substance abuse (see Chapter 7).

All of the SGBs in this report seek generally to coordinate and integrate governmental services for children and families. Some aim to overcome the inevitable duplication and gaps in services that result from categorical programming, others try to develop innovative program initiatives, and still others seek to build new systems for family services by shifting authority from the state to communities.

A typology. A given collaborative governance body reflects the idiosyncrasies of the state’s governmental and political structures, as well as the functional mandate it has been assigned. Two particular characteristics help define the basic types of SGBs described in this report: (1) whether the governance body members include only state agency heads and Governor’s office staff or other government and non-governmental representatives as well, and (2) whether the state-level governance body interacts with analogous local or regional collaborative governance bodies. The four combinations of these characteristics define the Family Impact Seminar typology of SGBs (see Table I at the end of this section).

Measures of success. Most of these governance bodies are new and untested. What will be the measure of their success? Survival of the governance structure? A reformed human services system? Particular outcomes for children and families? Higher visibility for children and family issues? Judgments of success or failure depend upon what measures of success one is using and who is using them. As several of these state governance initiatives are proving, outcome-based planning (with the requisite benchmarks and timetables) is not only complicated and time-consuming, but it also raises the standards by which initiatives and programs are judged. It would be unfair to assess all of these SGBs by one, strict (post facto) standard — say, successfully devolving responsibility for family services to local communities — that may or may not have been a part of each one’s original mission.

The bottom-line measure is this: have the lives of kids and their families improved? Even if it is too early to tell whether they have made that kind of difference, one can assess several interim measures of success: (1) has the initiative survived through political change? (2) has it been meaningfully active? (3) has it made family and kids issues more visible? (4) has it achieved interim goals — that is, increased program coordination, achieved cost savings, brought in new stakeholders?

The report offers an overview of the national picture of these governance bodies, including explanations of the predominant types and highlighting some of the crosscutting issues among the types of structures, as well as lessons these governance bodies can teach, particularly about devolution.
Advice to State Leaders

The experience of these varied state collaborative governance bodies — both successes and failures — offers lessons to state leaders interested in creating such an initiative in their state or improving an existing collaborative body. Here are a few:

Why Develop an SGB Initiative?

- **Brings in New Players.** Cabinet-level councils for child and family policy not only offer a forum for cooperation among agency heads traditionally focused on child and family services but often allow agencies not usually associated with kids — attorneys general, corrections, economic development, even tourism — to bring their unique perspectives to the table.

- **Sets a New Standard for Interagency Cooperation.** State collaborative governance bodies establish a climate in which interagency cooperation and coordination become expected behavior. They offer a unique opportunity for policymakers to communicate, plan, and work across traditional boundaries.

- **Creates Grassroots Energy.** In initiatives in which the state-level body interacts with local collaboratives, new feedback loops are created, and citizens are energized to create change in local and state service systems.

- **It’s Good Politics.** High-profile initiatives focused on children and families are politically popular.

Determining Mission and Goals

- **Put Your Money (and Other Resources) Where Your Mouth Is.** Although the mission statements of these SGBs are remarkably similar, it is the muscle and commitment behind the mandate — as measured in the fiscal and other resources devoted, the extent of the structural reform, and, perhaps most importantly, the seriousness and longevity of political will — that defines whether the body has any real impact.

- **Set Real But Reachable Goals.** The time line for a reform initiative’s success is measured in multi-year increments; political cycles are short, driven by public perceptions. Build in interim goals that can be met early in the initiative, so that stakeholders can celebrate and be motivated by real success and have accomplishments they can point to when seeking continued funding and support.

- **Don’t Overpromise.** Several states have found that an ambitious but under-funded initiative can do more harm that good by quickly sapping the strength of other, less-tangible (but often more valuable) resources, like local commitment to a reform agenda. Sometimes these initiatives are stymied by the unwieldiness of their own missions. One state’s ambitious reform plan was overwhelmed by larger political
issues, lack of follow-through, and "the grandiosity of the vision," according to one stakeholder.

Getting Started

- **Reform Is Not a Franchise Operation.** Assistance from national foundations and technical assistance providers *can* be a key factor in generating excitement about creating a collaborative governance body or a reform initiative, and continued outside funding and technical support is instrumental in keeping a promising project moving. However, the real drive for change must come from within the state.

- **Get Legislative Backing.** For these state governance bodies to even get started, they need a strong political sponsor. Generally, they begin with a governor's executive order, but that ties their authority to the transience of the particular Governor's political power. If sustained change is the goal, it is critical to get the governance body and its initiative codified in legislative language so that it becomes at least somewhat institutionalized.

- **Be Ruthlessly Bipartisan.** With or without a legislative base, successful governance structures develop and cultivate advocates in both the legislative and executive branches and in both parties.

- **Hire a Strong Staff Director.** Having strong administrative leadership within the governance body is critical. The most energetic SGB initiatives have staff directors with the vision to see the big picture, the experience to understand how bureaucratic processes work, and the acumen to deal with everyday hassles and survive political transitions. Staff directors are empowered by strong political support from governors' offices and state legislators.

- **Invest in Adequate Staff.** Insufficient staffing is a constant problem for these SGBs, many of which are staffed by part-time directors on loan from member agencies or the governor's office, leaving their ambitious agendas without the staff leadership necessary to get the job done. The most successful SGBs build a competent core staff.

- **Invest Up-front in Technical Assistance.** Resources spent on quality technical assistance to local collaboratives are never wasted. New stakeholders must be given the support they need to innovate. Expecting citizen-dominated boards to settle down quickly to complicated outcomes-based planning — something that most state agencies have never done — is unrealistic.

Developing Stakeholders

- **State Bureaucrats Are Not the Enemy.** So often, the rhetoric of reform is hostile to state agency workers — especially in those initiatives seeking to cultivate local leadership. But the mid-level bureaucrats are not only knowledgeable (and entrenched), but, if cultivated, they may be an initiative's most useful supporters.
• **Don’t Alienate Local Power Brokers.** When creating a new community collaborative governance structure, particularly one that will be citizen-dominated, be careful to balance the desire for innovation and new blood with the need to retain cooperative relationships with existing local governments and other power brokers.

• **Community Stakeholders Are Key to Grassroots Support.** For those SGB initiatives with local governance entities, the development of community collaborative bodies always takes more time, energy, and resources than expected, especially if most of the stakeholders are new to the world of social and health services. When state-level sponsorship fails, a strong local constituency can help keep an initiative alive.

**Conclusion: The Promise of SGBs in the Age of Welfare Devolution**

The welfare-to-work philosophy, implemented under strict time limits, requires the coordination of many state agencies — from income support to child care, from job training to economic development — to be successful. Certainly many of these state governance bodies with their collaborative structures and mandates would seem to be ideal sites for working out the implementation of welfare reform plans — especially considering the challenge of overcoming the traditional separation of welfare policy from child and family services. And, the state governance bodies that are involved in state-to-local devolution are creating state and local governance structures and learning lessons that can only help with the challenges of welfare reform.

However, at the time of the study (1996 through early 1997) most people involved in these SGBs were still unclear what role, if any, their governance body would play in welfare reform implementation. In fact, stakeholders at both the state and local levels in many of these states were so energized by their own devolution and service integration agendas that they were not waiting for a federally expressed mission. Even if these governance bodies have not (yet) been given explicit roles in welfare devolution, they offer significant promise for helping coordinate federal-state devolution through collaborative governance in at least three areas:

• **Models of cross-agency planning and coordination at the state level.** As welfare caseloads decline, welfare reform will increasingly be about coordinating job training, child care, substance abuse treatment, and other services for harder-to-serve welfare recipients. SGBs offer an existing model for cooperation. Ohio provides a concrete example of how Collaborative Councils can uniquely facilitate welfare reform efforts. While redefining its mission in the context of welfare reform, the Ohio Department of Human Services recognized that families on welfare would need more than jobs. To be self-sufficient, they would also need a wide range of services that would help them become healthy, stable, and educated. Not surprisingly, coordinating families’ needs in these areas is also the top policy objective of Ohio’s Collaborative Council, called the Ohio Family and Children First Initiative, which was created before welfare reform.
With such a congruence of interests, these entities are working together in a variety of ways. In 1998 they published a joint report, "101 Brilliant Ideas for Local Partnerships," that described this relationship: "With welfare reform as a catalyst, [the Department and the Initiative] have become stronger partners in a common mission of focusing public agencies on results, increasing the flexibility of public funding, and promoting increased community responsibility for neighborhoods and families."

- **Models for involving local communities, businesses, and regular citizens in planning and implementation.** In a work-based welfare system, in which job creation and job retention are the cornerstones of success, the involvement of the community — businesses, churches, nonprofits, neighborhood clubs, and youth development organizations — is critical. Ohio, Washington, Vermont, Maryland, and other states with SGBs have successfully developed strategies for attracting new stakeholders and for meaningfully involving them in planning and implementing child and family services.

- **Models of state-to-local devolution agreements.** SGBs like the Washington Family Policy Council, the Georgia Policy Council for Families and Children, and others are at the forefront of negotiating new kinds of relationships with communities in which local governance entities are given more flexibility to control child and family services in exchange for stricter accountability for the outcomes. Local governance entities are being asked to develop very detailed, multi-year strategic plans upon which performance contracts are then based.

Although it is perhaps too early to determine the overall impact of the state collaborative governance bodies described in this report on the lives of children and families, their very existence is testament to the undeniable energy in many state governments to change the way services are delivered. This spirit of reform transcends political parties; it informs both the changes in welfare policy and family support and preservation services; it combines the philosophies of family-centered service providers and consumer-based, reinventing government advocates. These collaborative governance bodies, at both the state and local level, represent the future of policy development and program administration for families and children.
Table I

Family Impact Seminar Typology of State Governance Bodies

1. **Cabinet Councils: State-level Bodies Made Up of Cabinet Officials Only**
   - Alaska Children’s Cabinet (created 1995)
   - Delaware Family Services Cabinet Council (1993)
   - Louisiana Children’s Cabinet (1992)
   - Maine Children’s Cabinet (1995)
   - Michigan “Putting It Together with Michigan’s Families” (1991)
   - Rhode Island Children’s Cabinet (1991)

2. **Networked Cabinet Councils: State-level Bodies Made Up of Cabinet Officials Only That Are Connected to Local Governance Entities**
   - Maryland Subcabinet for Children, Youth, and Families (1988)
   - Minnesota Children’s Cabinet (1992)
   - North Dakota Children’s Services Coordinating Committee (1987)
   - Ohio Family and Children First Cabinet Council (1992)
   - Utah Families, Agencies, and Communities Together (FACT) Council (1993)

3. **Stakeholder Councils: State-level Bodies Made Up of Cabinet Officials and Other Public and Private Stakeholders**
   - Connecticut Commission on Children (1985)
   - New York Council on Children and Families (1977)
   - Pennsylvania Governor’s Community Partnership for Safe Children (1995)
   - Tennessee Commission on Children and Youth (1988)

4. **Networked Stakeholder Councils: State-level Bodies Made Up of Cabinet Officials and Other Public and Private Stakeholders That Are Connected to Local Governance Entities**
   - Hawaii Good Beginnings (1996)
   - Illinois Governor’s Task Force on Human Services Reform (1993)
   - Iowa Empowerment Board (1998)
   - Kentucky Commission on Human Services Collaboration (1996)
   - Missouri Family Investment Trust (1993)
   - Oregon Commission on Children and Families (1993)
   - Vermont State Team for Children and Families (1994)
   - Washington Family Policy Council (1991)
   - West Virginia Cabinet on Children and Families (1990)
2. Overview of Study Findings

Introduction

In recent years, state governments have established a variety of governance bodies designed to give greater priority to children and family issues and to promote better coordination among government programs that serve children and families. The proliferation of these new bodies reflects the growing consensus that child and family services can be improved through better coordination (if not integration) as well as the political popularity of high-profile, Cabinet-level initiatives devoted to families and children. And, in an era of devolving responsibility for health and human services from the federal level to the states and from the states to local communities — particularly in welfare reform — these bodies are likely to take on an increasingly important role.

This report, *Coming Together for Children and Families: How Cabinet-Level Collaboration Is Changing State Policymaking*, offers findings of a study of 27 such state governance bodies (SGBs) conducted by the Family Impact Seminar (FIS), a nonpartisan public policy institute in Washington, DC. Funded by the Annie E. Casey Foundation, the FIS study explains what functions these bodies serve, why they have increased in number so rapidly over the past five or ten years, and what organizational structures, financing authority, and governance practices they have developed for improving services to families and children.

In July 1995, the Family Impact Seminar prepared an *Issue Brief* for the National Governors’ Association describing the phenomenon of these governance bodies and the scope of the planned study. From a review of recent literature and consultation with several experts and the Casey Foundation, FIS chose nearly 35 states with some form of collaborative governance unit to be surveyed by mail and phone in 1995 and 1996. Twenty-seven bodies eventually were deemed to have met the definition set by FIS for a state-level governance body — that it includes state agency secretaries as full or ex officio members, meets regularly, and has as at least part of its mission the coordination of state child and family policies and programs. In order to understand more fully the operations of these SGBs, FIS selected four governance bodies — the Connecticut Commission on Children, the Kentucky Commission on Families and Children, the Ohio Family and Children First Cabinet Council, and the Washington state Family Policy Council — to be studied in greater depth during three-day site visits in 1996. These four were chosen for several reasons: they are from different regions of the country, they represent the diversity of types of governance structures, they had not yet been studied by others, and they expressed interest in participating in the study.

From the information gathered from the phone and mail surveys and from reports and other written materials submitted by the states, FIS developed the descriptions of the governance bodies found in Chapter 3 and the case study reports in Chapters 4-7. In early 1997 and again in late 1998, each governance body was given the opportunity to offer an update.
This chapter offers the study’s overall findings. It defines the various types of state governance bodies, describes common goals, and lists representative activities. It offers an assessment of the lessons these SGBs have learned about success and failure: determining their missions, creating workable structures, dealing with politics, capitalizing on the support of funders and technical assistance providers, and enlisting the participation of stakeholders with widely divergent agendas. It concludes with some thoughts about the role of these state governance bodies in welfare reform.

The Recent Rise of State Collaborative Governance Bodies

In Washington state in 1994, state Senator Phillip Talmadge, a powerful committee chair who was retiring to take a judgeship, pushed through the legislature a sweeping Youth Violence Reduction Act. Hidden among gun control restrictions and new funding for prisons was a provision for the creation of Community Health and Safety Networks throughout the state to be governed by citizen-dominated boards. The Act outlined a bold agenda for the Networks — to create comprehensive, community-based, outcome-driven plans to reduce seven particular child and family problems, including teen pregnancy and child abuse — yet did not provide a clear mechanism for the implementation of the plans. The bill was very clear about who should serve on these Network boards (26 members, 13 of whom would be private citizens), but was far less specific about how the boundaries of these Networks should be drawn. It left the details to be worked out by the little-used Family Policy Council, a governance body made up of five cabinet secretaries, a staffer from the Governor’s office, and four legislators, that had been created by the previous governor to coordinate family policy.

At about the same time, in Texas, another strong state legislator, Senator Jim Turner, created a 38-member Commission on Children and Youth to craft bold legislative recommendations about state human services, health, and juvenile justice reform. Chaired by Turner himself, the Commission members included other legislators, business people, local officials, school administrators, and philanthropists, as well as the state agency heads as ex officio members. After two years of political maneuvering, the Commission saw its final report watered down, its principal recommendation to create local child and family commissions defeated, and its demise complete by 1995.¹

These two state-level government bodies — the Washington Family Policy Council and the Texas Commission on Children and Youth — differ in origin, structure, authority, mission, and outcome, yet they share a common context: the recent consensus that child and family services can be improved through better coordination (if not integration) and the political popularity of high-profile, cabinet-level bodies devoted to families and children.

Since the late-1980s, nearly 30 states have created some form of state collaborative governance body to coordinate child and family policy. They all seek to promote

¹ The Texas Commission on Children and Youth is not included in this study because it was already disbanded at the time of the initial surveys.
comprehensive, collaborative, community-driven child and family services. Although the New York Council on Children and Families dates back to 1977, nearly all the other bodies described in this report were created in the last ten years, many in the last five. And, while the exact origins of these bodies vary, a number of national, foundation-funded initiatives to encourage services integration and systems reform have proven critical to their development. One of these was the Council of Governors' Policy Advisors, which held a series of Policy Academies for teams of high-level state human services policy officials in 1989 and 1990. Prominent thinkers and policy developers from such organizations as the Center for the Study of Social Policy presented workshops, and the state officials were given the opportunity to caucus among themselves, which Jacqui Romer-Sensky considered a pivotal moment for her thinking about reforming child and family policy in Ohio. The Annie E. Casey Foundation, the Pew Charitable Trusts, and the Ford Foundation have provided funding to selected states for systems reform efforts. Besides CGPA, other national membership organizations, including the National Governors' Association and the Council of Chief State School Officers, as well as the U.S. Department of Health and Human Services (particularly through the Family Preservation and Support Services Program), have supported their development. The Center for the Study of Social Policy, the Child and Family Policy Center, and the National Center for Services Integration, among others, have offered invaluable theoretical thinking and practical technical assistance. Without these outside networks of funders, trainers, and supporters, many of these initiatives would not have seen the light of day. However, as important as these catalysts are, the success of any state governance body is determined largely by the initiative, resources, and political will developed by the players within the states.

This report offers an overview of the national picture of these governance bodies, including explanations of the predominant types and highlighting some of the crosscutting issues among the types of structures, as well as lessons these governance bodies can teach, particularly about devolution.

Criteria for Inclusion in the Study

At least 26 state collaborative governance bodies that coordinate child and family policy are currently or recently active. (The Colorado SGB no longer exists, an indication of the genre's precariousness). The criteria for designation as an SGB for the purposes of this study are fairly simple: a state-level governance body that includes state agency secretaries or their equivalent as full or ex officio members, meets regularly, and has as at least part of its mission the coordination of state child and family policies and programs (which could mean everything from institutionalizing interagency cooperation to services integration to comprehensive systems reform). The body may or may not have direct authority over state agency budgets (although its cabinet-level members certainly do) and may or may not interact with local governance entities. This study does not include consolidated child and family "superagencies" (for example, Minnesota's Department of Children, Families, and Learning), interagency coordinating bodies of sub-secretary-level members (like Montana's Interagency Coordinating Council for Prevention), or categorical program initiatives for child and family services.
Mission and Goals

The language found in the executive orders or authorizing legislation that defines the mandates of these state governance bodies is remarkably similar. The Maine Children’s Cabinet, established in 1995, seeks to “actively collaborate to create and promote coordinated policies and service delivery systems that support children, families, and communities.” Similarly, the Oregon Commission on Children and Families describes its vision as: “A community where everyone is committed to the well-being of children; where families are nurtured and supported; where diversity is honored; where all children and families are healthy and safe; where people live and work together and support each other.” To achieve this vision, the authorizing legislation established four goals: “creating a wellness system, creating collaborative partnerships, establish community planning, and being accountable for what we do.”

Despite the similarity of their mission statements, close examination of the specific goals set for each SGB illuminates differences in their focus and strategies. For instance, the Connecticut Commission for Children (see Chapter 4) is charged with providing information and conducting research on children and children’s programs; enlisting the support of the business and education communities, state and local governments, and the media to improve services; assessing state agency programs; and making policy recommendations to the governor and legislature. These assignments emphasize the consultative, coordinating, and watchdog function of the Commission. The mandate for the Washington Family Policy Council (see Chapter 7), on the other hand, is to oversee the development of community-based networks of citizens and service providers as they address seven defined problems: youth violence, teen pregnancy, teen suicide, school dropout, child abuse and neglect, domestic violence, and substance abuse. Here the mission is defined by particular outcomes. The Ohio Family and Children First Initiative (see Chapter 6) has four goals, three of them defined as areas of human services concentration, the last in terms of reform: (1) wellness, particularly related to prenatal care and teen pregnancy, (2) early childhood, (3) family stability or support, and (4) administrative flexibility, rule reduction, and systems reform.

Structure: A Typology

A given collaborative governance body reflects the idiosyncrasies of the state’s governmental and political structures, as well as the functional mandate it has been assigned. Two particular characteristics help define the basic types of SGBs described in this report: (1) whether the governance body members include only state agency heads and governor’s office staff or other government and non-governmental representatives as well, and (2) whether the state-level governance body interacts with analogous local or regional collaborative governance bodies. The four combinations of these characteristics define the Family Impact Seminar typology of SGBs profiled in this study (see Table I on page 7).

How do the four types of governance bodies work? Their structural differences affect
how the state-level bodies operate and how they interact with other institutions of government.

**Cabinet Councils:** A state-level body made up of cabinet officials only is a subgroup of a governor’s cabinet, comprised of the secretaries or directors of those state agencies with responsibility for families and children, including departments of human services, health, income maintenance, education, mental health, addiction services, juvenile justice, and housing and the administrative offices of management and budget. Cabinet councils also sometimes include agencies that would not immediately come to mind when thinking of kids and families: attorneys general, corrections, labor, public safety — even tourism. Cabinet councils are usually created by executive order and may be later reinforced by legislative statute. The Governor or a top executive official usually presides over the cabinet council meetings. Cabinet councils are charged with developing collaborative, coordinated, outcome-driven, state-wide strategies for child and family policies and programs; this may include drafting a common, unified Children’s Budget as in Rhode Island and Louisiana. They may accomplish their work through task forces of department directors, or the council may have a staff, often on loan from an agency or the governor’s office.

**Networked Cabinet Councils:** State-level bodies made up of cabinet officials only that are connected to local governance entities. These bodies look like the regular cabinet councils at the state level, yet they are connected to local governance entities (LGEs) at the regional, county, or community level. The LGEs may be state-wide — as in Washington or Ohio — or demonstrations — as in Kentucky and Illinois. In most cases, the local governance entities have been created in a systems reform or state-to-local devolution initiative. The LGEs, called, for example, County Councils in Ohio, are usually a mix of local state agency people, local government and school officials, and citizens who together have been charged with developing a local plan for integrating services. The local plans are then submitted to the state-level cabinet council for approval or implementation. These cabinet councils usually require larger staffs. Because of the complexity of the governance relationships involved between the councils and the LGEs, these cabinet councils and their initiatives are generally bolstered by legislative statute.

An example of this two-tiered governance structure is the Ohio Family and Children First Initiative and its Cabinet Council, one of the case study governance bodies (see Chapter 6). The Cabinet Council, which was created in 1992, includes the directors of the Departments of Alcohol and Drug Addiction Services, Budget and Management, Health, Human Services, Mental Health, Mental Retardation and Developmental Disabilities, and Youth Services, and the Superintendent of Public Instruction. The governor’s deputy chief-of-staff presides. The local governance entities, called County Councils, must include certain specific members, including county department heads, the presiding judge of the juvenile court, a representative of the largest city in the county, chair of the county commissioners or a designee, a Job Training Partnership Act (JTPA) representative, and at least three family representatives whose children have received services from two or more service systems. In addition, the County Councils are encouraged to expand their membership or create advisory groups to ensure broad community input (including, for instance, representatives from the business, religious, charitable services, philanthropic,
media, public housing, and economic development communities).

The state mandate to create County Councils was not greeted with universal acclaim, particularly since Ohio has a strong tradition of county-administered government. Many elected county commissioners at first ignored these bodies, seeing them as either irrelevant or a short-lived threat to their power. However, once the County Councils began drafting service integration plans and the state offered to disburse "Wellness Block Grants" for teen pregnancy prevention through the Councils, the commissioners pressed the legislature to make the Councils accountable to local elected officials.

In early 1996, the state-level Cabinet Council realized that the small, four-person staff could not keep up with the County Councils' demands for support and technical assistance — the development and nurturing of local governance bodies is a slow and cumbersome process. So they hired a new staff director and a 20-person "action team," made up of deputy-level staff loaned from agency departments. They also created a system of five regional coordinators and five parent involvement coordinators to assist the developing County Councils in accessing technical assistance.

**Stakeholder Councils:** State-level bodies made up of cabinet officials and other public and private stakeholders. These bodies tend to have larger memberships of public and private, state, local, and community stakeholders with the cabinet secretaries serving in an ex officio capacity. Their mandates usually include coordinating child and family services, but they are not usually the site of real executive or legislative decisionmaking. They often function as advisory commissions, offering policy analysis, public education, and opportunities for information exchange. However, although they rarely are given a reform mission, they can be very effective advocates for change and reform. The Connecticut Commission on Children, for example, which is based in the legislature, recently helped broker an agreement between a legislative leader and the Governor on making preschool universal in the state and creating a "prevention budget." As Chapter 4 describes in some detail, the Connecticut Commission on Children has become a critical player in child and family policy formation, even though it has no direct authority over either legislative appropriations or executive-branch policymaking.

**Networked Stakeholder Councils:** State-level bodies made up of cabinet officials and other public and private stakeholder members that are connected to local governance entities. Like the cabinet councils described above, these bodies are connected to LGES; however, the state-level councils include other public and private stakeholders besides cabinet secretaries — which changes the dynamic of the council members' interactions. Unlike the Ohio Cabinet Council, the Washington Family Policy Council is made up of five cabinet officials and four legislators (see Chapter 7). This type of structure offers advantages: it increases the likelihood of the legislature's buy-in to the Council's initiative and offers a site for working out differences between the executive and legislature branches. However, the council members are less likely to speak frankly in a setting in which they are politically vulnerable, making it harder for the body to be a locus of real decisionmaking. Those state governance bodies with citizen-dominated or citizen-run boards offer other challenges. The late Kentucky Commission on Families and Children was chaired by a highly respected private citizen who had a long, distinguished career of
public service, particularly in the state’s education reform efforts (see Chapter 5). However, with insufficient backing from a lame-duck Governor and his cabinet secretaries (who were not required to attend Commission meetings), the Commission had little authority or resources to fulfill its ambitious mandate.

A perfectly accurate typology of these state governance bodies would have as many categories as there are states, because each body reflects the individual political and structural context in which it is created. Even so, they share common opportunities and challenges, successes and failures, from which general lessons may be drawn.

A Wide Range of Activities and Achievements

All of the SGBs in this report seek generally to coordinate and integrate governmental services for children and families. Some aim to overcome the inevitable duplication and gaps in services that result from categorical programming, others try to develop innovative program initiatives, and still others seek to build new systems by which families and children receive services by shifting authority from the state to communities. Some of the particular activities that the SGBs are involved in include:

- **Integrating services.** The Delaware Family Services Cabinet Council has been developing a state-wide social services systems with standard in-take processes, on-line linkages, and seamless agency and jurisdictional boundaries. The Colorado Cabinet Council on Families and Children developed eight community-based family centers as pilots for integrated family services.

- **Creating state-to-local block grants.** In perhaps the most ambitious example of SGB-sponsored devolution, the Maryland Subcabinet for Children, Youth, and Families is overseeing the devolution of $55 million in child and family services funding to 24 local managing boards in FY1999. The Alaska Children’s Cabinet disburses grants from a $8.2 million Children’s Trust to community-based child abuse and neglect prevention projects. And, the Ohio Family and Children First Initiative Cabinet Council has disbursed Wellness Block Grants to 88 Family and Children First County Councils for teen pregnancy prevention efforts.

- **Establishing benchmarks and outcomes.** The Georgia Policy Council for Children and Families has established 26 benchmark goals in the following categories: healthy children, children ready for school, children succeeding in school, strong families, and self-sufficient families. Ten pilot Community Partnerships are developing comprehensive plans around these benchmarks. Thirty-six local commissions in Oregon have developed integrated plans to reach benchmarks identified by the Oregon Commission on Children and Families in the Oregon Benchmarks document. The Washington Family Policy Council has supported the development of a sophisticated Geographic Information System that can chart outcome indicators to the neighborhood block level.
• **Fostering local and regional collaboratives.** The Governor’s Task Force on Human Services Reform in Illinois is working with five community collaborative councils to develop model service integration plans. Together, they have fashioned a unique negotiation process between communities and the state human services departments to overcome problems. Missouri’s Family Investment Trust, a privately funded body that leverages state agency funds through its member agency heads, supported the development of Caring Communities in 20 counties that provide integrated, school-linked services. The Vermont State Team for Children and Families has fostered the development of 12 citizen-dominated Regional Teams to help establish operating structures that coordinate family-centered services at the state and regional levels.

• **Reforming systems.** Michigan is implementing a Systems Reform Task Force’s February 1995 findings, “Putting It Together with Michigan Families: Systems Reform for Children and Their Families,” which recommended creating a multi-purpose collaborative body to coordinate human services within each community, identifying a source of flexible funding for collaborative activities within each state agency, creating a Governor’s Innovation Trust Fund, establishing a “Barrier Busters Board” to remove barriers to collaboration, developing a single audit procedure for collaborative interagency initiatives, identifying cross-system outcomes and methods of evaluation, and providing ongoing technical assistance. Maine’s Children’s Cabinet appointed a Primary Case Management Design Team, which used automation and business principles to redesign the service delivery system.

• **Evaluating programs and saving money.** The Tennessee Commission on Children and Youth, evaluates program effectiveness, including services to children in state custody and the effect of TennCare, the state’s health care reform initiative, on severely emotionally disturbed children. The North Dakota Children’s Services Coordinating Committee, chaired by the Lt. Governor, has conducted time studies that have resulting in more than $14 million in foster care and Medicaid administrative reimbursements since 1993.

• **Changing budgeting procedures.** The Rhode Island Children’s Cabinet developed a five-year integrated children’s services plan and writes an annual children’s budget.

• **Developing innovative programs.** The Connecticut Commission on Children created the Parent Leadership Training Institute, a combination civics curriculum and advocacy/public speaking training program for mostly low-income parents.

• **Raising the profile of children’s issues.** The Governor’s Community Partnership for Safe Children in Pennsylvania, established in 1996, seeks to reduce violence by and against children and youth. The Partnership has held a series of forums across the state.

Chapter 3 offers more detailed descriptions of the origin, structure and membership, mission and goals, features and accomplishments, and contact information for each of the 27 state governance bodies.
Assessment: Lessons Learned

Most of these governance bodies are new and untested. What will be the measure of their success? Survival of the governance structure? A reformed human services system? Particular outcomes for children and families? Higher visibility for children and family issues?

In the systems reform initiatives, states are establishing clear outcome measures — for instance, Oregon’s Benchmarks and Minnesota’s Milestones. Those states with active local governance entities are trying to strike a critical balance between providing guidance and allowing local initiatives to make decisions — for example, Washington state selected seven outcomes from which each Community Network was to pick three on which to concentrate its local planning. For this and other initiatives, it is still too early to say whether the outcomes are being achieved.

Because reform initiatives and their collaborative governance bodies take time to develop, these initiatives must be able to demonstrate short-term success, too. In Ohio, the Family and Children First Initiative Cabinet Council has trumpeted several interim successes — like Help Me Grow, a splashy public education campaign on prenatal and well-baby care, and largely cosmetic red-tape reduction. It’s not enough to say — as many systems reform advocates do — that reform initiatives require at least five years of consistent political will in order to succeed because that ignores the reality of the ever-present political question: “What have you done for me lately?” In fact, a multitude of factors affect the long-term sustainability of these structures, particularly those devoted to systems reform. There seems to be an inherent tension between the time required to institutionalize real change and the much shorter cycles of electoral politics — particularly as more states institute state legislative term limits.

Judgments of success or failure depend upon what measures of success one is using and who is using them. As several of these state governance initiatives are proving, outcome-based planning (with the requisite benchmarks and timetables) is not only complicated and time-consuming, but it also raises the standards by which initiatives and programs are judged. It would be unfair to assess all of these SGBs by one, strict (post facto) standard — say, successfully devolving responsibility for family services to local communities — that may or may not have been a part of each one’s original mission.

The bottom-line measure is this: have the lives of kids and their families improved? Even if it is too early to tell whether they have made that kind of difference, one can assess several interim measures of success: (1) has the initiative survived through political change? (2) has it been meaningfully active? (3) has it made family and kids issues more visible? (4) has it achieved interim goals — that is, increased program coordination, achieved cost savings, brought in new stakeholders?

Finally, if one measure of success is to incorporate a spirit of innovation, then these
governance bodies have reason to be proud of their efforts. And, as initiatives that are trying new ways of doing things, they have many lessons to teach, some of which are described below.

**Defining the Mission and Setting the Mandate**

Although the mission statements of these SGBs are remarkably similar, it is the muscle and commitment behind the mandate — as measured in the fiscal and other resources devoted, the extent of the structural reform, and, perhaps most importantly, the seriousness and longevity of political will — that defines whether the mission is either real systems reform (at one end of the spectrum), improved services integration, or just increased political visibility for child and family issues. Each mission has value; the key is to match the requisite resources to the expressed goals. It makes no sense to embark on a government reform agenda if the state’s executive and legislative leaders are not publicly behind the effort. Similarly, a new system of citizen-dominated local governance entities must have access to well-trained and knowledgeable technical assistance providers in order to accomplish complex tasks like creating a governing board, performing community needs assessments, and writing a comprehensive service integration plan.

Several states have found that an ambitious but under-funded initiative can do more harm that good by quickly sapping the strength of other, less-tangible (but often more valuable) resources, like local commitment to a reform agenda. For instance, the Kentucky Commission on Children and Families (with encouragement and promised funding from the Pew Charitable Trust) generated a good deal of energy among several community and regional collaboratives that they were unable to sustain because of a lack of political will at the state level and a withdrawal of foundation support.

Systems reform initiatives often seek deliberately to generate real political tensions in the systems to spark change. For instance, Washington state Senator Talmadge did an end-around county governments in creating Health and Safety Networks with brand-new jurisdictions, which greatly upset some local power centers (see Chapter 7). In Ohio, the Governor’s deputy chief-of-staff Jacqui Romer-Sensky said she hoped the disbursement of new money in the form of Wellness Block Grants through the newly formed County Councils would “mix things up” (see Chapter 6). This strategy can cut both ways of course. Talmadge’s decision to make the Networks’ governing boards citizen-dominated brought needed energy into the process — and prevented entrenched powers, whether in county governments, school systems, or state agencies, from co-opting the initiative. However, later in the process, when the Network boards were creating planning documents, they found that these same power bases had to be brought in. In every reform initiative, it is important to balance the desire for innovation with the need for cooperation.

Sometimes these initiatives are stymied by the unwieldiness of their own missions. In Colorado, Governor Romer’s Cabinet Council and its ambitious reform plan was overwhelmed by larger political issues, lack of follow-through, and “the grandiosity of the vision,” according to one stakeholder. In Washington, the Family Policy Council narrowly averted a one-third funding reduction in its second year, because its efforts were associated with a failed, ambitious state health care reform effort.
Role of Outside Catalysts

The impetus for the creation of many state collaborative governance bodies came from outside the states, including from the Council of Governors' Policy Advisors' influential Policy Academies in 1989 and the early 1990s, the Pew Charitable Trust's Children's Initiative, the Casey Foundation's work on systems reform, the National Governors' Association, the Center for the Study of Social Policy, the Institute for Educational Leadership's Together We Can materials, and others. These organizations have also offered many kinds of important, ongoing support, including high-quality training and technical assistance, evaluation and research services, money for planning, opportunities to interact with similar leaders from other states, and — not insignificantly — a theoretical underpinning for innovative practices.

Prodding from outside the state can be a key factor in generating excitement about creating a collaborative governance body or a reform initiative, and continuing funding and technical support is instrumental in keeping a promising project moving. However, the real drive for change must come from within the state. The state and its stakeholders must take ownership of the initiative because it is they who will define the goals, devise the strategies, implement the plans, deal with the politics, and, most importantly, live with the results.

Consequently, the idiosyncratic political realities in each state (unique political considerations, court rulings, etc.) may confound the expectations of outside consultants and observers. That is, the energy created among some career state officials around reform issues may need to be married to the seemingly unrelated political ambitions of a policymaker — who has his or her own agenda — to make a collaborative initiative happen. The resulting body and initiative may be messy and unappealing theoretically, but be politically realistic. A good example is the mismatch between the family policy principles enunciated in the executive order establishing Washington state Family Policy Council, which grew out of the CGPA Policy Academies, and Senator Talmadge's use of a public health model for the Community Health and Safety Network planning process (see Chapter 7).

States are sometimes critical of the role of "outsider" foundations. For instance, several stakeholders in the Kentucky Commission resented the Pew Children's Initiative creating high expectations but then pulling out of their state — as did other states involved with Pew. A leader in Ohio suggested that some foundations assume that their grants give them authority over state decisionmaking and planning, which states are loathe to give up.

The Value (and Threat) of Strong Leadership

For these state governance bodies to even get started, they need a strong political sponsor. Generally, they begin with a governor's executive order, but that origin ties their authority to the transience of the particular Governor's political power. If sustained change is the goal, it is critical to get the governance body and its initiative codified in legislative language so that it becomes at least somewhat institutionalized. For example, the Kentucky Commission on Families and Children, which did not have a legislative basis, could not even survive the transition between governors of the same party.
With or without a legislative base, successful governance structures develop and cultivate advocates in both the legislative and executive branches and in both parties; otherwise their existence may rely on the whims of an individual's political fortune. For instance, the Connecticut Commission on Children, a body attached to the state legislature, has worked hard to maintain a nonpartisan standing useful to both branches of government.

Even with strong bipartisan support from both branches, sometimes it is best to hide the legislative language creating these initiatives in larger bills — like the creation of the local Networks in the Washington state Violence Prevention Act. In Ohio, the Wellness Block Grant program, created to combat teen pregnancy, was quietly attached to a large, unrelated appropriations bill. With a lower profile, advocates can get potentially controversial initiatives passed in legislatures that would not survive in stand-alone bills.

As important as political sponsorship is, having strong administrative leadership within the governance body is critical. A governance body with an ambitious reform agenda, in particular, needs a director with the vision to see the big picture, the experience to understand how bureaucratic processes work, and the political acumen to deal with the everyday hassles inherent in a collaborative initiative. The most energetic SGB initiatives we came across had just this type of leader — for instance, the Washington Family Policy Council's David Brenna, the Ohio Family and Children First Initiative's Jacqui Romer-Sensky and Linda McCart, and the Connecticut Commission on Children's Elaine Zimmerman.

Insufficient staffing is a constant problem for these SGBs, many of which are staffed by part-time directors on loan from member agencies or the governor's office, leaving their ambitious agendas without the staff leadership necessary to get the job done.

**Building Bureaucratic Support**

Enlisting the sustained commitment of the Governor and legislative leaders is tough, but the hardest, most time-consuming job is finding ways to make threatened stakeholders feel useful and appreciated, particularly mid-level state bureaucrats. So often, the rhetoric of reform is hostile to state agency workers — especially in those initiatives seeking to cultivate local leadership. But the mid-level bureaucrats are not only knowledgeable (and entrenched), but, if cultivated, they may be an initiative's most useful supporters. The Ohio Family and Children First Cabinet Council has recruited state department deputies as Initiative staff to provide technical assistance to the local County Councils. In Washington state, on the other hand, a coterie of bureaucrats who helped initiate the Family Policy Council after attending a CGPA policy academy have felt underutilized in the new Community Network initiative.

**Supporting the Local Constituency**

For those SGB initiatives with local governance entities, the development of community collaborative bodies always takes more time, energy, and resources than expected, especially if most of the stakeholders are new to the world of social and health services. Both Ohio and Washington learned the hard way not to skimp on technical assistance to local collaboratives, particularly on issues concerning board formation and administration. Both mounted remedial technical assistance efforts in the second years of their initiatives.
— at the behest of the local communities — and will seek to institutionalize ongoing support for them. The philosophy of these reform initiatives seems to argue against the state being too directive to local collaboratives. However, expecting citizen-dominated boards to settle down quickly to complicated outcomes-based planning — something that most state agencies have never done — is unrealistic.

When state-level sponsorship fails, a strong local constituency can help keep an initiative alive. Those states with local devolution initiatives are careful to develop an active local constituency that can be mobilized to prevent attacks against the reform initiative and its funding. For instance, representatives from the Community Networks in Washington state prevented the complete gutting of the Family Policy Council initiative in 1995, and the four local governance bodies in Kentucky helped forestall (for awhile, at least) the elimination of the Commission.

Advice for State Leaders

In sum, the experience of these varied state collaborative governance bodies — both successes and failures — offers lessons to state leaders interested in creating such an initiative in their state or improving an existing collaborative body. Here are a few:

Why Develop an SGB Initiative?

- **Brings in New Players.** Cabinet-level councils for child and family policy not only offer a forum for cooperation among agency heads traditionally focused on child and family services but often allow agencies not usually associated with kids — attorneys general, corrections, economic development, even tourism — to bring their unique perspectives to the table.

- **Sets a New Standard for Interagency Cooperation.** State collaborative governance bodies establish a climate in which interagency cooperation and coordination become expected behavior. They offer a unique opportunity for policymakers to communicate, plan, and work across traditional boundaries.

- **Creates Grassroots Energy.** In initiatives in which the state-level body interacts with local collaboratives, new feedback loops are created, and citizens are energized to create change in local and state service systems.

- **It’s Good Politics.** High-profile initiatives focused on children and families are politically popular.

Determining Mission and Goals

- **Put Your Money (and Other Resources) Where Your Mouth Is.** Although the mission statements of these SGBs are remarkably similar, it is the muscle and commitment behind the mandate — as measured in the fiscal and other resources
devoted, the extent of the structural reform, and, perhaps most importantly, the seriousness and longevity of political will — that defines whether the body has any real impact.

- **Set Real But Reachable Goals.** The time line for a reform initiative’s success is measured in multi-year increments; political cycles are short, driven by public perceptions. Build in interim goals that can be met early in the initiative, so that stakeholders can celebrate and be motivated by real success and have accomplishments they can point to when seeking continued funding and support.

- **Don’t Overpromise.** Several states have found that an ambitious but under-funded initiative can do more harm that good by quickly sapping the strength of other, less-tangible (but often more valuable) resources, like local commitment to a reform agenda. Sometimes these initiatives are stymied by the unwieldiness of their own missions.

**Getting Started**

- **Reform Is Not a Franchise Operation.** Assistance from national foundations and technical assistance providers can be a key factor in generating excitement about creating a collaborative governance body or a reform initiative, and continued outside funding and technical support is instrumental in keeping a promising project moving. However, the real drive for change must come from within the state.

- **Get Legislative Backing.** For these state governance bodies to even get started, they need a strong political sponsor. Generally, they begin with a governor’s executive order, but that ties their authority to the transience of the particular Governor’s political power. If sustained change is the goal, it is critical to get the governance body and its initiative codified in legislative language so that it becomes at least somewhat institutionalized.

- **Be Ruthlessly Bipartisan.** With or without a legislative base, successful governance structures develop and cultivate advocates in both the legislative and executive branches and in both parties.

- **Hire a Strong Staff Director.** Having strong administrative leadership within the governance body is critical. The most energetic SGB initiatives have staff directors with the vision to see the big picture, the experience to understand how bureaucratic processes work, and the acumen to deal with everyday hassles and survive political transitions. Staff directors are empowered by strong political support from governors’ offices and state legislators.

- **Invest in Adequate Staff.** Insufficient staffing is a constant problem for these SGBs, many of which are staffed by part-time directors on loan from member agencies or the governor’s office, leaving their ambitious agendas without the staff leadership necessary to get the job done. The most successful SGBs build a competent core staff.
• **Invest Up-front in Technical Assistance.** Resources spent on quality technical assistance to local collaboratives are never wasted. New stakeholders must be given the support they need to innovate. Expecting citizen-dominated boards to settle down quickly to complicated outcomes-based planning — something that most state agencies have never done — is unrealistic.

**Developing Stakeholders**

• **State Bureaucrats Are Not the Enemy.** So often, the rhetoric of reform is hostile to state agency workers — especially in those initiatives seeking to cultivate local leadership. But the mid-level bureaucrats are not only knowledgeable (and entrenched), but, if cultivated, they may be an initiative’s most useful supporters.

• **Don’t Alienate Local Power Brokers.** When creating a new community collaborative governance structure, particularly one that will be citizen-dominated, be careful to balance the desire for innovation and new blood with the need to retain cooperative relationships with existing local governments and other power brokers.

• **Community Stakeholders Are Key to Grassroots Support.** For those SGB initiatives with local governance entities, the development of community collaborative bodies always takes more time, energy, and resources than expected, especially if most of the stakeholders are new to the world of social and health services. When state-level sponsorship fails, a strong local constituency can help keep an initiative alive.

**Conclusion: The Promise of SGBs in the Age of Welfare Devolution**

The welfare-to-work philosophy, implemented under strict time limits, requires the coordination of many state agencies — from income support to child care, from job training to economic development — to be successful. Certainly many of these state governance bodies with their collaborative structures and mandates would seem to be ideal sites for working out the implementation of welfare reform plans — especially considering the challenge of overcoming the traditional separation of welfare policy from child and family services. And, the state governance bodies that are involved in state-to-local devolution are creating state and local governance structures and learning lessons that can only help with the challenges of welfare reform.

Interestingly enough, however, at the time of the study (1996 through February 1997) most people involved in these SGBs were still unclear what role, if any, their governance body would play in welfare reform implementation. In fact, stakeholders at both the state and local levels in many of these states were so energized by their own devolution and service integration agendas that they were not waiting for a federally expressed mission. Even if these governance bodies have not (yet) been given explicit roles in welfare devolution, they offer significant promise for helping coordinate federal-state devolution through collaborative governance in at least three areas:
• **Models of cross-agency planning and coordination at the state level.** As welfare caseloads decline, welfare reform will increasingly be about coordinating job training, child care, substance abuse treatment, and other services for harder-to-serve welfare recipients. SGBs offer an existing model for cooperation. Ohio provides a concrete example of how Collaborative Councils can uniquely facilitate welfare reform efforts. While redefining its mission in the context of welfare reform, the Ohio Department of Human Services recognized that families on welfare would need more than jobs. To be self-sufficient, they would also need a wide range of services that would help them become healthy, stable, and educated. Not surprisingly, coordinating families’ needs in these areas is also the top policy objective of Ohio’s Collaborative Council, called the Ohio Family and Children First Initiative, which was created before welfare reform. With such a congruence of interests, these entities are working together in a variety of ways. In 1998 they published a joint report, “101 Brilliant Ideas for Local Partnerships,” that described this relationship: “With welfare reform as a catalyst, [the Department and the Initiative] have become stronger partners in a common mission of focusing public agencies on results, increasing the flexibility of public funding, and promoting increased community responsibility for neighborhoods and families.”

• **Models for involving local communities, businesses, and regular citizens in planning and implementation.** In a work-based welfare system, in which job creation and job retention are the cornerstones of success, the involvement of the community — businesses, churches, nonprofits, neighborhood clubs, and youth development organizations — is critical. Ohio, Washington, Vermont, Maryland, and other states have successfully developed strategies for attracting new stakeholders and for meaningfully involving them in planning and implementing child and family services.

• **Models of state-to-local devolution agreements.** SGBs like the Washington Family Policy Council, the Georgia Policy Council for Families and Children, and others are at the forefront of negotiating new kinds of relationships with communities in which local governance entities are given more flexibility to control child and family services in exchange for stricter accountability for the outcomes. Local governance entities are being asked to develop very detailed, multi-year strategic plans upon which performance contracts are then based. Although it is perhaps too early to determine the overall impact of the state collaborative governance bodies described in this report on the lives of children and families, their very existence is testament to the undeniable energy in many state governments to change the way services are delivered. This spirit of reform transcends political parties; it informs both the changes in welfare policy and family support and preservation services; it combines the philosophies of family-centered service providers and consumer-based, reinventing government advocates. Collaborative governance bodies, at both the state and local level, represent the future of policy development and program administration for families and children.
(as of July-August 1998)

Alaska — Children’s Cabinet
Origin: Appointed spring 1995 by Governor Tony Knowles (D). No authorizing executive order or legislation.
Structure/Membership: Lieutenant Governor, state Attorney General, state Budget Director, and the Commissioners of Health and Social Services, Education, Corrections, Public Safety, and Community and Regional Affairs. Staffed by a special assistant in the Department of Community and Regional Affairs.
Mission/Goals: Supporting “the developmental stages of children, beginning with 0-6 years of age”; promoting local, collaborative, and measurable initiatives.
Features/Accomplishments: In three years, the principal of the Alaska Children’s Trust (ACT) has grown from an initial $6 million legislative appropriation to $8.2 million. The ACT supports community-based initiatives aimed at strengthening families and protecting children. This year, $285,000 in interest earnings on the trust was distributed to 15 prevention programs in 13 communities statewide. In addition, Gov. Tony Knowles and the Children’s Cabinet last year introduced Smart Start for Alaska’s Children, a $32 million initiative aimed at reducing child abuse and neglect through better health care, expanded prevention efforts, and improved protective services. As a result of Alaska’s statewide Education Summit in 1996, the governor introduced the Quality Schools Initiative. The initiative was based on standards and assessment for students in reading, writing, and math. The comprehensive student assessment system became law and will be in place by the year 2000. This year’s message focused on the need to improve the quality, availability, and affordability of child care in Alaska. The governor delivered this year’s “State of the Child Address” at the largest early childhood conference ever held in Alaska. Co-sponsored by the Children’s Cabinet, “The Early Years, Critical Years” conference highlighted the policy implications of recent research on early childhood brain development.
Comments: The Children’s Cabinet has applied for a federal grant to develop a set of measurable indicators of child health and well-being.
Contact: Shari Paul, Special Assistant to the Children’s Cabinet, PO Box 112100, Juneau, AK 99811-2100, (907) 465-4870 — voice, (907) 465-8638 — fax.

Colorado — Cabinet Council on Families and Children
Structure/Membership: Cabinet Council and a 30-member Advisory Commission (including parents, council members, and representatives from the judicial system, private industry, advocacy groups, and foundations). Staffed by the governor’s office.
Mission/Goals: An ambitious program focused on early childhood and services integration that included First Impressions, chaired by Mrs. Romer. The Commission functioned as an advisory body; the Cabinet Council was vested with the authority to
change the way government operates.

**Features/Accomplishments:** A five-year Strategic Plan with outcome-driven benchmarks, although no method for measuring them; eight community-based family centers as pilots for integrated family services; an interdepartmental family and children's budget; interagency coordinating councils.

**Comments:** No longer active. The work of the Cabinet Council was overwhelmed by a government restructuring in 1994. Seen as too grandiose an initiative for a Democratic governor with a Republican legislature. Replaced by a more focused State Efforts for Early Childhood Management Team, made up of agency managers. Renamed the Children's Cabinet by Romer in 1996, this group has developed a Children's Budget and promotes collaboration and early intervention.

**Contact:** Sally Vogler, First Impressions, State Capitol, 200 East Colfax, Denver, CO 80203, (303) 866-3123 — voice.

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**Connecticut — Commission on Children**

**Origin:** Created by legislative statute in 1985.

**Structure/Membership:** 26 members (16 voting): legislative committee chairs, governor's appointees, judicial representatives, local representatives, and advocates appointed by legislative leaders. Five full-time and several part-time staff. $600,000 annual budget (one-half legislative appropriation, one-fourth raised from foundations and other donors, one-fourth in-kind contributions).

**Mission/Goals:** Operating with a decidedly birth-8 focus, the Commission is charged with providing information and research to the legislature and executive branch; enlisting support of business, education, state and local governments, and the media to improve policies for children; reviewing coordination and assessing state agency programs; serving as a liaison between state government, the service sector, and business; and making policy recommendations to the governor and legislature.

**Features/Accomplishments:** Federal funds maximization; Kids Count School Readiness Campaign; Parent Leadership Training Institute; annual Social Health Index; Children's Budget; conferences on school readiness and services integration; School Readiness and Early Reading Success legislation with preschool for three- and four-year-olds, full-day kindergarten, and reduced class size, afterschool and summer school, and new teacher training in literacy.

**Comments:** The Commission and its staff function as advocates for children and as intermediaries between the legislative, judicial, and executive branches. They have proven adept at developing public affairs campaigns for school readiness, early literacy, and immunization and at cultivating an extensive constituency among business leaders.

**Contact:** Elaine Zimmerman, Executive Director, Connecticut Commission on Children, 18-20 Trinity Street, Hartford, CT 06106, (860) 240-0290 — voice, (860) 240-0248 — fax.

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**Delaware — Family Services Cabinet Council**

**Origin:** By executive order of Governor Tom Carper (D) in May 1993.

**Structure/Membership:** The Cabinet Council, chaired by the Governor, includes the Cabinet members who head the following departments: Public Instruction; Corrections; State Housing Authority; Services for Children, Youth, and their Families; Health and
Social Services; Labor; and Public Safety. Staffed by the Governor's advisor on family issues. Initiatives are funded through individual department budgets and some pooled funding among departments.

**Mission/Goals:** The Governor’s Family Services Cabinet Council has developed the following as its mission statement: “To strengthen and support Delaware families and help children achieve their full potential within safe and caring communities.” That social service agencies are linked together in a rational statewide system in terms of in-take processes, on-line linkages, geographic service delivery, and ability to work across agency/jurisdictional boundaries. Families, schools, and communities can get easy access at multiple points, and interagency personnel work in teams to solve community problems.

**Features/Accomplishments:** The Council created a services integration working group to accomplish the above-stated goals. This working group has begun planning for important indicators on the well-being of Delaware’s children and their families, a collaborative project between the Council, Delaware’s Kids Count, and the University of Delaware. Other projects of the FSCC include Strong Communities, a community-policing, community empowerment initiative; Adolescent Pregnancy Prevention; Family Services Partnerships; Family Self-Sufficiency for public housing residents; coordinated substance abuse prevention efforts; parent education; school/community dropout and discipline problem prevention efforts; and welfare reform.

**Contact:** Lynne Howard, Advisor to the Governor on Family Issues, Office of the Governor, Carvel State Office Building, 12th Floor, 820 North French Street, Wilmington, DE 19801, (302) 577-3210 — voice, (302) 577-3118 — fax.

**Georgia — Policy Council for Children and Families**

**Origin:** Established by legislative statute in 1995, the Policy Council grew out of participation in the CGPA Policy Academies and a report, *On Behalf of Our Children: A Framework for Improving Results*, by Governor Zell Miller's (D) interim Policy Council, which challenged communities to develop prevention-minded services, new approaches to systems change, creative financing, collaborative planning, and local decision-making.

**Structure/Membership:** The Policy Council is a public/private partnership chaired by a corporate leader. The members include businesspeople, clergy, health care providers, academics, educators, the State Superintendent of Schools, the Director of the Office of Planning and Budget, and the Commissioners of the Departments of Human Resources, Medical Assistance, and Children and Youth Services. Ten counties have developed Community Partnerships to work with the Council; eventually all 159 counties will have Community Partnerships. The Policy Council is collaborating with other state-wide initiatives, including the Family Connection communities, which have supported community-level services integration since 1991.

**Mission/Goals:** The Policy Council defines its mission to have “all of [Georgia’s] children ... grow up to become productive, contributing members of society.” Accordingly, a Results Accountability Task Force established 26 benchmark goals in the following categories: healthy children, children ready for school, children succeeding in school, strong families, and self-sufficient families. The Council promotes results accountability, community-driven decisions, innovative strategies, government streamlining, and the redirection of resources.
Features/Accomplishments: The Policy Council, in cooperation with local government entities, has established ten Community Partnerships, which will develop comprehensive service integration and system reform plans.

Contact: Juanita Blount-Clark, The Family Connection, Georgia Academy, 100 Peachtree Street, Suite 500, Atlanta, GA 30303, (404) 527-7394 — voice, (404) 527-7443 — fax.

Hawaii — Good Beginnings

Origin: By the June 1996 executive order of Governor Benjamin Cayetano (D) and April 1997 Legislative Act 77. Representatives from Hawaii participated in the CGPA Policy Academies.

Structure/Membership: The Good Beginnings is a formal partnership among three new entities responsible for implementing the Good Beginnings Master Plan: (1) Community Councils — local planning and resource development groups; (2) the Good Beginnings Alliance, — a statewide private, nonprofit, charitable membership organization; and (3) the Interdepartmental Council of state agency directors. Together they engage in joint planning, promote interagency agreements concerning policy and funding issues, coordinate information and resources, and support the development of family- and child-centered services.

Mission/Goals: The Good Beginnings partnership is designed to provide a sustainable, effective participatory coordinating structure that cuts across existing governance and social service systems to coordinate early childhood services. In fulfilling its mission, Good Beginnings seeks to foster efficient and effective use of funds and combine private and public resources to respond to the diverse needs of families and young children.

Features/Accomplishments: The Good Beginnings Alliance, governed by a nine-member board of directors, is officially incorporated and has received funding from local philanthropies for several years of operating expenses. With partial funding from Child Care and Development Block Grant (CCDBG) funds, Community Councils are actively pursuing local strategies to improve early childhood programs and services on all of the major islands.

Comments: Good Beginnings comes upon the heels of the legislature’s abolishment of the Governor’s Office of Children and Youth and a subsequent restructuring. Previously involved in direct services administration, the Governor’s Office now focuses efforts upon policy analysis and cross-agency collaboration. A policy team on children and families, which evolved from the Office of Children and Youth, promotes the work of Good Beginnings, and the Interdepartmental Council is convened by the Governor’s Special Advisor on Children and Families.

Contacts: Elisabeth Chun, Executive Director, Good Beginnings, 828 Fort Street Mall, Suite 203, Honolulu, HI 96813, (808) 531-5502 — voice, (808) 531-5703 — fax, goodbeginnings@lava.net — e-mail.

Illinois — Governor’s Task Force on Human Services Reform

Origin: Created by Governor Jim Edgar (R) in 1993 and supported, in part, by funding from the Annie E. Casey Foundation. Policymakers from Illinois participated in the CGPA Policy Academies.

Structure/Membership: The Task Force was originally made up of the directors of
seven state agencies — Aging, Alcohol and Substance Abuse, Children and Family Services, Mental Health and Developmental Disabilities, Public Aid, Public Health, and Rehabilitation Services — and the Governor’s Deputy Chief-of-Staff and Budget Director and later expanded to include business leaders, academics, and the chairs of the community-based local governance entities. These five community collaborative councils or Federations are: DuPage County, the Grand Boulevard community in Chicago, the Southern Seven Counties, Waukegan, and Springfield. The Task Force created a committee structure to focus on specific issues, such as employee involvement, management information systems, budget, and data. As new issues emerge, new committees are formed — for instance, a Jobs Committee to work on welfare reform. Committees are chaired by Task Force members and staffed by state employees from across the human services agencies. External participants, including staff from other agencies and state employee union representatives, have also been included.

Mission/Goals: To guide and shape the redesign of Illinois health and human services into a more community-based, outcome-driven, integrated services system, to analyze the nature and scope of challenges — as experienced by community members, consumers, providers and advocates, and public servants — and to engineer systems reform. The Task Force articulated goals in the areas of outcomes, broad prevention efforts, management, and practice. While the scope of reform is broad, including services to the elderly and other adults, a major focus is more effective family-centered services. Reform outcomes included measures of child and family well-being.

Features/Accomplishments: Reform has been directed at two levels — state and community. The initiative has achievements in at least four areas: integration of community economic development as a core element of effective human services, ongoing development of local Federations, development of systems of outcomes-based accountability at the state and local level, and the development of a unique negotiation process between communities and the state human services department to solve problems and reduce barriers to community efforts to improve local service delivery systems (Preister, 1996).

Comments: The Task Force and Federations influenced a major state government reorganization and consolidation of the human services agencies into the Illinois Department of Human Services, effective July 1, 1997. The Governor’s Task Force on Human Services Reform ended as a separate entity on June 30, 1997. The philosophy and activities of the Governor’s Task Force were incorporated into the new Department of Human Services, across all policy and service divisions, but especially in the Division on Community Operations.

Contact: B.J. Walker, Director, Division of Community Operations, Illinois Department of Human Services, 401 S. Clinton, 7th Floor, Chicago, IL 60607, (312) 793-1738 — voice, (312) 793-2354 — TTY, (312) 793-2405 — fax.

Iowa — Iowa Empowerment Board

Origin: By statute in 1998, the Iowa Empowerment Board replaces the Iowa Commission on Children, Youth and Families and the Iowa Innovation Zones Board in an effort to improve the efficiency and effectiveness of education, health, and human services programs.

Structure/Membership: Eleven voting members (eight citizens appointed by the
governor and the directors of the departments of Education, Human Services, and Public Health) and six legislators serving as ex-officio members. Staffing is provided by the departments of Education, Public Health, and Human Services.

Mission/Goals: To create a partnership between communities and state government with an initial emphasis on improving the well-being of families with young children. Establish criteria for the designation, governance, and oversight of community empowerment areas; oversee funding made available for community empowerment areas; and make recommendations for increasing coordination, eliminating bureaucratic duplication, and integrating functions to achieve improved results.

Features/Accomplishments: Development of criteria and an application process for designation of community empowerment areas with funding to be awarded in October 1998 and January 1999. Initial funding has been targeted to community plans for provision of preschool and parent education and support programs to improve the well-being of families with children birth through age five.

Comments: The Empowerment Board has established a website (www.empowerment.state.ia.us) and has used electronic/teleconferencing technology extensively for provision of information to Iowa communities.

Contact: Harold Coleman, Program Manager, Department of Human Services, ACFS-5th Floor, Hoover State Office Building, Des Moines, IA 50319, (515) 281-3974 — voice, (515) 281-4597 — fax, hcolema@dhs.state.ia.us — e-mail.

Kentucky — Commission on Human Services Collaboration

Origin: By the 1994 executive order of former Governor Brereton Jones (D) as the Kentucky Commission on Families and Children; grew out of the Pew Children's Initiative and the Kentucky Education Reform Act. Reorganized by a 1996 executive order by Governor Paul Patton (D) into the Commission on Human Services Collaboration.

Structure/Membership: 19 legislatively mandated members with four-year terms and limited to two consecutive terms, includes ten agency heads, eight Governor appointees (representing business, community leaders, and consumers) and the chair of the Council on Human Services Collaboration. Staffed by two full-time employees of the Cabinet for Families and Children (a state agency) and supported by staff from the other government agencies. Fiscal support from the Cabinet for Families and Children and a grant of $110,000.

Mission/Goals: Purpose is to create effective and efficient partnerships with families, communities, and government. Mission states: “through collaboration among the public and private sector, will form an integrated alliance to address human service needs of the Commonwealth.” Shall develop, adopt, and amend a service coordination plan to promote health, education, and social services partnerships of public and private agencies; coordinate and facilitate development of community partnership strategic plan and outcomes; increase efficiency and effectiveness of services; and provide technical assistance in implementing the service coordination plan.

Features/Accomplishments: A “Futures Search Conference” and eight town meetings were held in 1997-98 to provide the foundation to restructure the Commission. The first edition of a directory for technical assistance was printed and a study of human service toll-free numbers was submitted to the Governor. A council of state and local collaboratives has been formed to provide a forum for their input.
Comments: Current initiatives include a statewide service coordination plan, a framework for results-oriented service, a celebration of model collaboratives in Kentucky, a survey to look at the efficiency and effectiveness of boards and commissions, and a plan to increase family involvement in human services planning, implementation, and policymaking.

Contact: Dr. Betsy Farley, Executive Director, Commission on Human Services Collaboration, 275 East Main Street, 3C, Cabinet for Families and Children, Frankfort, KY 40621, (502) 564-1070 — voice, (502) 564-6907 — fax, betsy_farley@mail.state.ky.us — e-mail.

Louisiana — Children’s Cabinet

Origin: Legislative statute in 1992; re-created in 1998 special session.

Structure/Membership: Cabinet-level members include Secretaries for Social Services, Health and Hospitals, Labor, and Public Safety and Corrections, the Commissioner of Administration, and the State Superintendent of Schools. House and Senate designees, as well as representation from Governor’s Office. Advisory Board includes assistant secretaries from participating departments and representatives from advocacy groups and clients.

Mission/Goals: To develop and implement a comprehensive plan for the coordination of policymaking and planning for all state agencies and programs that are responsible for services to children and their families; elimination of service duplication and reduction of unnecessary expenditures through prevention efforts.

Features/Accomplishments: Systematic evaluation of effectiveness and efficiency of individual programs and redirection of programs into collaborative, coordinated system to ensure continued effectiveness while reducing duplication and waste. The Children’s Cabinet also developed a vision statement for Louisiana children, as well as a mission statement and set of measurable goals. The Advisory Board is now in the process of developing strategies to achieve these Cabinet goals.

Comments: Cabinet recently submitted application for federal Substance Abuse and Mental Health Services Administration grant to help foster the Louisiana Children’s Mental Health Initiative Project (CMHIP).

Contact: Gwen Hamilton, Executive Director, Children’s Cabinet, PO Box 94004, Baton Rouge, LA 70804, (504) 342-1677 — voice, (504) 342-7099 — fax.

Maine — Children’s Cabinet

Origin: Established in 1995 by Governor Angus King, Jr., (I), the Cabinet builds upon the work of an earlier Interdepartmental Council.

Structure/Membership: Five state commissioners: Human Services, Corrections, Education, Public Safety, and Mental Health, Mental Retardation, and Substance Abuse Services. Staffed by senior departmental staff and representatives from the Governor’s Office.

Mission/Goals: The Children’s Cabinet “actively collaborates to create and promote coordinated policies and service delivery systems that support children, families, and communities.” Six goals: (1) to collaborate actively to share resources and remove barriers, (2) to support collaborative initiatives that prevent health and behavioral problems in children and youth, (3) to conduct long-range planning and policy
development leading to a more effective public and private service delivery system, (4) to coordinate the delivery of residential and community-based children's services among the agencies, (5) to assess resource capacity and allocations, and (6) to improve policies and programs through the review of specific case examples.

**Features/Accomplishments:** The current initiatives of the Children's Cabinet include: Communities for Children to improve children's well-being and educational achievement; Primary Case Management Design Team, which is using automation and business principles to develop a seamless delivery system; Pooled Flexible Funding and Local Case Resolution Committees, which allow local communities to make decisions about services for children with multiple needs; Three Regional Children's Cabinets, which mirror the composition of the state-level Cabinet; and reconstituting the Children's Policy Committee, a policy development body in the Department of Human Services.

**Contact:** Cheryl Ring, Governor's Office, State House, Station 1, Augusta, ME 04333, (207) 287-3531 — voice, (207) 287-1034 — fax, cheryl.ing@state.me.us — e-mail.

**Maryland — Subcabinet (and Office) for Children, Youth, and Families**

**Origin:** 1988 executive order creating the Children and Family Services Reform Initiative, followed by the creation of Subcabinet and Office for Children, Youth, and Families. Participated in the CGPA Policy Academies and received substantial funding from the Annie E. Casey Foundation.

**Structure/Membership:** Subcabinet, made up of the heads of Human Resources, Housing and Community Development, Juvenile Justice, Health and Mental Hygiene, Budget, Superintendent of Schools and the Office for Individuals with Disabilities, and the Office of Planning. Chaired by Special Secretary for Children, Youth, and Families. Three staff members.

**Mission/Goals:** Systems reform, shift to local governance, and outcome measurement.

**Features/Accomplishments:** Interagency budgeting; $55 million devoted to 24 local management boards (LMBs) in FY1999; leadership training for local management boards.

**Comments:** Driven by agencies, local boards, members of legislature; reaching out to the private sector to avoid being too agency-focused.

**Contact:** Connie Madoni, Administrative Director, Governor's Office for Children, Youth, and Families, 301 West Preston Street, Suite 1502, Baltimore, MD 21201, (410) 767-4160 — voice, (410) 333-5248 — fax.

**Michigan — “Putting It Together with Michigan Families”**

**Origin:** Created by Governor John Engler (R) in 1991 at the beginning of his first term.

**Structure/Membership:** Includes directors of the Department of Education, the Department of Community Health, the Offices of Services to the Aging, and the Family Independence Agency (formerly Social Services).

**Mission/Goals:** To clarify roles and responsibilities, determine strategies to enhance service delivery, and improve access to service.

**Features/Accomplishments:** The directors created a Systems Reform Task Force in October 1994, which included individuals from state and local human services agencies, providers, and consumers. The Task Force's February 1995 findings, "Putting It Together with Michigan Families: Systems Reform for Children and Their Families," recommended creating a multi-purpose collaborative body to coordinate human services within each
community, identifying a source of flexible funding for collaborative activities within each
state agency, creating a Governor's Innovation Trust Fund, establishing a "Barrier Busters
Board" to remove barriers to collaboration, developing a single audit procedure for
collaborative interagency initiatives, identifying cross-system outcomes and methods of
evaluation, and providing ongoing technical assistance. The directors charged their
Interagency Staff Work Group to oversee implementation of ten priority
recommendations. An interagency "PIT Crew," which works with providers and
consumers, deals with nuts-and-bolts implementation issues.
Contact: Sharon Rothwell, Chief-of-Staff, Governor's Office, PO Box 30013, Lansing,
MI 48909, (517) 373-3400 — voice, (517) 335-6949 — fax.

Minnesota — Children's Cabinet

Origin: By the February 1992 executive order of Governor Arne Carlson (R) at the
recommendation of the Action for Children Commission, an advisory group he created in
1991. In 1994, the Cabinet's mandate was formalized by the state legislature.

Structure/Membership: Chaired by the commissioner of the new Department of
Children, Families, and Learning, the Cabinet includes the commissioners of the
Departments of Health, Human Services, Finance, Public Safety, Corrections, Economic
Security, Transportation, Administration, and the Housing Finance Agency, as well as the
director of Minnesota Planning, a policy planning unit responsible for the creation of the
Minnesota Milestones benchmarking document. The Cabinet works with 63 family
service collaboratives statewide, which reach 90 percent of Minnesota's children, and 31
Children's Mental Health Collaboratives.

Mission/Goals: The Cabinet was charged with fostering public and private collaboration,
developing a state strategy and budget for coordinated, outcome-driven services, and
stimulating local commitment through resource incentives to communities. The Cabinet
approves local plans for collaboratives.

Features/Accomplishments: Distributed $22.5 million over four years to communities to
plan and implement major service delivery reform; studying the feasibility of an integrated
children's service database; assumed the functions of the state's Children's Mental Health
Coordinating Council; oversaw the creation of Department of Children, Families, and
Learning, which replaced the Department of Education and folded in a variety of programs
from six state agencies.

Contact: Robert J. Wed, Commissioner, Department of Children, Families, and Learning,
550 Cedar Street, St. Paul, MN 55101-2273, (612) 296-2358 — voice, (612) 297-7201
— fax.

Missouri — Family Investment Trust

Origin: By an executive order of Governor Mel Carnahan (D) in November 1993, the
Family Investment Trust grew out of the Caring Communities Initiative in St. Louis and
the Family Preservation and Support Services planning process.

Structure/Membership: Public/private partnership, including seven agency directors,
industry leaders, and foundation representatives; private and public funding; seven staffers.
The overall initiative, which includes the Trust, the state agencies, and local communities,
is called Missouri's Direction for Change.

Mission/Goals: To develop a macro-strategy to achieve better results for children and
families by building leadership in the state agencies and communities, measuring progress, providing technical assistance, and “keeping the vision.”

Features/Accomplishments: Eighty-six Caring Communities in 20 counties providing integrated, school-linked services for which the five state agencies have pooled $22 million as “venture capital”; the development of 18 Community Partnerships, county-level governance structures that oversee the Caring Communities Council; a cross-agency collaborative committee made up of deputy directors.

Comments: Planning to expand Caring Communities throughout the state.

Contact: Steve Renne, Chief Executive Officer, Family Investment Trust, 3915 West Pine Blvd., St. Louis, MO 63108-3207, (314) 531-5505 — voice, (314) 531-2285 — fax.

Montana — Interagency Coordinating Council for State Prevention Programs


Structure/Membership: There are ten official members of the Council, including the Attorney General; Superintendent, Public Instruction; State Coordinator of Indian Affairs; Director, Department of Public Health and Human Services; Commissioner, Department of Labor and Industry; and Director, Department of Corrections. Eight of the members are defined by state statute; two are community representatives named by the Governor. There is no budget authority for the Council.

Mission/Goals: The mission of the ICC is to develop a comprehensive and coordinated prevention delivery system designed to strengthen the healthy development, well-being, and safety of Montana’s children, families, communities, and individuals. The five goals of the ICC are to reduce teen pregnancy; reduce child abuse and neglect; reduce youth violence and crime; reduce youth use of tobacco, alcohol, and other drugs; and increase the percentage of Montana high school students who successfully transition from school to work, post-secondary education, training, and/or the military.

Features/Accomplishments: Established Prevention Resource Center as clearinghouse for prevention activities; established ICC work group that meets regularly to move ICC goals into action; developed and adopted primary prevention guidelines; developed benchmarks related to five priority goals; received three-year VISTA (Volunteers in Service to America) grant to support ICC prevention activities in selected Montana communities; prepared unified budget of state prevention programs for Montana legislators; instituted website (www.prevention.mt.gov); developed resource listing of prevention services for each of the 56 counties in Montana; developed county-specific data base of 42 social indicators related to substance abuse prevention.

Contact: Judy Garrity, Coordinator, Prevention Resource Center, Montana Department of Public Health and Human Services, PO Box 4210, Helena, MT 59604-4210, (406) 444-5986 — voice, (406) 444-1970 — fax, jgarrity@mt.gov — e-mail.

New York — Council on Children and Families

Origin: Established by legislative statute in 1977, the Council is the oldest continuously operating collaborative governance structure for coordinating child and family policy.

Structure/Membership: Chaired by the Governor’s Director of State Operations, the Council is made up of the commissioners and directors of the state’s 13 health and human services agencies: Advocate for Persons with Disabilities, Aging, Alcoholism and
Substance Abuse Services, Criminal Justice Services, Education, Health, Labor, Mental Health, Mental Retardation and Developmental Disabilities, Probation and Correctional Alternatives, Commission on Quality of Care for the Mentally Disabled, Children and Family Services, and Temporary and Disability Assistance. The 18-member staff is divided into two bureaus: the Bureau of Interagency Coordination and Case Resolution and the Bureau of Policy Analysis. Budget: $877,000 in 1998-1999, plus $200,000 in project grants.

Mission/Goals: The Council on Children and Families is a state agency within the Executive Department charged with ensuring the coordination of services to children and families in order to achieve the most rational and effective services system possible. The mission of the Council on Children and Families is to ensure that all individuals and particularly children in New York State have the opportunity to reach their potential as well as to strengthen the integrity of families. The Council, through the commitment of its member agencies, seeks to define and implement a coordinated policy of children and family services ultimately leading to streamlined, cost-efficient systems of services in New York State that are family-focused and responsive to citizens' concerns. The Council works to coordinate efforts with local governments and the private sector to achieve its goals.

Features/Accomplishments: In conjunction with its member agencies, the Council on Children and Families has developed a common set of outcome measures to help guide priority-setting, known as New York Touchstones. Touchstones was conceived as a strategic interagency planning process to mobilize state agencies toward better life outcomes for children in New York State. Current activities include helping place children with multiple needs by resolving jurisdictional disputes, advancing a family support agenda, and publishing the bi-monthly Legislative Status Sheet on Children, Youth, and Families. Additional projects include Coordinated Children's Services Initiative, which seeks to reduce out-of-home placements; Task Force on School Community Collaboration, co-chaired by the executive director of the Council; Mental Health/Juvenile Justice Initiative; Juvenile Justice Challenge Program; Head Start Collaboration Project; administering agency for the AmeriCorps program.

Comments: Participated in CGPA Policy Academies.


North Dakota — Children's Services Coordinating Committee
Origin: CSCC was created as interim body by legislative statute in 1987; permanent status in 1989. The committee was a recommendation of the Governor's Commission on Children and Adolescents At Risk (CAAR), chaired by Lt. Governor Ruth Meiers (D).

Structure/Membership: Chaired by Lt. Governor Rosemarie Myrdal (R), the Committee membership includes the Superintendent of Public Instruction, a representative of juvenile courts appointed by the Chief Justice of the Supreme Court, the Executive Director of the Department of Human Services, the State Health Officer, the Director of the Department of Corrections and Rehabilitation, the Director of Vocational and Technical Education, and the Executive Director of the Indian Affairs Commission. There are also eight regional and four tribal children's services coordinating committees. The
regional/tribal committee members mirror the state committee and also include parents, clergy, and public/private, nonprofit/for-profit organizations.

**Mission/Goals:** To strengthen both families in their ability to parent children and communities in their capacity to support families by planning for and coordinating delivery of services to children and adolescents who are at risk and fostering preventive strategies and early intervention.

**Features/Accomplishments:** The eight regional and four tribal CSCCs have each approved a five-year plan for their communities. The 12 CSCCs have granted funds to private/public service providers based on these community plans. These grants include increased services for parent education, child care, and immunizations. Since April 1993, over $14 million in foster care and Medicaid administrative reimbursement has been claimed. The CSCCs have also participated in or sponsored the following projects/programs: family preservation/family support and maternal and child health five-year plans; Tribal Juvenile Justice Summit; Native American Children and Family Services Training Institute; ND Partnership Project; ND Sacred Child Project; and Native American Drug and Alcohol Abuse Education Program.

**Contact:** Lt. Governor Rosemarie Myrdal, 600 E. Boulevard Avenue, Bismarck, ND 58505, (701) 328-2200 — voice, (701) 328-2205 — fax.

Ohio — Family and Children First Cabinet Council

**Origin:** Executive order by Governor George Voinovich (R) in August 1992, after participation in CGPA Policy Academies; reinforced by statute in the 1994/1995 budget bill.

**Structure/Membership:** Led by the Governor’s deputy chief-of-staff, the Council includes directors of the Departments of Alcohol and Drug Addiction Services, Budget and Management, Health, Human Services, Mental Health, Mental Retardation and Developmental Disabilities, and Youth Services, and the Superintendent of Public Instruction. County Councils in all 88 counties (after 13 pilots). In 1996, Initiative staff increased from four to 20, including a new staff director. Also employs five regional coordinators and five family participation coordinators.

**Mission/Goals:** (1) wellness, particularly related to prenatal care and teen pregnancy reduction, (2) early childhood — Head Start, pre-school, Early Intervention, and Early Start, (3) family stability (or support), which encompasses case management, foster care, welfare, and child support, and (4) administrative flexibility, rule reduction, and systems reform.

**Features/Accomplishments:** The development of 88 County FCF Councils; service coordination plans for multi-need children and families by all county councils; bureaucratic rule reduction at the state level and regulations waived at the request of County Councils; the hiring of the 20-person staff; Wellness Block Grants and other flexible funding to the counties; better coordination at the state level among agency and department heads; tracking key indicators of child well-being since 1992.

**Comments:** The test for the Initiative and the Cabinet Council will come in the next two years as the County Councils mature and begin to plan and implement activities. Political considerations include the tradition of strong counties (which may conflict with the non-elected County Councils), the continued ambivalence of various state associations, and “cascading the vision.”
Contact: Linda McCart, Ohio Family and Children First Cabinet Council, Office of the Governor, 77 South High Street, 30th Floor, Columbus, OH 43215, (614) 752-4044 — voice, (614) 728-9441 — fax.

Oregon — Commission on Children and Families
Origin: Created by legislative statute in 1993, the Commission is the largest umbrella advocacy group for children and families in the state.

Structure/Membership: Fourteen Commissioners are appointed by the Governor for four-year terms. A majority of the members, including the chair, must be lay citizens. The Commissioners include county commissioners, health and mental health professionals, a juvenile services provider, attorneys, a businessman, and the Director of the Department of Human Resources and the Superintendent of Public Instruction, who serve as ex officio Commissioners. The Juvenile Justice Advisory Committee (JJAC), an associated body, includes the 14 Commissioners plus additional members to meet federal requirements. All 36 Oregon counties have local Commissions on Children and Families, dominated and chaired by lay citizens, which are responsible for decisionmaking, comprehensive planning, fiscal management, and grantmaking. The State Commission budget is half state general funds and half federal monies (including delinquency prevention, FP/FS, and Title XX). Each local Commission receives a base grant and additional funding based on population.

Mission/Goals: The Commission describes its vision as: “A community where everyone is committed to the well-being of children; where families are nurtured and supported; where diversity is honored; where all children and families are healthy and safe; where people live and work together and support one another.” Strong legislative-driven reform effort around benchmarking with four goals: “creating a wellness system, creating collaborative partnerships, establishing community planning, and being accountable for what we do.”

Features/Accomplishments: Identified core benchmarks from the Oregon Benchmarks initiative are: increase access to prenatal care, reduce child abuse and neglect, increase child care availability, increase children’s readiness to learn, reduce the number of children living in poverty, reduce drug and alcohol use by 8th and 11th graders, reduce juvenile crime, reduce teen pregnancy, increase high school completion, and increase the number of families able to care for their own children. Local Commissions develop and implement their own plans to reach the benchmarks. The Commission recognizes a dynamic tension between setting long-term policies that benefit children and families and developing structures to implement the strategies. Each biennium, all 36 counties complete comprehensive mapping of community strengths, needs, and services for children and families. All plans address the development or strengthening of community supports and prevention efforts.

Comments: Oregon policymakers participated in CGPA Policy Academies.

Contact: Mickey Lansing, Acting Executive Director, Oregon Commission on Children and Families, 530 Center Street, Suite 300, Salem, OR 97310, (503) 373-1283 — voice, (503) 378-8395 — fax.

Pennsylvania — Governor’s Community Partnership for Safe Children
Origin: Executive order by Governor Tom Ridge (R) in September 1995, supersedes Governor Robert Casey’s Children’s Cabinet and Commission on Children and Families.
**Structure/Membership:** Board members include Cabinet Secretaries, plus Chairs of Crime and Juvenile Court Judges Commissions; a county commissioner; representatives from education, urban/suburban, rural, religious, business, and nonprofit communities; four public members; chaired by the First Lady. Staffed by an executive director and a special assistant.

**Mission/Goals:** "To assist local communities in establishing effective programs and services to reduce violence by and against children and youth and to develop recommendations for policy development, resource allocation, and coordination of local, state, and federal efforts" through public/private partnerships. To include such issues as teen pregnancy, truancy, child abuse and neglect, domestic violence, drugs and alcohol, weapons, and illiteracy. Agency heads are charged with reducing bureaucratic barriers.

**Features/Accomplishments:** Quarterly board meetings are being held in coordination with town forums across the state.

**Comments:** Taking Cabinet on the road to identify and encourage local partnerships.

**Contact:** Clay R. Yeager, Executive Director, Governor's Community Partnership for Safe Children, PO Box 1167, Harrisburg, PA, (717) 783-0551, ext. 3100 — voice, (717) 783-7713 — fax.

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**Rhode Island — Children's Cabinet**

**Origin:** Legislative statute in 1991 after a recommendation of the Department of Children, Youth, and Families Legislative Oversight Commission's *Our Children, Our Responsibility* report; then-Governor Sundlun (D) was reluctant to sign, but later cited it as an achievement of his administration.

**Structure/Membership:** Agency heads (Health, Human Services, Education, Higher Education, Mental Health, Labor and Training, Administration, Children, Youth, and Families), Chief Information Officer, and Governor's policy advisor; meets monthly; staffed by the Statewide Planning Program; no budget authority. Much of the Cabinet's work is accomplished in work groups and subcommittees, often including non-Cabinet and non-state agency members.

**Mission/Goals:** To address cross-departmental issues relating to children's needs and services, review interagency agreements to provide coordinated services, and produce an annual comprehensive children's budget.

**Features/Accomplishments:** Published five-year State Child System Plan in 1992, including goals, objectives, and action steps; monitored implementation of plan recommendations; promoted community-based integrated services at local family centers at or near schools; directed RI Families First, a two-year state/local, public/private systems planning process in 1992-94; work groups have helped accomplish specific reforms in the areas of welfare-to-work program development, child mental health services, home visits to at-risk newborns; applied for participation in 1997 Danforth Foundation Policymakers' Institute; served on Governor Almond's Juvenile Justice Reform Task Force 1996-97; providing oversight for implementation of Task Force recommendations; achieved consensus in 1997 on three "overarching" outcomes to guide the next phase of Children's Cabinet activities; engaged in developing a framework of outcomes, indicators, and performance measures to track child well-being and evaluate program efficacy across state agencies; has a role in implementing state child care legislation adopted this year.

**Comments:** Currently assessing role in terms of building a focused agenda for next two
to three years.
Contact: Grace Beiser, Principal Planner, Statewide Planning, RI Department of Administration, One Capitol Hill, Providence, RI 02908, (401) 222-2079 — voice, (401) 222-2083 — fax.

Tennessee — Commission on Children and Youth
Origin: Created by legislature in 1988 in collaboration with the Governor as an independent state agency whose role is primarily advocacy (although similar commissions have existed in Tennessee since the 1950s).
Structure/Membership: 21 members appointed by the Governor, including juvenile court judges, child care administrators, special education teachers, attorneys, children’s services and substance abuse professionals and advocates, commissioners of state departments that serve children (as ex officio members); 53 staffers; $5 million budget.
Mission/Goals: To make recommendations concerning establishment of priorities and needed improvements with respect to programs and services for children and youth. To advocate and coordinate the efficient and effective development and enhancement of state, local, and regional programs and services for children and youth. To administer federal and state juvenile justice and teen pregnancy prevention funds.
Features/Accomplishments: Administers federal and state juvenile justice and teen pregnancy prevention funds; staffs nine regional councils on children and youth; Kids Count; evaluates delivery of services to children in state custody; evaluating effect of TennCare on children, especially severely emotionally disturbed children. Commission was an involved advocate in drafting the state’s welfare reform and children’s services reform legislation in 1996.
Comments: Independent status gives Commission credibility with both the legislature and the Governor — not seen as a mouthpiece for either; in 1997, four of ten bills supported by the Commission were passed, and the rest deferred. Of 14 bills opposed, only two were passed, but with amendments that substantially remedied the reasons for opposition. In 1998, eight bills were supported and six passed. Of two bills opposed, neither passed. Tennessee relies heavily on federal money because it has no income tax.
Contact: Linda O’Neal, Executive Director, Commission on Children and Youth, Gateway Plaza, 9th Floor, 710 James Robertson Parkway, Nashville, TN 37243-0800, (615) 741-2633 — voice, (615) 741-5956 — fax.

Utah — Families, Agencies, and Communities Together (FACT) Council
Origin: By legislation in 1993; mandate expanded in 1996.
Structure/Membership: The Council is made up of the executive directors of five departments: Health, Education, Human Services, Workforce Services, and the Administrative Office of the Courts. The FACT Steering Committee, which includes members representing state and local government, communities, businesses, and parents, advises the FACT Council. The Council also has a technical assistance team. The Council has one part-time staff member, located in the Department of Human Services. The Council directs the General Fund ($5 million per year).
Mission/Goals: “To develop and implement comprehensive systems of services and supports for children and youth at risk and their families,” including proposing a collaborative budget, removing administrative barriers, and developing model local
collaborative governance structures.

**Features/Accomplishments**: The FACT Initiative is being institutionalized as a way of doing business in child programs. The FACT Council has received attention and funding from the Council of Governors’ Policy Advisors, the Danforth Foundation, and the Western Governors’ Association; oversees Family Preservation and Support Services funding.

**Comments**: The FACT initiative has been stymied by the lack of a comprehensive budget document describing how all state and federal funds for children and families are being spent. Utah State University has completed a program and demographic evaluation of the FACT initiative and is working on year two of a longitudinal study.

**Contact**: Terry Johnson, Program Coordinator, Families, Agencies, and Communities Together, Department of Human Services, Office of the Director, 120 North 200 West, #319, Salt Lake City, UT 84103, (801) 538-3983 — voice, (801) 538-4016 — fax.

**Vermont — State Team for Children and Families**

**Origin**: “Voluntarily established” in 1994 by parents and consumers, operational managers of children service programs, and representatives from higher education.

**Structure/Membership**: The State Team includes directors with budget authority over the largest lines of children and family services (welfare, child care services, social services, children’s mental health, special education and basic education, mental retardation, corrections), as well as representatives from the University of Vermont, communities, and families. Staffed by administrative assistants of participating program managers. The State Team has fostered the development of 12 citizen-dominated Regional Teams.

**Mission/Goals**: In partnership with the Regional Teams, the State Team plans to define outcomes, develop operating structures that coordinate services at the state and regional levels, ensure that services and policies are family-centered, develop fiscal and data strategies tied to outcomes, and develop training systems to support required changes.

**Features/Accomplishments**: Effective strategic plans in place for improving outcomes; publication of agreed-upon outcomes and indicators; pilot surveys for family involvement indicators; recognition of Regional Teams; development of cross-agency partnerships; development and implementation of training modules, strong family consumer involvement; passage of a Family Support bill; and participation in the state’s Primary Prevention initiative.

**Contact**: Cheryl Mitchell, Chairperson, State Team for Children and Families, Agency of Human Services, Office of the Secretary, 103 South Main Street, Waterbury, VT 05671-0204, (802) 241-2220 — voice, (802) 241-2979 — fax.

**Washington — Family Policy Council**

**Origin**: By the executive order of former Governor Gardner in 1991 and codified by legislation in 1992 as a site for family policy coordination. Grew out of earlier collaboration efforts among state agencies, notably one in 1988 between the Superintendent of Public Instruction and the Secretaries of Human Services and Community Development, as well as the participation of high-level agency and executive staff in a 1991 CGPA Policy Academy. Legislation in 1994, creating the Community Health and Safety Networks, greatly expanded its mandate.
Structure/Membership: Made up of four Cabinet secretaries, elected Superintendent of Instruction, a representative of the Governor, and four legislators — two each (one Democrat and one Republican) from the House and the Senate. Fifty-three Community Health and Safety Networks overseen by citizen-dominated boards. Supported by a staff of six in Olympia, as well as subcontracted technical assistance (TA) providers to the 53 Networks. Also supported by Interagency Coordinating Council of deputy directors and an Advisory Council. $10 million budget for initial 2-year planning phase.

Mission/Goals: The 1994 legislation directed the FPC to oversee the Community Networks as they developed plans to focus on reducing seven specific problem behaviors (referred to by the legislation as “outcomes”): youth violence, teen pregnancy, teen suicide, school dropout, child abuse and neglect, domestic violence, and substance abuse. Each Network, required to choose three of these seven outcomes on which to concentrate their efforts, is responsible for analyzing existing data on risk and protective factors relevant to each behavior (available from the Health Department), as well as collecting information not available from current data sets.

Features/Accomplishments: Development of the 53 Community Networks, a program of technical assistance for the Networks, and a sophisticated Geographic Information System that can chart outcome indicators to the neighborhood block level; since Summer 1996, the Community Networks have been implementing comprehensive plans covering prevention, early-intervention coordination, and decategorization.

Comments: An ambitious systems reform effort based on a marriage of public health (risk and protective factors) and family policy philosophies. The FPC has been charged with helping the Networks implement their plans to the greatest degree possible.

Contact: Laura Porter, Acting Staff Director, Family Policy Council, PO Box 45015, 12th and Franklin OB-44, Olympia, WA 98504, (360) 902-7880 — voice, (206) 902-7853 — fax.

West Virginia — Governor’s Cabinet on Children and Families

Origin: 1990 by legislative statute as part of the state’s education reforms; built on the Task Force on Children and Families created by Governor Gaston Caperton (D) in 1989.

Structure/Membership: Chaired by the Governor, the Cabinet includes the Attorney General, the Superintendent of Education, Vice Chancellor of the state’s university system, the Director of the Office of Economic Opportunity, four private citizens, and the Secretaries of Health and Human Resources, Education and the Arts, Administration, and Employment Programs. A state senator and a state delegate serve in an advisory role.

The Cabinet provides for state-level policy development and coordination and has fostered the development of local community collaborative bodies called Family Resource Networks.

Mission/Goals: “To enhance the ability of families to protect, nurture, educate, and support the development of their children” by changing the existing service delivery system into one that is community-based, family-centered, and prevention-oriented.

Features/Accomplishments: The creation of Family Resource Networks, community-level coordinating and planning bodies for local services; grants and technical assistance to the Networks as they develop plans; development of a Children and Families Database; establishment of the Governor’s Early Childhood Implementation Commission, made up of consumers, advocates, local providers, and state agency staff; Family Matters, a toll-
free information and referral hotline; Children’s Trust Fund grants to communities to prevent child abuse and neglect; Family Planning/Family Support planning and implementation; a statewide framework of outcomes and indicators to encourage accountability and measure progress; establishment of the West Virginia Prevention Resource Center.

Contact:  Dr. Dallas Bailey, Director, Governor’s Cabinet on Children and Families, Building 5, Room 218, 1900 Kanawha Blvd. East, Charleston, WV 25305, (304) 558-0600 — voice, (304) 558-0596 — fax, cabinet@citynet.net — e-mail.
4. Case Study #1:  
The Connecticut Commission on Children:  
*Building Constituencies for Families and Children*  

**Introduction**

The Connecticut Commission on Children is unique among the active governance bodies surveyed by the Family Impact Seminar in that it is an agency of the state legislature rather than of the executive branch. However, like the other state bodies, the Commission does include agency heads among its members. The Commission and its staff, by nearly all accounts, perform a valuable catalyzing, coordinating, and (discreet) advocacy role on behalf of better and better coordinated services to young children and their families. Known for its facility at mobilizing both public and private stakeholders and creating effective public education campaigns, the Commission is perhaps most valuable as an influential advisor to all branches of government and as a site for the negotiation of state family and child policy.

Connecticut, a densely populated state of 3.5 million citizens, is divided into 169 semi-autonomous municipalities. Services to families and children are predominantly state-administered. The legislature is Democratic. Governor John G. Rowland is Republican.

**Origin and Structure of the Commission**

Laura Lee Simon, the founder and current chair of the Commission, dates its origin to a Foundation for Child Development study she initiated on the effect of Reagan Administration domestic policies on children. Simon, a long-time children's advocate who crafted the first Children's Budget in Connecticut (also the first in the nation), was appalled to find that 22 separate state departments served children. She formed a coalition to push for a body that would link these and other disparate public and private efforts to focus on prevention for children. In 1985, the Connecticut legislature created the 26-member Connecticut Commission on Children to bring representatives from the legislative, executive, and judicial branches together with the private sector to promote policies in children's best interests. The Commission is mandated to:

1. provide information and conduct research regarding the status of children and children's programs in the state;
2. enlist the support of business and education communities, state and local governments, and the media to improve services and policies for children;
3. review coordination and assess programs and practices in all state agencies as they effect children;
4. serve as a liaison between government and private groups concerned with children;
5. make recommendations for children annually to the legislature and the governor.

Its mission statement articulates a pro-child, pro-local capacity, pro-prevention message:
The Commission on Children follows a preventive approach that strengthens the capability of families and communities in all their diversity to provide for children’s needs. The Commission on Children identifies and promotes public policy and local capacity building and coordinates efforts that support and improve the optimal development of all children.

State political leaders appoint most of the Commission members, and ten agency heads serve in a non-voting ex officio capacity. The 16 legislatively mandated voting members are:

- four members of the General Assembly: one of the Senate or House chairs of the human services, public health, education, and judiciary committees,
- four members appointed by the Governor: a lawyer, a pediatrician, a representative from organized labor, and a person representing state agencies that provide services to children,
- two members appointed by the President Pro Tempore of the Senate: a representative of the municipalities and a member of the business community,
- two members appointed by the Speaker of the House: a representative of the education community and a mental health professional,
- two members appointed by the Minority Leader of the Senate: a representative of a state-wide child advocacy agency and a private citizen interested in children’s issues,
- two members appointed by the Minority Leader of the House: a representative of a state-wide child advocacy agency and a private citizen interested in children’s issues.

The non-voting members are the Commissioners of Children and Families, Mental Retardation, Health Services, Education, and Corrections, and the Secretary of the Office of Policy and Management, the Attorney General, and the Chief Court Administrator.

The full Commission holds six public meetings a year, to which most non-voting members send designees. The Executive Committee meets monthly. Most Commission meetings are organized around a theme; recent ones include Federal Block Grants and Devolution, Prevention and Policy Implications, and Building a Child Care Ladder, School Readiness, and Literacy Legislation. The theme of the September 1996 meeting, which FIS attended, was the critical but often overlooked role of cities and towns in child and family policy. Leaders from several municipalities, including Mayor Mike Peters of Hartford, described the challenges facing the children of Connecticut and what their local communities were doing to address them. A combination show-and-tell and call-to-arms, the meeting also included a report from Commission Executive Director Elaine Zimmerman. When the floor was opened for questions and comments, a fairly lively discussion of federal-to-state devolution broke out among the panelists, Commission members, and audience.

Led by Zimmerman, the Commission staff includes five full-time, state-funded positions — policy/legislative liaison, media director, attorney, executive director, and administrative assistant — and several part-time trainers, interns, and volunteers. From a federal Vista grant, the Commission has one full-time staff person who works on local capacity-building. Foundation grants support a policy analyst working in the rural sector and a full-time Parent Leadership director and a Technology director. The Commission staff is housed with two other commissions, one on women and one on Hispanics, in a state
government building across from the state capitol building.

Many observers credit Zimmerman with building on the foundation laid during the first years of the Commission and expanding its accomplishments. Originally hired to lead the Kids Count School Readiness effort, she assumed the executive directorship in 1991 and immediately sought to attract new stakeholders — from the public and private sectors — to the Commission’s work. She also began to balance the Commission’s work between the legislative and executive branches. According to one observer, Zimmerman, her staff, and the Commission have carefully created a structure and a clear agenda, thereby institutionalizing the Commission’s role in state policymaking beyond any individual Commissioner’s or staff member’s tenure.

The Commission has developed two advisory councils. The 31-member Business Advisory Committee, which helps forge links with the business community, played an important role in convincing the newly-elected Republican Governor and legislators about the value of the Commission in 1995. The School Readiness Campaign, chaired by Laura Lee Simon, has a diverse membership ranging from a Connecticut Public Broadcasting executive to Head Start creator Ed Zigler. While the Campaign principally advises the Commission’s school readiness initiatives, it also pulls star power and influential opinion leaders into the Commission’s work. The Commission relies on various ad hoc task forces created to advise special initiatives, including creating the Social Health Index, updating the Children’s Budget, and promoting literacy.

The Commission’s budget for 1997-98 included $353,000 in state appropriations matched by funds raised from business, federal and state government contracts, foundations, hospitals, private donors, and pro bono services. The Commission also helped broker $250,000 in foundation and state agency funding for a Preschool Planning Partnership to assist in integration strategies. The legislative appropriation has risen steadily over the years.

The Public Face of the Commission — A Wealth of Activities

Prior to 1991, the Commission’s main activities included working to improve the state budget process, profiling Connecticut’s children, and developing an Early Childhood Task Force and Health Committee and a coalition of children’s organization. Since then, the Commission on Children has concentrated and broadened its efforts on a range of specific initiatives, including a focus on children aged 0-8, school readiness, health, child care, parent training, intergenerational issues, services integration, budget analysis, national service, some youth issues, and local and state capacity building. These programs, which are described below, form the Commission’s public face. Later, this report explains the Commission’s equally important behind-the-scenes role in child and family policymaking.

Kids Count School Readiness Campaign

By far the most visible Commission initiative, the Kids Count School Readiness Campaign is an initiative promoting preventive policies and cost-effective investment in young children and their families. The Campaign has forged a public/private partnership with key
stakeholders — state and municipal government, business, parents, civic organizations, child-serving professionals, and the media — to promote the optimal development of children. The Campaign seeks to influence five levels of leadership:
State policymakers — works with all branches of state government to affect an early childhood policy agenda;

- Municipal policymakers — promotes a school readiness agenda in cities and towns working with mayors, selectmen, school superintendents, United Way affiliates, businesses, parents, and community groups;
- Business leaders — through the Campaign’s Business Advisory Council, developed a compact with business leaders who are concerned about the future workforce;
- Parents — develops the untapped leadership potential of parents through the Parent Leadership Training Institute (described below);
- Media — mounted a statewide public education campaign targeting parents, businesses, and policymakers to promote child development, quality child care, immunizations, and readiness to learn through billboards, radio and TV, posters, t-shirts, and booklets.

The school readiness initiative draws upon the resources and networking opportunities of the Commissions two standing advisory committees, the Kids Count School Readiness Campaign and the Business Advisory Committee, and serves as a rallying point for the Commission’s broader early childhood agenda. For example, the Commission has used the credibility it has garnered from its public campaigns for school readiness to advocate for increased spending on preschool education. A recent state supreme court decision declaring the Hartford school system inferior and racially discriminatory offers the Governor an opportunity to invest in early childhood programs, according to some observers. The Commission’s expertise significantly informed the 1997-1998 landmark legislation providing full access to full-day, full-year, pre-school for three- and four-year-olds, as well as enhancing literacy training for grades K-3.

Building Local Capacity
In 1995, the Northeast/Windham (NEW) Coalition for Economic and Workforce Development, a regional organization of rural and urban municipal officers, local legislators, and community leaders from 22 towns in northeast Connecticut, joined with the Commission on Children to form a compact to promote school readiness. With funding from the William Caspar Graustein Memorial Fund, the NEW Coalition and the Commission published a discussion guide to assist communities convene local forums to discuss family stability, health and safety, and early care and education issues. With 169 local municipalities and no strong county governments, Connecticut has traditionally had a poor record of regional cooperation.

Invoking the philosophy that “child development and economic development are partners,” the NEW Coalition’s school readiness compact has eight goals: (1) assess the needs of children prenatal through age eight in the 22 towns, (2) assess coordination obstacles in program, policy, and resource exchange, (3) develop pragmatic, coherent school readiness policy and program initiatives which address unmet needs, (4) bolster existing programs and policies that strengthen early care and learning, (5) work with the
state to assess fiscal and technical resources on the state and federal level to help every child learn, (6) develop a regional school readiness interagency team to analyze findings, (7) develop benchmarks for success, and (8) establish quality standards for early childhood programming.

Their data collection and inventory of services, released in a March 1996 report, produced some surprises, according to Commission staffer Stacey Leeds. For instance, the northeast Connecticut population is younger than the rest of the state, and the child sexual abuse referral figures are much higher than the state average. As a result of the report, the 22 communities formed an oversight committee, which includes parent members, to create a five-year plan with particular benchmarks to take to the Graustein Foundation for funding. The plan focuses on coordinating and linking child and family services, public education campaigns, and developing a Healthy Families pilot program.

**Parent Leadership Institute**
The Commission's most innovative program is the Parent Leadership Institute, a component of the Kids Count Initiative that offers intensive leadership training to parents. Unlike most parent education programs that focus on teaching parenting skills, the Institute builds parents' capacities as community spokespeople and leaders — a kind of civics class for adults. A mix of urban and suburban, poor and middle class, participants are selected through a competitive application process. The training has three phases: (1) a retreat to develop group identity and define the mission, (2) a ten-week course on community-building, and (3) a ten-week course on civics, including skill-building in such areas as budget analysis, public speaking, coalition-building, and using the media.

According to the Institute's mission statement, parents are taught to "work with diversity, define needs, assess and define problems, speak publicly, utilize the media, review child and family data, evaluate a program, understand personal history and its impact on self-image and empowerments, [and] form useful coalitions." Since 1993, the Parent Leadership Institute has trained more than 250 parents.

FIS spoke with several graduates of the Institute, two of whom now work part-time for the Commission. Aida Morales, who dropped out of school at 17 to marry, is now the 27-year-old mother of three girls in Hartford. Several years ago, after getting her GED, she began volunteering at her daughters' elementary school where a teacher, recognizing her leadership potential, suggested she apply for the Institute. Morales said the experience taught her a lot and gave her the confidence to advocate on behalf of her children and their school. In fact, in an anecdote that Zimmerman loves to relate, Morales used the skills she developed at the Institute to challenge her local school board. When the roof of her daughters' school collapsed, the students were sent to another school while it was being repaired. Attending classes in morning and afternoon shifts. As repairs dragged on, the conditions at the crowded school deteriorated and the schedule interfered with many working parents' commitments. On her own, Morales went to the library, looked up the city charter, and quickly determined that they were not in compliance with it. At the next public meeting, Morales confronted the Board with their failure. They quickly moved to fix the situation. Since then, Morales has completed a nursing assistant certification and been appointed to the Hartford Board of Education — the first high school dropout ever to hold such a seat. Although she was defeated in the last school board election, Morales
continues to work part-time as an outreach worker for the Commission.

**Monitoring the Status of Connecticut's Children**

As part of its efforts to quantify the health of the state's children, the Commission released a report, *The Social State of Connecticut '95*, authored by the Fordham Institute for Innovation in Social Policy, which developed a single index to represent the social health of the state. Report author Marc Miringoff, PhD, gathered, weighted, and combined the following indicators to develop single index numbers for each year from 1970 to 1995: infant mortality, child abuse, youth suicide, high school completion, teenage births, unemployment, average weekly wages, health care costs, violent crime, affordable housing, and income variation. With some fluctuation, Miringoff's index declined from 65 in 1970 to 43 in 1995 on a scale of 100. Zimmerman offered the Commission's view of the role of the social index in her introduction to the report: "promoting a better informed public, offering an informative, consistent tool for policymakers, and providing crucial information to a corporate sector intent on monitoring its future workforce and client and customer base."

**Working Toward Services Reform**

In the early 1990s, the Commission staffed a Federal Funds Maximization Task Force, created by the legislature to bring together executive branch staff, corporate leaders, foundations, and scholars with legislators to increase the flow of federal funds into Connecticut for services to children. The Task Force's final report, co-authored by the Center on Effective Services for Children in Washington, DC, not only offered recommendations for drawing down more federal dollars but suggested how federal and state funds could be maximized through services integration, according to Connecticut Secretary of State Miles S. Rapaport.

As Laura Lee Simon has suggested, the Commission was created in 1985 in response, in part, to the problem of highly fragmented government services to children, and many of its activities have directly and indirectly promoted services coordination and integration. But, as for most states, services integration remains an elusive goal for Connecticut. In March 1996, the Commission convened two summits on services integration, *Building Partnerships for Children in a New Era*, to give the issue a higher public profile. The first event, an all-day meeting of 120 state policymakers, service providers, business leaders, and parents, began with panel presentations mostly by in-state experts and finished with small group discussions on four domains of child services: early care and education, schools and communities, health, and neighborhoods and safety. The second event was a six-site teleconference on Connecticut Public Television. Senator Christopher Dodd (D-CT) and Representative Nancy Johnson (R-CT) opened the conference, which consisted of presentations of service integration models from states (Colorado and New Jersey) and communities (Savannah, GA, Oakland, CA, Kansas City, MO, and Manchester, CT). These events were described as important and courageous educational endeavors for the Commission to mount. However, absent the requisite political will from the Governor, the Commission could not really push the services integration agenda further at that point, most observers agreed. Nevertheless, the 1997-1998 School Readiness and Literacy legislation does begin to address services integration, said the Commission Chair, Laura Lee Simon.

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In its staffing role for the Federal Funds Maximization Task Force, the Commission helped increase state utilization of EPSDT and Medicaid billing, as well as encourage numerous meetings across state agencies to enhance federal financing for children’s issues, which increased the dollars available for children’s health and welfare. The Commission has also sponsored a number of community forums on block grant implementation, and continues to encourage local capacity building through its current initiatives. The Commission has worked with legislators to ensure that the critical changes in social policy funding brought by block grants be debated publicly. The Commission wrote draft language to revise current block grant law, moving authority for federal dollars to the General Assembly. The Commission believed that block grants were a case for broad-based citizen participation that should not be relegated to a small subcommittee of the Appropriations Committee. Recently, the Commission has begun to bring attention to the importance of measuring child outcomes in relation to welfare policy changes. They are working with the legislature to design child impact statements linked to both budget and program policy.

The Commission as Policy Insider

The Commission’s annual reports, public information campaigns, and other literature tell a story of an active agency with many high-profile projects. All these public initiatives fit within the Commission’s broad mandate, but together they imply a disjointedness that belies the clear functions that the Commission serves its various constituencies — often behind the scenes. In interviews with Commission stakeholders, FIS found that the Commission and its staff perform key roles in enhancing the effectiveness of state governance for children: they act as an intermediary between branches of government, as a site for promoting coordination between executive agencies, as a policy advisor with knowledge of the national scene, as a catalyst for innovation, as a grassroots builder, and as a quiet advocate for children’s interests.

Intermediary
The Commission’s status as a quasi-legislative body with executive agency representation makes it useful to both legislators and agency officials — and those outside of state government — as an intermediary, particularly on sensitive political issues. Zimmerman and the Commission’s legislative liaison, Jeanne Milstein, help interpret legislators’ agendas to the agencies and others. Ron Thomas of the Connecticut Conference of Municipalities said the Commission, which actively solicits his members’ input, helps his constituency understand better the legislative perspective on children’s issues.

The Commission also offers an important communications channel to the legislature for agency officials who must be circumspect in their dealings with legislators. During legislative sessions, a key agency official may be in contact with the Commission staff as often as twice a day. For instance, the Commission staff recently helped convince a reluctant legislator about the value of giving child support administrators enhanced enforcement powers as part of the state welfare reform effort.

Secretary of State Rapaport, a state legislator for ten years, said that the Commission
performs an especially critical role in a politically divided government, because it helps locate the "fulcrums" or places of agreement among competing agendas. Zimmerman added that being attached to the legislature keeps the Commission focused on policy development rather than on more categorical implementation issues that confront the executive branch.

Coordination

The Commission plays a similar relationship-nurturing role within the executive branch. If the Commission does not have the administrative authority to mandate integration of services, it does have the cross-agency knowledge and independence from any particular agency's agenda to encourage coordination. And Zimmerman, other staff, and Commissioners sit on various agency advisory councils, including the Head Start Collaboration, the Commission on National Service, the Children's Health Council, the Managed Care Task Force, the Immunization Task Force, and the Child Day Care Council.

One agency official called the Commission an "honest broker" that helps "identify commonalities [across agencies] in our missions and brings us together to collaborate rather than compete." For example, the Commission brought together the Department of Social Services and the education community to get federal pilot money for Family Resource Centers. The school readiness initiatives require the cooperation of the social services, health, and education communities. The Commission is also adept at pulling in foundation and business support — for instance, the Graustein Foundation's involvement in the Preschool Study and the Hartford Foundation's investment in parent leadership and corporate support for the School Readiness Campaign.

The Commission also plays the role of neutral convener. It was credited with bypassing interagency turf disputes to bring the right people to the table for a Governor's Teen Pregnancy Initiative.

Well-Informed Policy Advisor

If there's anything that Connecticut policymakers agree about the Commission staff, it is that they are well-connected information brokers. "The Commission is an unbelievable source of information" for legislators, said State Representative Ellen Scalletar (D). "The staff is incredibly knowledgeable about the national scene." While the legislature was considering a major child abuse bill in a recent session, the Commission played a key role in educating legislators by bringing in national experts for meetings and seminars, she noted.

The Commission has helped both the legislature and the executive branch devise policy in a variety of areas, including child immunization, school readiness, lead paint abatement, child support enforcement, and the coordination of children's health initiatives.

Despite a rocky start with Governor Rowland (R), who wanted at the beginning of his administration to privatize the Commission, Zimmerman and her staff have increasingly been consulted by the Governor's advisors, according to Dennis J. King, executive assistant to the Governor for urban policy. Although the Commission "could be seen as a
real thorn in the side for a Republican Governor," King has learned to trust them as advisors because he said the Commission doesn’t go public with criticism of executive branch policies. King, who said he calls on the Commission whenever he confronts a children’s issue, gave three recent examples of his reliance on the Commission: (1) after three widely publicized child welfare failures, he consulted Zimmerman as he revamped the state’s child protective services, (2) King was convinced to add a family empowerment component piece to the state’s new Neighborhood Revitalization Zone initiative, and (3) the Commission played an important role in extending child care and Medicaid benefits to welfare recipients beyond Connecticut’s new 21-month welfare cut-off.

However, as has been noted, the Governor has been less enthusiastic about including the Commission in welfare reform planning and has yet to take up the services integration mantle after the Commission-sponsored meetings on the topic, according to observers. One advocate noted that former Governor Lowell Weicker (I) was highly supportive of the Commission, for which his wife served as honorary chair of the Kids Count School Readiness Campaign.

Marketer of Innovation
As the Commission’s list of activities indicates, part of its success has come from its ability to innovate and to encourage others to do so. Sometimes this means creating a Commission-run initiative like the Parent Leadership Training Institute; more often the Commission seeks to create a context for innovation, as in the services integration seminars and other public education and constituency-building initiatives. Although some believe that the Commission jumped the gun on preparing the state for block grants, others maintain the Commission was ahead on trends and their implications, offering communities a realistic analysis of what was about to occur and how to prepare for it.

Innovation is often about bringing a new perspective to old problems. Thomas of the State Conference of Municipalities credits the Commission with teaching the state’s mayors and selectmen to see prevention efforts as being more than just better recreation programs. “The Commission can sell early intervention to education people as school readiness and to corrections people as violence prevention,” he noted. Parent advocate Lisa Sullivan said that Zimmerman supported her effort to push for a parent advisory group for the state Head Start Collaborative.

David Nee, executive director of the William Caspar Graustein Memorial Fund, contended that services integration was “appropriately put on the table” by the Commission, educated a lot of key policymakers, even if it has not yet resulted in any significant change. Rep. Scalleter agreed, although she noted that it was part of a larger effort to educate legislators about the potential of block grants. “The Commission was ahead of the game” in this regard, she said.

The Commission remains an important catalyst for systems reform, according to Kathrine Burdick, director of Family Services for the Department of Social Services, who is responsible for administering the state’s tough welfare reform. She defined the Commission’s role in systems reform as threefold: (1) to increase legislators’ knowledge, (2) to encourage executive agencies to explore services integration, and (3) to help the
Governor know what the possibilities of systems reform are — because, in the final analysis, he must be its champion for it to work.

**Grassroots Building**
Building a constituency for children is at the core of all the Commission’s work. From its public education campaigns, the Commission seeks to develop a critical mass of support for improved child policy. However, unlike similar bodies in other states, this Commission actually conducts grassroots civics training through the Parent Leadership Institute, which has garnered support from across the political spectrum — both King, the Governor’s advisor, and Rapaport, the Democratic Secretary of State, have been actively involved.

Graustein Foundation executive David Nee credits the Commission with “inspiring work” in bringing along community leaders in both the NEW Coalition and the Parent Leadership Institute. Perhaps the most effective grassroots coalition that the Commission has developed, however, is in the business sector, he added, citing their quick defense of the Commission in the early days of the Rowland administration.

**The Quiet Advocate**
Of course, in its roles as intermediary, coordinator, advisor, innovator, and grassroots builder, the Commission and its staff advocate on behalf of Connecticut’s children within the state government. However, to be effective, they must appear to not have an advocacy agenda. In fact, it was Governor Rowland’s perception that the Commission would undermine his policies — perhaps because it began under a Democratic regime — which led him to suggest privatizing it. Supporters of the Commission, particularly from the business community, convinced him of the Commission’s nonpartisan stance.

According to most observers, the Commission has built a strong reputation with members of both parties as an “ombudsman of sorts” — in the words of Commission member Larry Rifkin, a Connecticut public television executive. The staff has cultivated good working relationships with the chairs of appropriations, human services, education, and public health committees in both houses. Rapaport suggested that only very conservative legislators now complain that the Commission is too much of an advocate. Representative Scalletar agreed that it has succeeded in not becoming captive of either party. As a creature of the legislature, it is “often not out front on the issues because they have to worry about politics,” she said. Some credit the diversity of membership on the Commission as a guarantee against taking too strong an advocacy stance.

However, according to one child advocate, the “inside/outside strategy” employed by the Commission and its staff makes its role unclear to many stakeholders. Some advocates complain that the Commission is too conservative and too connected to the state agencies. They criticize Zimmerman for too quickly abandoning services integration in favor of the Governor’s block grants agenda.

However, another child services provider and advocate described the Commission as performing a “hub function” between the legislature and the advocacy community, giving advocates a sense of legislative opportunities and potential pitfalls. Those advocates who criticize the Commission misunderstand its role, access, and influence as a voice for
children within the government, she contended. “The Commission has political restraints; it can’t be out front on many issues.”

The Future of the Commission

The Commission has carved out a unique role for itself in the state child and family policy governance structure. Surprisingly, there was general agreement among the many people FIS interviewed that the position it occupies within the system could not be improved. Moving it into the executive branch, for instance, would make it captive of an agency’s or an executive’s agenda — and deprive it of its “watchdog role.” One person suggested that the Commission’s very lack of administrative authority is what makes it an effective opinion-shaper. Increasingly, agency officials are “loath to create an initiative that the Commission opposes,” he noted. The Commission “works well as a free agent [and] the most bipartisan organization,” agreed King. “[It] would only be bogged down by political accountability.”

Most stakeholders believe that the Commission’s role could expand in several areas, including youth issues, but a few were concerned about overextending its mission beyond prevention issues. One agency official suggested that the Commission adopt a more formalized legislation and regulation review process — strictly analysis rather than approval. Another stakeholder believes that it should lead a drive for outcome-based budgeting. Several wanted more action on services integration. King, the Governor’s advisor, said he hoped that the Commission could play a vital role in expected education reforms, occasioned by the court ruling against the Hartford schools in Sheff v. O’Neill.

The Commission hopes to find additional resources to work intensively with mayors to build their capacity for devolution, to continue to expand the Parent Leadership Training Institute, to replicate the NEW Coalition initiative, and to provide more assistance to legislators — as well as to do more work on services integration with the executive branch.

As for welfare reform implementation, most Commission participants and observers see it continuing to play an important behind-the-scenes role as a voice for children and as a link to outside policy information. Perhaps welfare reform will also offer the Commission the opportunity to work with the Governor on better integrating services to families. Rapaport hopes that the Commission will offer policy papers about welfare innovation in other states and organize public meetings to “make sure that priority setting is done in the light of day.”

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References
5. Case Study #2: The Kentucky Commission on Families and Children:  
*The Perils of Inconstant Support*

**Introduction**

The Kentucky Commission on Families and Children, created by executive order on August 18, 1994, was charged by former Governor Brereton Jones (D) with "planning, implementation and direction of a family-oriented system of community supports and services moving from crisis to prevention and promoting wellness." The Commission rallied state and local interest in family service reform, served as a catalyst for four promising local collaborative initiatives, and offered promise as a site of continuing reform. However, though ambitious in its conception, the Commission's actual activities and influence on systems reform were modest for a number of reasons, including lack of sufficient resources, reassessment of the Commission's mission, confusion about its authority and role, and, most importantly, a loss of political capital due to a change in governors. In 1997, Governor Paul Patton (D) disbanded the Commission. He has since established a Commission on Human Services Collaboration.

**The Context for Reform**

In the 1990s, Kentuckians have been inundated by reform initiatives. Best known outside of the state is Kentucky's education reform effort. Declared unconstitutional in 1988, the state education system began to be overhauled with the 1990 Kentucky Education Reform Act (KERA) — as much tax reform as education reform, which increased state spending on education by 25 percent, raised standards for teachers, revamped curricula, and created a system of Family Resource and Youth Service Centers (FRYSCs) that number more than 500 today, serving better than 800 schools. In addition, the Kentucky legislature passed a health care reform plan in 1993, which remains controversial today, and, like most states, has undertaken an ambitious systems reform planning process for the federal Family Preservation and Support Services (FP/FS) Program.

The Commission itself grew out of Kentucky's participation in The Pew Charitable Trust's Children's Initiative, a social services reform project that was to provide substantial planning grants and technical assistance to ten states over ten years. When the Pew project disintegrated in 1993, the participants at both state and local levels, seeking to maintain the progress and energy they had developed, convinced then-Governor Jones to create the Commission. The Pew systems reform principles influenced the drafting of the executive order authorizing the Commission — just as the Pew technical assistance received by local planning collaboratives helped shape their interest in participating in the Commission's work.

With a population of nearly four million spread across a state 500 miles wide, Kentucky has five distinct regions, each with its own political and demographic features: Eastern
Kentucky is poor and includes Appalachia; the prosperous Bluegrass area in the central part of the state is home to the famous horse farms; Northern Kentucky, near the Ohio border, is "Yankee," German, and Catholic; Jefferson County is dominated by the urban center of Louisville; and the Jackson Purchase area in far western Kentucky is rural and conservative. Kentucky has 120 counties; each elects a judge who serves as county executive.

Kentucky government is state- rather than county-controlled, although there is a third layer of state governance: Area Development Districts (ADDs), multi-county, appointed boards created in the 1960s as a vehicle for regional planning and economic development, that also have been used to administer programs for the elderly and the JOBS program.

The Commission Structure and Authority

The Commission, as chartered in the executive order, had 14 members (seven private and seven public): five gubernatorial appointees, one representing the private sector and one representing parents; two members appointed by legislative leaders, one by the Speaker of the House, one by the President of the Senate; and seven ex officio Commissioners who are Secretaries of the Cabinet for Human Resources (now split into two Cabinets: Families and Children and Health Services), the Cabinet for Education, Arts, and Humanities, the Cabinet for Economic Development, the Workforce Development Cabinet, the Justice Cabinet, and the Commissioner of Education. The public members had staggered four-year terms. Governor Jones named Wade Mountz, a retired hospital administrator from Louisville, as chair of the Commission. By all accounts, Mountz is a highly respected citizen who also serves on a variety of public Commissions, including the Pritchard Committee (which was the catalyst for the state’s education reform efforts) and as vice-chair of the state school board. He has a reputation for being fair-minded, well connected throughout the state and nation, and uninterested in personal glory. He is praised for “not having an axe to grind.”

The Commission was attached to the Office of the Governor, and although the executive order called for staffing from the Family Resource and Youth Services Branch of the Cabinet for Human Resources (from which the more than 500 FRYSCs are coordinated), the Commission had only one staff member, Shirley Wilson, commission coordinator, who was paid by Department of Social Services in the Cabinet for Families and Children.

The Commission met quarterly at the state capitol building in Frankfort. These meetings were public and formal; little substantive work happened during them. At the January 1996 meeting, Chairman Mountz described his discussions with key aides of the new Governor about the Commission’s future. Four local initiatives presented updates about their projects. One Commissioner brought up a couple of concerns, and the meeting was adjourned. Between meetings, most contact among Commissioners and between the Commission and the local initiatives was brokered by the commission coordinator. The work of the Commission (reviewing proposals from local initiatives, for instance) was accomplished by the Chair, the commission coordinator, and ad hoc task forces. In addition, the Commission created a team made up of state government staff to provide
technical assistance to the local initiatives — although the team was never activated.

As an initiative of the Governor’s, the Commission had as much (and only as much) authority as the Governor gave it. Although the original mandate for the Commission was broad, its resources were limited to one staffer (well situated in the Governor’s office) and no independent budget. Former Governor Jones’ Secretary of the Cabinet Mark Guilfoyle, a strong supporter of the Commission’s work, made sure that the Cabinet secretaries attended Commission meetings. And Wade Mountz’s reputation certainly gave the Commission credibility. However, once Governor Jones’ term began to wind down, the energy of the Commission’s mandate stalled, in anticipation of the election of a new Governor — a new potential patron.

The Mission of the Commission

The mission of the Commission on Families and Children evolved over time, and was not clearly defined publicly. The Commission’s mission, as described in the 1994 executive order, was broad:

“By July 1, 1995, the Commission shall conduct a strategic planning process and prepare a statewide plan for the establishment of
a) a system and timeline for full implementation of a comprehensive, family-focused, standards-oriented, consumer-driven system for funding and delivering services to children and families;
b) a core list of measurable standards and performance measures developed with the participation of local sites compatible with the standards established by the Kentucky Education Reform Act of 1990;
c) minimal measures for service access and quality that all communities must meet in order to achieve the defined standards;
d) program evaluation procedures.”

Chairman Mountz believed this mission statement was too top-down in its orientation. He knew that the federal Family Preservation and Support Services Program was already funding $700,000 worth of state planning — although nearly all of the participants were agency employees rather than a mix from the public and private sectors. He told Governor Jones that, rather than developing a state-wide plan, the Commission should get “the word” from local initiatives on how they thought the system should be reformed, and the Governor agreed. To do this, the Commission widely distributed a request for information throughout the public and private human services communities, asking for proposals for collaborative efforts that emphasized prevention and involved all sectors of the community. In Mountz’s view, the Commission mission was to serve the local initiatives as a “catalyst at the state level” that could “remove barriers to success,” including cutting burdensome regulations, reallocating staff resources, and decategorizing state funds. He believed that once the Task Force on Family Service Centers, which oversaw the 500+ FRYS/Cs created by the Kentucky Education Reform Act, sunsetted in 1997, the Commission could have been an appropriate state-wide governance oversight body for them.
Differing Conceptions of the Mission

Others who were involved in the work of the Commission at the time of the early 1996 Family Impact Seminar (FIS) site visit had a variety of conceptions of the Commission’s mission — some complementary to Mountz’s and some not. A Commission member said the mission was to help various governmental agencies, nonprofits, and for-profits work together voluntarily to minimize overlapping services. Another believed the Commission should function as a conduit for input from local communities on legislative decisions regarding funding. A participant on the Commission’s technical assistance team said that, although the Commission “hasn’t done anything yet,” it could set policy direction, provide incentives (in terms of less regulation and more money) for collaboration, develop a comprehensive management information system (MIS), and improve training and communication.

According to a key legislative staffer in January 1996, there was no legislative consensus on what the Commission’s role should have been. Part of this was due to the Commission’s low profile; many legislators were unaware of the Commission’s work. Even those legislators who were interested in family and child policy were unclear about what the Commission did and how it related to other higher profile initiatives, including the FRYSCs and the Neighborhood Places in Louisville, an initiative to co-locate child and family services in communities. At the beginning of the 1996 legislative session, Representative Thomas Burch (D), chair of the House Health and Welfare Committee, was considering legislation to provide a mandate for the Commission as well as legislation for the Neighborhood Places program, which is part of one of the four local initiatives chosen by the Commission. However, what with the pressures of a biennial, 60-day legislative session, the Commission was not a serious legislative priority.

John Cubine, chief-of-staff to the Auditor of Public Accounts under the Brereton’s predecessor, played an important unofficial role with the Commission as leader of the informal evaluation task force responsible for reviewing proposals by local initiatives. A well-respected state government official best known for his staff leadership in crafting “Wake-Up Call for Kentucky: Out of Crisis, Into Action,” the report of the Governor’s Commission on Quality and Efficiency, Cubine envisioned the Commission as a united forum of agency heads “speaking with one voice” to reform fragmented services. Public members like Mountz brought credibility and fresh ideas and, more importantly, allowed state agency leaders to give up turf while saving face, Cubine said. The major impediment to coordinating services was, in his view, federal program requirements that service worker cost allocations be time-based rather than outcomes-based. Without waivers on this issue, efforts to co-house services and share costs of federally funded programs are stymied. “If federal barriers are removed, the state barriers will follow,” he concluded. Even with federal waivers, the Commission would have needed a legislative mandate to decategorize state general funds, according to Cubine.

Cubine found in his report for the Commission on Quality and Efficiency that the state had never done outcome-based strategic planning for social services; he didn’t believe that the Commission was the appropriate site for a strategic planning effort, with or without
federal block grants, because such a process must first be mandated by the Governor and legislature. He argued that, although the future mission of the Commission was unclear at that time, the recent split of the Cabinet of Human Resources into two Cabinets could have enhanced the need for the Commission’s coordinating role.

Selecting the Local Initiatives

In March 1995, the Commission sent a request for information (RFI) to 1,850 local private and public agencies, school districts, community action agencies, United Way groups, and government entities seeking collaborative applications for “The Kentucky Family and Children’s Initiative.” The Commission defined the initiative’s goal as helping the state government “partner with communities as they seek innovative approaches for community directed systems that are family-responsive, flexible, comprehensive, and successful.” By improving the delivery of human services in selected communities chosen by the Commission, models would be developed for replication in other communities, according to the RFI. While the initiative offered no funding to local collaboratives, the RFI stated that the Commission would assemble a multidisciplinary team to provide limited technical assistance to participating communities on “the systems change process.”

In addition, each local initiative chosen would be assigned a lead consultant responsible for managing the process of overcoming state and federal policy barriers, obtaining state and federal approval for flexible funding, preparing amendments to the state budget that would enable foundations and their funding to be transferred to the local collaborative, and assisting the community identify opportunities for increased federal funding.

The application requirements were very flexible. Mountz said they had a “terrible time” getting the RFI written because he, the Commission, and the work group drafting the RFI wanted it to look different than a normal grant request — more flexible, less bound by rules — yet they had no models. For instance, they finally decided to remove a preprinted signature page that listed potential local officials, because “maybe the guy running the pool hall” would turn out to be an important community stakeholder. The RFI defined the general elements of what a local initiative might look like (in terms of principles rather than prescribed structures or types of participants) and what the Commission meant by “service integration,” focusing on coordination, comprehensiveness, public and private collaboration, and early identification and prevention. The applicants were asked to submit a five- to ten-page narrative describing their community’s commitment to collaboration, the nature of their governance structure, their approach to community assessment and development of results-based accountability, how financing of services would be changed to support the new framework, and what steps would be taken for the professional development of those participating in systems transformation.

The Commission found that it was a challenge to convince the local communities that the state was serious about making changes when the Commission was offering only technical assistance and no direct funding for planning. However, the Commission received twelve formal applications to the RFI. (Two applications from organizations in Kenton County were later combined at Mountz’s suggestion.) An informal evaluation work group was
selected by Mountz and led by Cubine. It had nine members representing different state agencies. Using an informal work group, which did not have public meetings, made deliberations about which initiatives to choose easier, according to Mountz.

Each member of the task force ranked the twelve proposals using a 100-point evaluation scale, using the loose criteria outlined in the RFI. Four proposals, which coincidentally offered geographical diversity, were judged to be of sufficient quality to be accepted as participating local initiatives:

1. Kenton County Combined Initiative — Located in northern Kentucky, Kenton County’s Initiative combined proposals from the Covington Commission on Families and Children, which sought to expand an existing family-focused, comprehensive, flexible services program for low-income families with children prenatal to three-years-old, and from the Northern Kentucky Community Health, Education, and Human Service Resource Collaborative, which would build on the work of Woodland Middle School and the National Alliance for Restructuring Education to achieve systemic education reform, including connecting to community services and supports.

2. Neighborhood Place in Jefferson County — In 1991, when the Kentucky Education Reform Act (KERA) created the system of Family Resource and Youth Service Centers (FRYSCs) in schools statewide, Jefferson County (the city of Louisville) realized that their current human and social service delivery system was too complex and fragmented to respond successfully to the increased referrals created by the FRYSCs. Therefore, the Jefferson County Community Collaborative, representing more than twenty agencies and organizations serving families, was formed to create Neighborhood Places — community-based integrated service centers offering financial assistance, health services, schools support, family assessment, service coordination, job training/employment screening, mental health counseling, and referral to other services. The Pew Children’s Initiative as well as the preparation of an Empowerment Zone grant application provided impetus to the project. Jefferson County’s Neighborhood Places have since received a Partnerships for the Community Protection of Children grant from the Edna McConnell Clark Foundation.

3. Gateway Region Interagency Delivery System (GRIDS) in Bath County — A joint application of the Gateway Area Development District (ADD) and the Gateway District Health Department, GRIDS sought to build on the efforts in the Gateway area (primarily rural Appalachia), particularly around Family Preservation and Support Services (FP/FS) planning, to develop an integrated delivery system, including the FRYSCs, in order to achieve integrated service accessibility for school and pre-school children and their families and to increase the utilization of prevention/early intervention and mental health services and the availability of home-based outreach services for children and families. GRIDS has a governing board made up of decisionmakers from the Gateway ADD, public and private service delivery fields, and representatives from the University of Kentucky and Morehead State University.

4. The Human Development Council in Daviess County — Another outgrowth of the Pew Children's Initiative, the Human Development Council is a community collaborative initiative for social services made up of service providers, elected officials, and business and civic leaders. Located in the western part of the state and supported by the Hager Educational Foundation, the Council defines its mission as three-fold: (1) build community support for the vision of a better future for all
children, (2) create the collaborative environment essential for maximizing the quality and efficiency of existing human services, and (3) accept accountability for achieving better outcomes for children and families. The Hager Foundation’s executive director, Keith Sanders, was a member of the Commission.

Each of the four initiatives selected was asked to commit to creating a plan by June 1996.

Four additional local collaboratives (Adair, Fayette, Marshall, and Taylor counties) responded to an invitation to become “second-tier” participants in the Commission’s Initiative (by attending Commission meetings, etc.) with the understanding that they might also receive limited technical assistance if the Initiative was expanded. These collaboratives were aware that the four pilot projects would have priority.

What the Local Initiatives Wanted from Commission

The four local initiatives that were selected expected a number of benefits when they responded to the RFI. Jefferson County, GRIDS, and the Human Development Council had each begun a comprehensive local planning process with technical assistance support from the Pew Children’s Initiative; they saw the Commission as an opportunity to continue this process. Although neither of the Kenton County projects was involved with Pew, both hoped that the Commission would provide technical assistance, cut through state bureaucratic barriers, and offer their programs added legitimacy with foundations. In addition, Gateway, in particular, looked to the Commission as a vehicle to encourage the development of a comprehensive state-directed MIS system for social services.

Although a technical assistance (TA) team made up of representatives from various state agencies (including FP/FS, the FRYSs, and mental health) was selected, a mechanism for providing TA services has never developed. Occasional “trouble-shooting” TA was coordinated through the Commission; for instance, the Commission Coordinator intervened with a maternal and child health director on behalf of one of the initiatives. (However, other initiatives said they went directly to the Department of Human Resources when they hit a bureaucratic barrier, rather than through the Commission.) And, the local initiatives made use of the Area Development Districts’ needs assessments prepared for the FP/FS state plan, according to Betsy Farley, an administrator of the state’s FP/FS program. However, the TA role of the Commission stalled soon after the four initiatives were chosen.

The Jefferson County Initiative does credit the Commission with providing them with the impetus to formalize their collaborative governance structure. They also used their selection by the Commission for local public relations purposes.

All four initiatives agreed that the Commission had great potential to assist their local efforts — if it were given the proper authority and mandate. In January 1996, the four local collaboratives, as well as the Fayette County collaborative from the second tier of local initiatives, sent a “Proposal for a State-Level Governance Body to Improve Results for Families and Children” to Governor Patton to encourage him to reauthorize the
Commission’s mission (whether under its current name and structure or not). The Proposal outlined a comprehensive mission for such a body, which would:

- Ensure state investment in children and families is maximized.
- Develop an integrated approach to creating those conditions necessary for families to thrive.
- Provide for increased accountability in the expenditure of tax dollars for children and families.
- Establish continuous quality improvement and provide for accountability in services for children and families.
- Address issues related to management information systems, financing, governance, and service delivery to maximize service integration.
- Remove regulatory barriers that impede effective service delivery on the local level.
- Provide a mechanism for local community output in the redesign of services for children and families.
- Assist communities in building the capacity necessary for local decisionmaking and accountability in human services.

Beyond describing a full agenda for the Commission, the proposal offered suggestions for the kind of governing authority it should be given. They wrote that such a governance body must be empowered to:

- Negotiate inter-agency agreements.
- Seek federal waivers of regulatory barriers.
- Enter into agreements with specific local jurisdictions.
- Establish outcome measures across systems.
- Waive state rules and regulations that impede coordinated services.
- Transfer funds within and among state agencies.
- Develop plans for pulling down maximum federal dollars.
- Establish networks to coordinate services at the local level, including direction of Family Resource and Youth Service Centers.
- Provide technical assistance to communities.
- Facilitate the planning and implementation of block grants.

Finally, the proposal argued that the governance entity must be given decision-making authority related to allocation of resources, integration of services on the state and local levels, and coordination of state and local policymaking. It should maintain the “clout” derived from being part of the Governor’s Office, yet incorporate a broader membership to include more Cabinet secretaries and representatives from the business sector and the legislature. The local initiatives noted that an empowered governance body would require additional experienced staff and an eventual legislative mandate.

The Demise of the Commission

The Commission’s status was uncertain at the time of the FIS site visit in January 1996. Governor Patton’s administration had just taken power; most of his Cabinet secretaries were new to state government. As part of his effort to reassess the structure of state
government, the Governor has split the Cabinet for Human Resources into two — a Cabinet for Health and a Cabinet for Children and Families. Later in the year, Patton disbanded the Commission, replacing it with a Commission on Human Services Collaboration, a body with a similar coordinating mission but without the local component.

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6. Case Study #3: The Ohio Family and Children First Initiative Cabinet Council: 

Voinovich’s “Line in the Sand”

Introduction

The Ohio Family and Children First Initiative was launched by Governor George V. Voinovich (R) early in his first term as an effort to define children and families as a major priority of his administration. In keeping with his interest in government reform and applying corporate management techniques to state operations, he envisioned the Ohio Family and Children First Initiative as a method for reforming entrenched state bureaucracies by devolving responsibility for service coordination to the local level. As a predominantly county-administered state, Ohio has had a rich history of local governmental control. The Initiative has received little national publicity despite its steady growth from a pilot in a handful of counties to a state-wide effort with strong bipartisan support. In 1996, Voinovich reenergized the Initiative by expanding its staffing capacity six-fold (chiefly by reassigning existing agency employees) and successfully sponsoring legislation for a Wellness Block Grant program to the counties.

The Ohio economy, long dependent on its heavy industry and agriculture base, has rebounded from a decline in the 1970s and 1980s with new job growth in the manufacturing and service sectors and increased foreign exports. Reelected in 1994 with 72 percent of the vote, Voinovich remains a very popular leader — his political success has certainly bolstered the Initiative; most observers now believe that the Initiative will outlast him (his second and last term ends in January 1999) in some form or another.

The Birth of the Initiative

In a widely quoted passage from his first State of the State Address in March 1991, Governor Voinovich challenged his state’s legislature:

Our aim is ... to make an unprecedented commitment to one priority that I believe ranks above all others — the health and education of our children. Most Ohioans have had enough welfare, enough poverty, enough drugs, enough crime. Most would love to see that debilitating cycle broken, and the people trapped within it freed — once and for all. So would I. The only way to do it is to pick one generation of children, draw a line in the sand, and say to all, “This is where it stops.” Today, we draw that line.

His Family and Children First Initiative and its Cabinet Council represent the policy result of that line in the sand. From the beginning of his political career, as a county commissioner for Cuyahoga County in the early 1970s and later as mayor of Cleveland, Voinovich had been frustrated by the lack of coordination among human services programs, according to his deputy chief-of-staff Jacqui Romer-Sensky. As mayor, he
contracted a study of possible local reforms, but its recommendations were never implemented. Working through the state budget during the first six months of his gubernatorial term, he found that state bureaucracies were even more entrenched than he had imagined. When he expressed his frustration to Colorado Governor Roy Romer (D) at a National Governors' Association meeting, Romer suggested the Council of Governors' Policy Advisors (CGPA) Policy Academies as useful exercises for senior state human service officials interested in reform.

Led by Jacqui Romer-Sensky, a team of deputy-level officials from a number of state child and family services programs attended three one-week sessions over the course of six months. Five years later, most of the participants interviewed by the Family Impact Seminar (FIS) considered the Policy Academy experience a key factor in the development of the Family and Children First Initiative. Interestingly enough, Romer-Sensky and several others said the team did not learn much from the experts leading the workshops on reform, however; the fact that the team was isolated, away from Columbus, and able to have "great conversations" among themselves made the real difference. Romer-Sensky and the team felt intense pressure from the Governor to come up with a plan — an "ongoing structural commitment" in her words — that fulfilled his state-of-the-state promise about children and put the state government on the reform path.

Between policy academy sessions, the team held several 400 to 500-person forums with state officials, conducted focus groups, and spent time learning about each others’ systems. Voinovich wanted to build on the successes of his predecessor Governor Celeste’s (D) administration — in which state Head Start funding was steadily increased and early intervention collaboratives created at the county level, a proposal to consolidate human services agencies was devised but never implemented, and a county-based "Youth Cluster" council system was created to provide case management for multi-need kids.

In August 1992, the Governor signed an executive order creating the Family and Children First Cabinet Council, which brought together the Governor (represented by Romer-Sensky) and the directors of the Departments of Alcohol and Drug Addiction Services, Budget and Management, Health, Human Services, Mental Health, Mental Retardation and Developmental Disabilities, and Youth Services, and the Superintendent of Public Instruction (who is not a Cabinet official). A similar body, the Interdepartmental Cluster for Services for Youth, created by statute during the Celeste administration and subsumed by the Cabinet Council, had been charged with overseeing coordination of service delivery for multi-need children and youth by working with similar bodies at the county level. Governor Voinovich's executive order expanded their mandate considerably (the mandate was reinforced by legislation in the 1994-1995 budget bill).

Despite its connection to the Youth Cluster structure, the executive order had a decidedly early intervention and readiness-to-learn thrust to it, with the Initiative adopting one of the National Education Goals: "by the Year 2000, all children will start school ready to learn." Specific objectives included the following:

- By June 1998, 84 percent of the eligible three- and four-year-olds at or below the poverty level who can be identified and whose families desire services will be in an
early childhood program.

- By January 1996, 75 percent of all two-year-olds will have received their complete series of immunizations, up from 51 percent in 1991.
- By June 1997, the number of children in the child welfare system experiencing multiple out-of-home placements will be reduced from 49.4 percent to 44.4 percent.
- By December 1995, all children from birth through age 5 who are suspected of having a disability and whose families desire services will be identified and evaluated for services.
- By June 1997, the number of low-income pregnant women entering medical care during the first trimester of pregnancy will increase from 37 to 75 percent of those Medicaid eligible and from 45 to 75 percent of those using maternal and child health clinics.
- By June 1997, the number of alcohol- and other drug-addicted pregnant women entering medical care and receiving substance abuse treatment will increase by 100 percent.
- By the end of 1995, the number of children awaiting a permanent placement will decrease by 33 percent, from 3,224 children to approximately 2,160.

In addition, the executive order set out several principles that all state agencies serving children and families were compelled to adopt:

a. Protect the integrity of family and support the family’s efforts toward fostering optimum growth and development;

b. Respect the role that the family, public and private local service providers, and the community play in developing, implementing, and evaluating services. These services, programs, and policies shall be designed to facilitate coordination and collaboration among the family, public and private local service providers, and community;

c. Reflect a holistic needs-based approach to achieve identified goals and outcomes for the family;

d. Incorporate prevention and early intervention strategies in order to reduce the need for more costly remedial strategies;

e. Recognize the diversity and cultures of Ohio’s families and provide a viable choice among service options;

f. Promote equity in resource distribution; and

g. Promote systemic change in an effort to integrate separate systems to best meet the ever-changing and complex needs of children and their families.

Additionally, the Cabinet Council was charged with monitoring the implementation of Ohio Family and Children First Initiative goals within the state agencies, facilitating state collaboration on issues affecting families and their children, promoting and facilitating collaborative efforts on the local level, and taking the lead in developing a state family policy. The executive order did not establish a staffing mechanism for the Cabinet Council, although Romer-Sensky’s position in the Governor’s office gave her sufficient authority to assign tasks to agency personnel.

In December 1992, Voinovich released a request-for-proposals (RFP) that encouraged local communities “to come together and plan a service delivery system that will enable young children with the help and support of their families to have the best possible chance
to start school ready to learn and to learn once there.” The RFP offered two years of funding ($75,000 each) for up to seven demonstration models of Family and Children First (County) Councils, each of which would participate in three policy academy sessions with the Cabinet Council (modeled on the CGPA academies).

The RFP identified five state-wide results with related benchmark indicators that the County Councils must focus their planning on (although the results and indicators would be “individualized for each county” as part of the pilot project):

- More young Ohio children will have access to high quality preschool and child care programs by the year 2000.
- Ohio will increase family stability by the year 2000.
- Ohio will seek continued improvement to assure that infants and children are healthier by the year 2000.
- State agencies will work together to develop cohesive family-based policies and programs with measurable outcomes by the end of fiscal year 1994. Piloted local agencies will follow suit by the end of fiscal year 1995.
- State agencies will increase resources for prevention and early intervention services to families and children age birth to eight during the fiscal years 1994/1995 biennium.

The pilot councils were also charged with developing an integrated family policy for their counties by integrating the missions and functions of the Youth Clusters, the Early Intervention Collaborative, the Title XX Planning Group, and any other relevant coordinating entities within the community. They were encouraged to consider specific strategies for reforming categorical systems — for instance, cross-system emergency response teams, a single intake or assessment process, case management, and in-home support. The RFP mandated that the county councils be made up of certain specific members, including county department heads that paralleled the Cabinet Council membership as well as the presiding judge of the juvenile court, a representative of the largest city in the county, chair of the county commissioners or a designee, a Job Training Partnership Act (JTPA) representative, and at least three family representatives whose children have received services from two or more service systems. In addition, the RFP suggested that the county councils expand their membership or create advisory groups to ensure broad community input (including, for instance, representatives from the business, religious, charitable services, philanthropic, media, public housing, and economic development communities).

Sixty-four of Ohio’s 88 counties applied to be pilot sites; eight counties — Ashtabula, Cuyahoga (Cleveland), Hamilton, Lawrence, Lucas, Perry, Stark, and Van Wert — and one rural regional consortium (made up of Adams, Brown, Clinton, Fayette, and Highland counties) were selected to participate and receive funding. Starting in 1993, representatives from each county attended the first of three three-day policy academy sessions in Columbus, in which they participated in visioning and strategic planning exercises. As of April 1996, all 88 counties had created County Councils — although the non-pilot sites counties received significantly less planning money ($17,000/year rather than $75,000) and no opportunity to attend a Policy Academy. Linda McCart, staff director of the Initiative, credits 1994-1995 budget legislation offering all counties that developed County Councils the ability to create “regulation-free zones” — that is, petition the state
for regulatory relief — with spurring all counties’ interest. She adds that between 1993 and 1996 non-pilot counties came on board as they achieved a better understanding of the need to work collaboratively, saw the success of the pilot sites, felt that problems were increasing in their communities, and responded to state incentives for collaboration.

The Mission of the Cabinet Council

Although the original RFP states that “the Cabinet Council ... has set the initial focus for this project on children, aged birth through eight, and their families, including pregnant women,” the Initiative’s mission has been, in fact, broader than that. Depending on whom you talk with, the Ohio Family and Children First Initiative Cabinet Council is:

- a comprehensive, integrated readiness-to-learn initiative for the birth-8 population;
- a larger prevention initiative targeting all children and their families;
- an expansion of the Youth Cluster concept, that is, integrated case management for multi-need kids (usually pre-adolescents and adolescents);
- a human service systems reform effort along the lines of reinventing government;
- the first step in the development of a super Family and Children First Agency;
- a funnel for more and better coordinated spending on child and family programs; or
- a parent and family involvement initiative.

Jacqui Romer-Sensky, who as the Initiative’s patron has been its prime mover, agrees that the mission has been somewhat malleable, but she believes that this is one of its strengths because it attracts participation from many sectors with different agendas — as long as the people at the top stay focused on reforming the bureaucracy, what she calls “gutting the beast.” She defines the mission as having four thrusts: (1) wellness, particularly related to prenatal care and teen pregnancy, (2) early childhood — Head Start, pre-school, Early Intervention, and Early Start, (3) family stability (or support), which encompasses Youth Cluster-like case management, foster care, welfare, and child support, and (4) administrative flexibility, rule reduction, and systems reform. A multiple mission like this allows the County Councils to “personalize” their work to fit local circumstances, she notes. By her estimation, only “about three dozen people get the systems reform agenda,” yet the other more programmatic goals — like school-readiness or the reduction of teen pregnancy rates — generate much of the excitement and energy that participants bring to the Initiative. No one wants their own system reformed, she contends; reform happens as a by-product of systems being oriented to a common goal and people learning to work together to achieve it. In any event, Romer-Sensky says she is not convinced that any such thing as “systems reform” actually exists.

The downside of the Initiative’s flexible mission is that its focus becomes diffuse, according to some stakeholders FIS interviewed. For those invested in the goal of widespread systems reform, the Cabinet Council seems to have lost its nerve after the promise of the original Policy Academies. Others, interested in the school readiness focus, worry that new money targeted for teen pregnancy prevention in the planned Wellness Block Grants takes the attention away from the early childhood programs. Participants who came from the Youth Clusters initiative are concerned that their clients — older,
multi-need kids — will not be as well-served by the County Councils. Of course, an
initiative that generates criticism from groups representing narrow interests may view such
feedback as evidence that it's doing its job about right.

The Players: Governance Structure of the Initiative

The Family and Children First Initiative Cabinet Council’s membership is mandated by the
executive order and the subsequent authorizing legislation. Cabinet directors may not
send designees to the meetings; if a director cannot attend a meeting (which are scheduled
up to a year ahead of time), his or her agency will not be represented.

Romer-Sensky chairs the monthly Cabinet Council meetings, which are not open to the
public although FIS was invited to observe their hour-long May 1996 meeting. At that
meeting, the Superintendent of Public Instruction and all the required Cabinet directors
were present, although Budget and Management Director Greg Browning (who is also the
Governor’s top policy advisor) was called from the meeting several times to take phone
calls (the legislature was considering several bills with fiscal implications important to the
Governor). While Romer-Sensky clearly set the meeting’s agenda, the Secretaries
contributed freely, questioning each other and Romer-Sensky in a collegial, business-like
manner and digressing to other, related subjects when they felt it was appropriate.
Romer-Sensky and McCart offered updates on the integration of new staff and other work
of the Initiative, but the meeting was more than a pro forma show-and-tell. The Council
addressed a number of fiscal and policy decisions related to how to respond collectively to
what the county councils were doing (waiver requests, for example). They discussed how
under the Initiative each county would now prepare one comprehensive plan for child and
family services, rather than the 14 each had been required to submit to various state
agencies. Romer-Sensky directed the Initiative staff to prepare implementation options on
this and other issues for the Council to consider at subsequent meetings.

Several times during the meeting, Council members solicited from their colleagues
comment or assistance regarding a policy initiative in their agency. For instance, when the
Superintendent updated his colleagues on the status of his Urban Schools initiative, the
Director of Human Services asked him how they could collaborate as the state’s welfare
reform is implemented, particularly around the issue of informing schools when students’
parents were being sanctioned under the new welfare time limits. The Director of Alcohol
and Drug Addiction Services added that all the talk by educators about preventing teen
pregnancy and school dropouts would add up to nothing without aggressive alcohol and
drug abuse interventions. Later, in an exchange that best exemplified the genuine give-
and-take of the meeting, several directors and Romer-Sensky disagreed about whether
they had all accepted a particular type of agreement on sharing confidential client
information among agencies. The meeting ended on a positive note with agreement that it
was time to resume the large informational forums for all agency staff about the work of
the Initiative. One director said later that the quality of the Cabinet Council discussions
had improved in the last year — moving from a project-oriented focus to a more system-
wide collaborative philosophy.
A few critics suggested to us that they believed that all important decisions about the Initiative are made outside of the Cabinet Council meetings. Although it is clear that Romer-Sensky, Browning, and perhaps a couple of other members of the Cabinet Council accomplish a lot behind the scenes, we found the meeting we attended to be a site of real — although perhaps a bit truncated — discussion and collective decisionmaking. Romer-Sensky indicated that the reason the Cabinet Council works so well together is because they are used to collaborating on more than just Initiative issues. In fact, the same group, minus the Superintendent, meets at least weekly as part of the Governor's larger Cabinet or to discuss specific topics, such as Medicaid, welfare reform, or managed care.

Until March 1996, the Initiative had only four staff members on loan from Cabinet Council agencies who provided technical assistance to the county councils, developed new resources to fill service gaps, and assisted in marketing the Initiative across the state, including soliciting the support of advocates, county associations, and business leaders. However, because they were located in the Governor's office and because Romer-Sensky was the lead staffer for the Initiative, they were able to draw help from the agencies, particularly from the deputy directors who had attended the CGPA Policy Academy and supported the Initiative's goals. As the Initiative expanded beyond the pilot sites into all 88 Ohio counties, the limited staff was overwhelmed. According to nearly everyone involved, 1995 was a disappointing year because the state could not offer the counties sufficient technical support to create and operationalize their councils and launch specific initiatives. Romer-Sensky also became concerned that the Initiative had "become too much about her"; she believed she needed to relinquish day-to-day control to indicate that the Initiative had become institutionalized enough to survive beyond the current administration or the political whims of the moment.

In early 1996, Romer-Sensky hired Linda McCart from the National Governors' Association's Employment and Social Services Policy Studies Division to head an expanded Initiative staff, which they call "the Action Team." The 20-person Action Team is made up of mid-level managers from the Cabinet Council agencies loaned to the Initiative in response to a request from Romer-Sensky. The Action Team's primary mission is to provide technical assistance to the County Councils as they continue to evolve and to develop and implement coordinated plans. They have been divided into four teams, which parallel the Initiative's mission as defined by Romer-Sensky: (1) general operations, including communications and strategic planning, (2) early childhood, (3) wellness (prevention and early intervention), and (4) strengthening families, which includes child welfare and linkages to welfare reform. For most members of the Action Team, assignment to the initiative is a long-term temporary loan; according to McCart, "we shouldn't need this TA group in three years, if we've done our job."

In addition to providing technical assistance services to the County Councils, members of the Action Team are expected to return to their agency office-of-origin once a week or so — in an effort to serve as both ambassadors for the Initiative and conduits of feedback from agencies affected by the Initiative's work. As of the Family Impact Seminar's visit to Ohio in May 1996, the Action Team had participated in a three-week training and strategic planning retreat, moved to their new offices, and begun to focus on specific
assignments.

The role of the deputy directors from the agencies who had attended the original Policy Academy and served as de facto staff to the Cabinet Council necessarily lessened with the creation of the Action Team. However, they continue to provide a critical mid-level link to the agencies, and McCart has regular meetings with them.

In addition to the loaned agency managers, the Initiative has hired five regional coordinators to serve as direct liaisons with the County Councils for technical assistance needs and five family coordinators to assist Councils with family involvement. These individuals will work in partnership with the Ohio State University (OSU) extension service in three-person teams, each covering approximately 15 counties. OSU will provide in-kind support (including leadership training and web-site support), and the Department of Human Services will pay salaries; approximately half of the family coordinators’ salaries are covered by a grant from the Carnegie Corporation of New York.

Although the membership of the County Councils is mandated by state statute, the actual composition of councils varies from county to county. For one thing, in a county-administered state like Ohio, the structures of government vary from one county to the next, not necessarily mirroring the state agency structure. In addition, in some counties, the Councils have trouble convincing mandated stakeholders to participate: some did not trust the Initiative, others believed it was just another state-mandated committee. Many elected county commissioners, who wield the real political power in the counties, were at first skeptical of state-mandated planning councils and later quite concerned about their authority over state and county funding. As a result, in the 1996 legislative session, the Initiative’s authorizing legislation was amended to give county commissioners permission to require that County Councils submit spending plans to them for approval — in effect, giving the commissioners veto power. Commissioners have 15 days to act or approval is assumed.

State workgroups and County Councils have also had trouble meeting both the letter and intent of family/parental involvement requirements. Some counties have been unable to recruit the three family members to serve on the councils, even when offering stipends; others have argued that members on their councils who represent particular constituencies — say, a school district — are also parents and, therefore, also offer a parent’s perspective. The five regional family coordinators being put in place by the Initiative should help the councils beef up their parental representation.

Most County Councils employ full- or part-time coordinators to staff their work. Their salaries are funded through a $17,000 annual allocation from state general revenue funds and pooled funds from County Council member organizations.

The Ohio Family and Children First Initiative has also enlisted corporate sponsorship for one of its most public ventures, the Help Me Grow program, which encourages pregnant women to receive prenatal care and parents to make sure their children get regular medical care in the first two years of life. Modeled on similar programs in nearby states, the Ohio
Help Me Grow publishes a wellness guide for mothers-to-be and their babies (250,000 were distributed in the first year), which provides accessible information on prenatal and infant care as well as coupons for various services and products (which cannot be used until they’ve been stamped by a healthcare provider — an incentive for getting proper health care). Help Me Grow’s major sponsors include Ronald McDonald Children’s Charities, Pfizer, Inc., Kroger Food, Dayton Hudson Corporation, Rite Aid pharmacies, and Nationwide Insurance.

Achievements of the Initiative

In March 1996, the Initiative released a nine-page Record of Results Toward School Readiness, which touted a list of achievements to date; indicators of progress included expansion of Early Start (for children at risk of developmental delay or abuse and neglect) and Head Start (Ohio may be best known for its substantial Head Start investment, which has reached the elusive goal of full funding), as well as a JOBS/child care/Head Start partnership; higher immunization rates (although not reaching the expected outcome measure); the successful launching of Help Me Grow; increased prenatal and well-child care; more drug treatment for pregnant women and subsequent reduction in the number of drug-addicted babies; and increased funding for community respite care for families caring for children with disabilities. However, in addition to these and other programmatic results, the report emphasized steps toward systems reform and better interagency collaboration, including:

- Streamlined Public-Use Facility Licensure — To end the complex licensing requirements and multiple facility inspections confronted by those operating child care centers, Head Start programs, and the like, a pilot program in several counties was developed to consolidate the facility licensure functions exercised by seven state agencies.
- Linking Interagency Networks for Comprehensive Computer Systems (LINCCS) Project — Once completed, the LINCCS project will connect computer systems from several state agencies so that county providers can easily share information on children birth to eight and so that state officials can develop anonymous aggregate data for policy, budgeting, and evaluation purposes.
- Family Stability Incentive Fund — This $5.3 million fund is being used in 17 counties to provide incentives to communities to form intersystem diversion teams to prevent unnecessary out-of-home placements for children by evaluating potential placements and providing services to prevent placements not required for the safety or treatment of children.
- Home and Community-Based Waiver Services for Children with Disabilities — Increases the available openings for children with disabilities or medically fragile conditions to receive less expensive home- or community-based services rather than remain in an institutional setting.
- Regulation-Free Zones — Of 23 requests for regulatory relief from County Councils, the Cabinet Council has granted 13. The County Councils have to identify by name the particular regulations they want waived and to describe specifically how a waiver would benefit their county.
• Bureaucratic Rule Reduction — As part of a government-wide initiative to reduce unnecessary state regulation, the Initiative has eliminated 14 percent of the rules governing its seven social service state agencies. (Most people agreed that this effort was mostly cosmetic — the vast majority of the rules were out-of-date, invalid, or rarely enforced, but at least they have been taken off the books.) The Governor demanded an additional five percent rule reduction by the end of 1996.

• Service Coordination Plans — The Initiative’s thirteen pilot sites have implemented service coordination plans, which seek to organize the activities of courts, schools, and social services around the needs of abused, neglected, delinquent, or unruly children. In 1995, the General Assembly passed legislation requiring all Ohio counties to submit service coordination plans.

• The Action Team is in the process of creating a technical assistance document for the counties on how to consolidate the 14 different strategic service plans required by state agencies.

Despite this seemingly impressive record of achievement, most of the stakeholders FIS interviewed expressed disappointment with the Initiative’s pace of change in 1995, particularly in getting the County Councils up and running effectively. The rapid expansion of councils at the county level — from 13 to 88 counties in less than three years — taxed the ability of the four-member staff to provide technical assistance and promote change within state agencies. Without an operational collaborative infrastructure in at least most of the counties and systems reform at the state level, the successes of the Initiative would be episodic — impressive pilots and little systemic change. The creation of the Action Team, the hiring of regional and family coordinators, and the stepped-up technical assistance they will provide are efforts to address these shortcomings and increase the pace of change.

The Stories of Two Counties

In the two west-central rural counties FIS visited, Shelby and Union, we saw both the excitement and promise that the Initiative and the County Council structure has created, as well as some of the challenges the Action Team confronts.

In Union county, for instance, the County Council has been instrumental in creating an early childhood center that is housed in a school for children with mental and developmental disabilities, allowing for innovative developmental wraparound child care for children with and without disabilities. The 97-member County Council, which is governed by an executive committee, employs two early intervention coordinators, a half-time council coordinator, a youth manager for Cluster work, and a therapeutic foster home coordinator — all paid for by pooled and in-kind agency support. A local juvenile judge who had been initially opposed to the Council concept because he was concerned about its domination by the birth-8 agenda has since become its first chairman and biggest booster. Barb Nichol, one of the EI coordinators, has been impressed by Council participants’ willingness to talk, argue, and learn from each other, although she added that she did not realize at first how long the process of building workable partnerships could
take. She expressed optimism about assistance from the Action Team but warned that "Union County needs to hassle it out themselves." She is not convinced that either the state or the county knows how to make the next step happen — or even what the next step is.

At a meeting of Shelby County Council members, staff, parents, and a county commissioner, FIS heard a good deal of excitement about new programs in the county that have grown out of the Initiative — a new Family Resource Center, energetic Americorps volunteers working in child care and running youth weightlifting programs, a 24-hour services information phone line, parenting classes, and a parent-designed pamphlet, "16 Tips for Parents Dealing with Professionals" — much of it housed at a new Family and Children First center run by an energetic council coordinator. The evident buy-in by the parent representatives and the county commissioner was particularly encouraging. However, it wasn’t clear that county services were any more coordinated as a result of the County Council, and, in fact, one nonprofit agency representative expressed frustration about the service duplication resulting from a lack of integration.

Challenges for the Initiative

In her efforts to revitalize the Initiative in 1996, Romer-Sensky identified three goals: put in place an energetic Action Team, increase family involvement in the Initiative at all levels, and "cascade the vision" of the Initiative throughout the state agencies and into the counties.

One tool for accomplishing these goals was the disbursement of Wellness Block Grants, which represented the first monies being funneled directly through the County Councils. The principle target of the Block Grants was a reduction in teen pregnancy; however, Romer-Sensky stressed that in operation the Block Grant will do more than just target teen pregnancy prevention, because it "puts flexible prevention dollars on the street for drug abuse, child abuse, and dropout prevention."

The fact that the County Councils are often at different developmental stages is a real challenge, according to Kim Kehl of the Initiative staff. Some are well-established, have the right players involved, and are supported by the county commissioners; in a few counties, councils were not even fully functional because of distrust among potential stakeholders; most counties are somewhere in between "getting acquainted" and "implementing systems change." McCart adds that it’s a challenge to convince the counties to move from the case management approach of the Youth Clusters to a more preventive orientation that focuses on all children.

Romer-Sensky, who believes that "trouble means something is happening," hoped that the introduction of free state money would stir things up a bit. She always envisioned that some interagency money like the Wellness Block Grant would flow through the County Councils; the counties, however, did not believe it, she says. With the passage of the Wellness Block Grant legislation, those in the counties who were reluctant scrambled to
be involved. Romer-Sensky does not foresee large funding streams ever being diverted through the County Councils, however: “they shouldn’t be their own fiscal shops, but should act as viable catalysts” for consolidation.

The county commissioners have been particularly concerned about the fiscal accountability of the Councils — especially since the broad representation on the Councils may be good for planning purposes but not as helpful for maintaining fiscal accountability. Giving the commissioners oversight authority over Council expenditures forces the Councils to deal seriously with fiscal implications of their planning, according to Romer-Sensky. She is also heading an informal task force on governance issues to sort out some of the unforeseen problems created by the authorizing legislation, including the issues surrounding appointing authority, fiscal accountability, organizational status of the Councils, and liability.

Cascading the Vision
The success of the County Councils rests in large part on whether the state agencies support their work. Any bureaucratic organization resists change, but the state agencies will have to be flexible to deal with the demands that the counties will continue to make, particularly as they request more waivers and use their own discretionary funds. Most agree that commitment to the goals of the Initiative in the agencies is “a mile wide and an inch deep” — the department directors and the agency directors may be on board, but reaching farther down into the agencies will be key. Therefore, the liaison role of the Action Team with their home agencies — including once-a-week visits — should keep lines of communication open. McCart has also recruited mid-level agency staff to serve on task forces to provide technical assistance to the counties.

One agency deputy director commented that in 1995 there was widespread concern that the Initiative would die when Voinovich neared lame duck status in his second term (his current term ends January 1999) and, therefore, was not worth wholeheartedly pursuing. However, the energy of 1996 has convinced her that they must stop perpetuating that fear and “make the Initiative our own.” She believed that the Initiative and the Cabinet Council had begun to change the state government culture. Nowadays if an office did not first circulate a draft RFP or grant proposal among other agencies it “would get called on the carpet.” For instance, the Superintendent of Schools, who is not a Cabinet member and has traditionally operated independently, shared early drafts of his Urban Strategies initiative with colleagues on the Cabinet Council. The agency deputy director also attributed the success of the Ohio Early Start program to cross-agency collaboration inspired by the Initiative.

Romer-Sensky’s goal of “cascading the vision” is, of course, a continuing process rather than a discrete outcome. During the May 1996 Cabinet Council meeting, she suggested that the Cabinet directors resume the agency-wide information forums updating staff on the Initiative’s goals and progress that had so successfully launched the Initiative in the early years of the Voinovich administration.

Others are less sanguine about the prospects of changing the bureaucracy. They suggest that the Cabinet Council lacks a systems perspective; that it is more concerned with
encouraging innovative, but still largely categorical, programs than with fundamentally changing the way services are delivered. Although early in the Initiative a task force drafted a fundamental agency restructuring plan, the Cabinet Council rejected it out of hand. Without reforming the state level system, say these critics, the County Councils are being set up to fail.

Welfare Reform
Human Services Secretary Arnold Tompkins believed that the implementation of Ohio’s ambitious state-wide welfare reform plan — which includes work and time-limit requirements — will be an important test of governmental collaboration at both the state and county level. Romer-Sensky agreed: “Linkage will be important — for instance, if, under reform, you threaten sanctions against mothers unless they receive drug treatment, you have to have treatment slots available.” New kinds of cooperation among service providers who traditionally operated independently — workforce development, child welfare, mental health services, and schools, for instance — will be necessary, particularly for those hard-to-serve families who need additional help making the transition to work. However, a couple of critics felt that neither child welfare nor juvenile justice was sufficiently on board with the Initiative at this point. A human service interagency group, led by Office of the Director of Human Services Special Project Director Stan Sells, was created to build the counties’ capacity on dealing with welfare reform, particularly around sharing and managing information about welfare recipients across agencies.

The Future of the Ohio Family and Children First Initiative
Romer-Sensky identified the three most important constituencies whose support will be necessary for the Initiative to succeed over the long-term:
1. State legislators, particularly the large number of freshmen who were elected in 1994. Because creating a bipartisan legislative base is critical, Romer-Sensky has to work hard to find pieces of the Initiative that can appeal to a broad base, even if everyone doesn’t sign on to “the broad vision.”
2. The state associations of county commissioners, juvenile judges, health boards, MRDD boards, alcohol and drug addictions boards, and human services and child welfare directors. These constituencies are especially influential in county-administered Ohio.
3. Advocacy groups, including child care agencies, the school nurses association, Ohio’s Children’s Defense Fund, Parents for Drug-Free Schools, and the United Way. Gaining the support of left-leaning advocates was crucial to the success of a Republican-led reform initiative, she noted.

The challenges the Ohio Family and Children First Initiative faces are certainly formidable: fostering the development of viable County Councils, changing the way entrenched state bureaucracies operate, coordinating with welfare reform implementation, and avoiding political landmines, not to mention hitting the ambitious outcome benchmarks the Governor has set. However, the energy generated and talent assembled at both the state and local levels bode well for the future.
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References

Introduction

In 1994, Washington state embarked on an ambitious experiment in state-to-local devolution with the passage of the Youth Violence Prevention Act. Under the stewardship of the Washington Family Policy Council — a three-year-old policy coordinating body made up of four Cabinet secretaries, the Superintendent of Public Instruction, and four legislators — 53 citizen-controlled Community Health and Safety Networks were created and charged with the responsibility of crafting comprehensive outcome-based youth violence prevention plans based on sophisticated public health needs assessments — to be completed by 1996.

Although still a work in progress, the Washington state experience has many lessons to teach about devolution — not least of which is that it is unrealistic to give communities responsibility for solving complex social problems without the tools and support they need to do the job well. Especially for initiatives that seek the genuine involvement of nonprofessionals, as in Washington state, sufficient training and technical assistance is critical. To their credit, the Family Policy Council, its staff, and its supporters have done an admirable job — and have learned a lot from success and failure along the way.

This report tells the story of the origins of the Family Policy Council and the mission it was given in 1994. It describes the creation of Community Networks and their work through March 1996. The epilogue explains what has happened since.

The History of the Family Policy Council

The Washington state Family Policy Council, created by Governor Booth Gardner (D) by executive order in 1991 and codified by legislation in 1992 as a site for family policy coordination, is made up of five Cabinet secretaries, a representative of the Governor, and four legislators — two each (one Democrat and one Republican) from the House and the Senate. It grew out of earlier collaboration efforts among state agencies, notably one in 1988 between the Superintendent of Public Instruction and the Secretaries of Social and Health Services and Community Development, as well as the participation of high-level agency and executive staff in a 1989-90 Council of Governors’ Policy Advisors (CGPA) Policy Academy.

CGPA conducted the first State Policy Academy on Families and Children to help state leaders address the fragmentation of services to troubled families and children brought by years of categorical policymaking. Multidisciplinary teams of policymakers from Washington and nine other states came together — along with national experts on child and family policy, strategic planning and budgeting, communications, and public
accountability — in three week-long work sessions. The state teams were supported as they designed service reform policies and implementation plans to improve family and child well-being that reflected the unique circumstances of their own states.

After the Policy Academy, the Washington state attendees, who came from the four major agencies and the Office of Finance and Management, decided that reform in their state should be guided by a set of reform principles, which would apply across government agencies and programs. They conducted 11 community meetings and 50 focus groups throughout the state to discuss barriers to effective family services and to develop consensus on family policy principles. The result was the adoption of eight family policy principles. Once the Family Policy Council (FPC), which was comprised of only the five agency heads at this time, approved these principles, the Governor submitted legislation to have the FPC and its principles codified. When the state legislature passed the bill in 1992, they also added the four legislative members to the FPC.

The first major FPC initiative after the authorizing legislation was the $8 million Readiness to Learn (RTL) project, sponsored by the Superintendent of Instruction as part of a 1993 education reform package. Twenty-six sites received RTL grants; each had to create an FPC-like consortium and adopt the Family Policy Principles. An Interagency Coordinating Committee (IACC), made up of deputy directors from the agencies, provided state-level oversight and acted as staff for the FPC (at that time, the FPC employed only a director, John LeVeque). At the same time, the FPC and the IACC developed a workplan for reducing barriers for coordination among the agencies.

In spring 1994, however, the mission of the FPC expanded dramatically, when Senator Phillip Talmadge (D), the powerful chair of the Health and Human Services Committee, pushed the sweeping Youth Violence Reduction Act, which included gun control restrictions, new funding for prisons, new taxes on soda, tobacco, and alcohol to fund youth violence prevention, and less-noticed provisions for the creation of Community Health and Safety Networks throughout the state to be governed by citizen-dominated boards ("the Family Policy Initiative"). Soon to be retiring from the legislature to run (successfully) for a seat on the state supreme court, Talmadge considered this bill his legislative swan song.

The Family Policy Council, with an expanded staff, was empowered by the legislation to act as steward for the development of the Community Health and Safety Networks. Talmadge originally intended to give the networks to the county governments, but, when the cities and advocates objected because they didn’t trust the county service structures, they changed the legislative language to have the FPC define the network boundaries. While this muted the initial critics, it laid the groundwork for future disputes about network ownership. Many anticipated that the Family Policy Council would create six to ten networks statewide; Senator Jim Hargrove (D), a Talmadge ally and cosponsor of the legislation, imagined that no network would serve less than 40,000 people. Neither prediction came true.

In May 1994, the Family Policy Council sponsored a state-wide closed circuit telecast to 50 sites and, using agency mailing lists, generated a state-wide audience in the thousands.
— mostly service providers, county government officials, and school board members — but with few “regular” citizens, however. Most attribute the great interest generated to the hope for (and fear of) eventual decategorization of state funding that could result from the devolution of authority to the Networks. The teleconference described the intent, requirements, and planned implementation of the new legislation. Soon after, the FPC sent out applications to these stakeholders asking them to form community groups and to suggest their own network boundaries. Groups formed around these traditional stakeholders; the negotiations among them about who and what constituted a community were messy. For instance, one county government “went ballistic” when they learned that ten different groups in the county had submitted applications to form networks.

In the end, however, enough workable network applications came in that the FPC staff was able to draw a state map divided into 53 Networks (in a state with 39 counties), which the FPC was able to approve. Most Networks follow county and/or school system boundaries — with several major exceptions: King County (Seattle) is divided into seven Networks, one Network is made up of three rural counties, and there are eight small and not always contiguous tribal Networks with as few as 300 inhabitants each. In June 1994, as the community groups were meeting, David Brenna, a career Department of Health and Social Services official with a background in youth services, was hired as the new FPC staff director.

The legislation was very specific about the citizen-dominated composition of the Networks’ governing boards. Each board must have 23 voting members; 13 of them must be citizens without a “fiduciary interest” in the provision of services. By fiduciary interest, the legislature meant (and, in later legislation, more clearly specified) any person who is employed by a state or county service agency or who receives federal, state, or county money to provide services. This meant that the Network conveners, who were mostly stakeholders invited to the original teleconference from the agency lists, were compelled to recruit citizen members. Network meetings are also subject to the state’s public access requirements. The FPC was required to approve the composition of each board, including meeting ethnic diversity targets (the FPC contracted technical assistance from the state commissions on African-American, Hispanic, and Asian-Pacific Islander affairs and the Governor’s Office on Indian Affairs), within 20 days of a Network’s submission. Brenna cited this approval process as a good example of the delicate balance that this reform is trying to achieve between local control and state government interest. Since the initial approval of the boards, the Networks may appoint their own members without getting each one approved — as long as they comply with the law.

The Family Policy Initiative received $10 million in funding to support the creation of the Networks and their first two years of planning; the FPC also accessed federal Family Preservation and Support Services Act funds. The FPC disburses funding to the Networks according to a formula that provides a base level of money to each Network for planning and additional funds based on each Network’s population of children and several risk factors (including juvenile arrest, dropout, and teen birth rates). The initial two-year Network grants ranged from $5,635 for the Kalispel Indian Reservation Network ($58.10 per child in the Network) to $1,270,577 for the South King County (Seattle) Network ($8.57 per child). The median grant was to the Mason County Network — $96,871 or
$9.10 per child. Each Network board must select a fiscal agent, usually a local
government agency, to administer their funds. The funds support staff salaries and the
expenses involved in Network assessment and planning activities. The FPC held back five
percent of the total funding to use as performance rewards for the Networks. Additional
funding paid for technical assistance to the Networks and for the FPC staff. However,
despite a state ten-year commitment to the Initiative in the authorizing legislation, state
legislators in 1995 — many of whom were elected in a 1994 Republican landslide —
slashed the Initiative budget by 35 percent. State legislators justified the cut by
complaining that the Initiative wasn’t working — although most Network boards had not
even yet fully formed, let alone begun their planning process. The FPC staff was cut and
Brenna and the FPC were forced to seek non-governmental support (the Stuart
Foundation, among others) to pay for the technical assistance to the Networks.

The Philosophy and Mission of the Initiative

Senator Talmadge, a key legislator in the state’s 1993 health care reform legislation
(which was repealed by the 1995 legislature), brought a decidedly public health orientation
to the Youth Violence Reduction Act and its mandate to the FPC and the Community
Networks. The legislation specified that the FPC should support the Community
Networks as they (1) review state and local public health data and analysis relating to risk
factors, protective factors, and at-risk children and youth, and (2) develop long-term
comprehensive plans to reduce the rate of at-risk children and youth; set definitive,
measurable goals, based upon the department of health standards; and project their desired
outcomes.

The Act also directs the Networks to focus on reducing seven specific problem behaviors
(referred to by the legislation as “outcomes”): youth violence, teen pregnancy, teen
suicide, school dropout, child abuse and neglect, domestic violence, and substance abuse.
Each Network, required to choose three of these seven outcomes on which to concentrate
their efforts, is responsible for analyzing existing data on risk and protective factors
relevant to each behavior, as well as collecting information not available from current data
sets. The legislation directed the state Department of Health and local health departments
to assist Networks as they gather and analyze the data and plan their strategies for meeting
outcome targets.

In its October 1995 report on its reform activities, the FPC staff described the legislatively
mandated mission of the Networks, which they contend defined the core issues of this
services system reform, in this way: “Networks:
• are citizen-based rather than local government-based,
• include and provide voice to all parts of the community,
• are public in their decisionmaking and decisions,
• consider major decategorization of categorical program funds flowing into their
  community so those funds support demonstrably effective prevention activities,
• propose state legislation necessary to remove barriers to effective prevention and
  service delivery,
• focus extensively on service quality and prevention effectiveness,
• are vehicles to increase public awareness,
• produce policy innovations, and
• mobilize their community to focused action and results" (20).

The focus on outcome-based data analysis and prevention in the authorizing legislation shifted the philosophical emphasis of the Family Policy Council away from the principle-based reform of family-centered services crafted by the CGPA Policy Academy participants. Talmadge’s public health orientation does not necessarily conflict with the family policy principles adopted earlier by the Family Policy Council — in fact, local planning and community empowerment complement family-centered service delivery. However, some of those involved in the establishment of the Family Policy Council were disappointed in the de-emphasis of the family policy principles, as well as the prescriptive nature of the Talmadge’s charge to the Networks — as one participant said, the focus changed “from integration and barrier reduction to the creation of a model” for governance reform.

The real engine of Talmadge’s reform effort, however, was to shift the responsibility for decisionmaking about state funding priorities from existing state bureaucracies and local governance entities, including elected county officials, to citizen-dominated Network boards. His method was to limit the number of board members with a “fiduciary interest” in service delivery to 10 out of 23 board members in each Network — effectively giving public members veto power over fiduciary members. Needless to say, this provision made many of the Networks’ potential stakeholders very nervous.

The Structure of the Family Policy Council and Networks

The Family Policy Council is made up of the heads of five state agencies — the Department of Social and Health Services, the Office of the Superintendent of Public Instruction, the Employment Security Department, the Department of Health, and the Department of Community, Trade, and Economic Development — a majority and a minority legislator from each house, and an administrator from the Governor’s office. The FPC, which holds a monthly public meeting, is chaired by Bruce Miyahara, the secretary of the Department of Health (who with DSHS Secretary Lyle Quasim has been retained by current Governor Gary Locke). The FPC meetings are carefully planned and managed by FPC staff, who prepare detailed briefing books for the FPC members. The March 1996 meeting, which FIS observed, was attended by perhaps 50 people. Several substantive issues were discussed, including the ramifications of possible decategorization of state funds and some technical financing issues, and members disagreed with each other. However, due to their public nature, these meetings would not be a site for real negotiation between differing parties. Several observers have noted that the presence of legislators on the FPC profoundly affects the type of interaction among the members; the agency heads lose some of the freedom to air tough issues within the confines of the administration, but the legislators bring a new and politically catalyzing perspective to the discussions.
A small FPC staff, led by David Brenna, serves as the hub of activity and communication among the FPC members, the Networks, and the state agencies. At full strength in early 1995, the staff included Brenna, three policy analysts, a research analyst, a fiscal program manager, and two support staff, but was reduced as a result of the 1995 budget cut. Brenna and his small staff are energetic and enthusiastic, but the demands of overseeing the development of 53 diverse Community Network boards and supporting their crafting of complex outcome-based prevention plans in less than two years — as well as staffing the FPC and its various committees and advisory groups — are daunting.

The FPC staff is supported by the Interagency Coordinating Committee (IACC), a group of mid-level state policy managers, two from each of five state participating agencies. Until the 1994 legislation creating the Networks, the IACC had functioned as the de facto staff to the FPC. Several of its members had participated in the Policy Academy process out of which the FPC had been created in 1991. The IACC had been created in 1988 at the instigation of the Superintendent of Public Instruction to encourage cross-agency collaboration and cooperative agreements on particular issues like combating teen pregnancy. In the early 1990s, the IACC, in its role as staff to the FPC, helped develop a workplan for reducing regulatory barriers in all participating agencies. When these efforts were superseded by the 1994 legislation, the education community, which had been a prime advocate for principle-based systems reform, became disenchanted with the FPC, according to some observers. Since the creation of the FPC staff in 1994, the IACC has redefined its role as a liaison between the FPC and its staff, the Community Networks, and the state agencies. The members of the IACC help prepare their agency colleagues for likely changes as a result of the Networks’ planning process, they provide and refer technical assistance to the Networks, and they represent the interests of the state agencies to the FPC, the FPC staff, and the Networks. Their liaison role should take on particular importance as the FPC responds to the Network plans and their requests for technical assistance or policy changes by the state agencies. In interviews with the Family Impact Seminar, IACC members said they felt somewhat underutilized by the FPC — which they had valuable experience and expertise that the Networks and the FPC staff would find useful.

The FPC has created several task subcommittees, which are staffed jointly by the FPC staff and the IACC. They include the Budget and Policy Subcommittee, which develops funding formulas and policy guidance for the Networks; the Technical Assistance and Planning Subcommittee (which has since been disbanded), which developed the Community Network Notebook, a planning guide for the Networks, and other technical assistance materials and which oversaw the TA subcontract; and the Data and Research Subcommittee, which oversees research and data development and dissemination, the Geographic Information System, and evaluation. Brenna also meets monthly with each executive branch FPC member. Since March 1996, the FPC has formed two additional standing committees: the Executive Committee, made up of the FPC chair, vice-chair, and staff director, and the Management Committee, which handles day-to-day policy and administrative issues and includes the FPC chair, the IACC members, and the FPC staff.

The 1994 legislation sent to Governor Lowry for his signature called for the expansion of
the Family Policy Council to 23 members to mirror the more representative governance structure of the Community Networks. Governor Lowry, a strong supporter of the Family Policy Council and the Community Network concept, vetoed that provision as "unworkable." Instead, he signed an executive order creating a Family Policy Council Advisory Committee made up of stakeholders from the state and local levels, including service providers, business leaders, and other citizens. At a March 1996 Advisory Committee meeting, committee members described a role for themselves not unlike the mission of the IACC: to "hold the agencies' feet to the fire" to take the reform process seriously and, at the same time, to "bring reality" to the process — that is, using their years of state and local service delivery experience to advise the Networks and the FPC about what is and is not possible in reform. However, they noted that it had taken their committee a full year to become operational, that they were having trouble maintaining a full and diverse membership, particularly in terms of business representation, and that they had not yet been asked to do anything by the FPC or its staff. At the same time, they expressed great enthusiasm for the FPC’s mission, and several members were active in the planning activities of their own local Networks.

The Charge to the Networks: Get Organized and Get to Work

Once the Network boundaries had been approved by the FPC in 1994, the Networks began developing their boards and related operating structures. The success of their efforts varied greatly from Network to Network, particularly in getting the cooperation of the local authorities required by the legislation to appoint board members. In some communities, the local county elected and non-elected officials and school systems supported the Network process and freely participated. In others, the existing community governance structures ignored or actively fought the Networks’ development. Other barriers were more prosaic: for instance, the FPC had to request an opinion from the state attorney general approving the use of Network (i.e., state) funds for child care reimbursement of Network board members.

According to a December 1995 survey of the Networks by the FPC staff, one of the major obstacles confronting Networks has been recruiting and maintaining a full complement of 23 board members, particularly among the mandated 13 non-fiduciary members. Thirteen Networks had never had a full board; two-thirds reported that their efforts to maintain board membership detracted from their development of their comprehensive prevention plans.

The same survey showed that the principal factor ensuring whether a Network was making progress in maintaining a full board and embarking on a successful planning process was if it had hired full- or part-time staff assistance. With the ambitious timetable established by the 1994 legislation, most Networks found that relying solely on the volunteer efforts of board members was not enough to accomplish tasks that included maintaining communications among 23 [board] members; communicating with the Family Policy Council staff and external experts; arranging board, community, and focus group meetings; writing grant applications, minutes,
reports, RFPs, newsletters, contracts for media and planning services, draft plans, and general correspondence; organizing board materials; conducting literature reviews and data inquiries; and facilitating board agendas and meetings (1996 Report, p. 1).

In fact, most Network plans submitted in 1996 called for adequate staff support. By early 1997, nearly all Networks had hired at least one full-time staff person.

Beyond developing a stable and representative board, the Networks were given a very specific series of assignments by the authorizing legislation:

1. “Review state and local public health data and analysis relating to risk factors, protective factors, and at-risk children and youth;
2. Prioritize the risk factors and protective factors to reduce the likelihood of their children and youth being at risk. The priorities shall be based upon public health data and assessment and policy development standards provided by the Department of Health;
3. Develop long-term comprehensive plans to reduce the rate of at-risk children and youth; set definitive, measurable goals, based upon the Department of Health standards; and project their desired outcomes;
4. Distribute funds to local programs that reflect the locally established priorities [...];
5. Comply with outcome-based standards;
6. Cooperate with the Department of Health and local boards of health to provide data and determine outcomes; and
7. Coordinate its efforts with anti-drug use efforts and organizations and maintain a high priority for combating drug use by at-risk youth.”

As one state-level official wryly observed, the Network boards and their mostly non-professional members were being asked to do a type of data-driven strategic planning that no state or federal policy analyst had ever attempted. Fortunately, the FPC and the FPC staff recognized from the beginning that in order for the Networks to accomplish their charge from the legislature they would need varieties of technical assistance from state agencies and other resources. The legislation itself called for the Department of Health to not only provide the Community Networks with the necessary data on risk and protective factors but to help train the board members in the use of public health assessment and planning methodologies.

Technical Assistance to the Networks

Each Network was given the Community Network Notebook: Planning Guidelines for Community Public Health and Safety Networks, a 100-page, step-by-step workbook for goal setting, strategic planning, and outcome monitoring produced by the FPC staff. The Department of Health and Department of Social and Health Services jointly produced and distributed to the Networks a Youth Risk Assessment Database: A Comprehensive Report, which summarizes data concerning risk and protective factors from 1988-1994.
related to the seven behavioral outcomes described in the legislation. It offers data reports specific to each Network as well as aggregate figures for the entire state. Gathering the Network-specific data presented a particular challenge to state statisticians because many of the Networks crossed traditional data-gathering boundaries (for instance, county and school system lines). Using Geographic Information System (GIS) analysis software, the Department of Social and Health Services (DSHS) has been able to take census and state agency data from the most detailed geographic units available (such as zip codes and school districts) and convert them into Network-level rates.\(^2\) Where geographic units overlapped Network boundaries, the GIS was able to "apportion" data based on underlying Network demographics. This focus on localized data underscores the "one size does not fit all" philosophy at the heart of the Family Policy Initiative. As Timothy Brown, chief of the DSHS Office of Research and Data Analysis noted, "the more you want to decentralize planning and policy, the more you need to centralize and standardize data collection." (Others have made a similar observation about devolution of responsibility to the states in welfare reform.) Network boards were to use this data as the starting point for deciding which three of the seven problem behaviors they should seek to prevent.

Of course, Network boards needed some help to understand and use the sophisticated statistical data provided by the state. The first level of technical assistance came from a team of Department of Health epidemiologists — "the roving epis" as Brenna called them — who visited each Network. For the smallest Networks, including a couple of tribal communities numbering in the hundreds, it was impossible to get meaningful survey data, so they have relied more on ethnographic techniques. Local epidemiologists, often skeptical about the value of non-statistical data, also provided technical assistance to the Networks. And local health departments were charged with certifying that the eventual Network prevention plans met public health standards.

Each Network board supplemented the state data on risk and protective factors with their own "asset mapping" of their community — usually a more impressionistic and anecdotal survey of what local resources could be tapped in their prevention efforts. Brenna noted that the Networks — particularly the non-fiduciary board members — were shocked to find that there was no data being collected on the effectiveness of state and local services to children and families. They were not shy about asking the FPC to fill information gaps. For example, contrary to Brenna’s expectations, many Network boards focused first on

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\(^2\) The Human Services Geographic Information System contains four kinds of databases: (1) Matched Client Cost and Service Database: Extracts from 16 client and payment databases — including welfare, Medicaid, mental health, substance abuse, children’s services, developmental disabilities, juvenile corrections, vocational rehabilitation, and refugee assistance — are combined into one database. Because the client records are matched, each person is counted only once, along with the services he or she has used, and the ZIP code in which he or she lives. (2) Population Database: Contains detailed and updated populations data from the 1990 Census by Census block and block group. (3) Mapping Database: Contains roads, address ranges, and various boundary files, including ZIP codes, census blocks, counties, and school and police districts. (4) Community Indicator Database: 112 indicators, including disease, crime, and school dropout rates, are stored at the smallest reported geographic level. Using a geographic translation process, the GIS can produce population, client, cost, outcome, and risk data for local areas, including Community networks.
the issue of prevention of child abuse and neglect precisely because there wasn’t better data available about local rates of child abuse and neglect. The FPC staff, with the assistance of the IACC, quickly prepared documents summarizing the research literature and providing guidance on making decisions about child abuse and neglect prevention in the absence of good data.

**The Technical Assistance Consortium**

In late 1994, the FPC sent out a detailed RFP for a comprehensive training and technical assistance contract for the Networks. At that time (prior to the budget-cutting 1995 legislative session), the FPC had $500,000 set aside for technical assistance. The surprising successful bidder for the contract was the Washington State Community College Consortium, a new organization of the nearly 50 state community colleges created specifically to demonstrate that there was a state-wide technical assistance infrastructure in Washington. Prior to the FPC contract, the Consortium had only provided computer training under state contract, according to Sharon Doyle, who organized the Consortium’s proposal at the suggestion of her dean at Seattle Community College.

The first phase of the Network training, held in spring 1995, consisted of five days of regional training broken into three parts. The first part was a one-day orientation on the Family Policy Initiative to which numerous stakeholders (including mayors, school officials, providers, and citizens) from each Network were invited. The one-day session focused on the intent and requirements of the Youth Violence Prevention Act and on the role of the Family Policy Council.

The remaining four days were divided into two two-day sessions. Two board members from each Network were invited to participate, and ten Networks were trained at each of five regional sites, which were hosted by local community colleges. Doyle described these as train-the-trainer sessions in which a technical assistance team of eight to ten specialists trained leaders from each Network board. The first two-day meeting offered training on building a Network board and conducting community meetings as well as continued training on the Family Policy Initiative mission. The second two-day session addressed more technical issues related to strategic planning, including mapping community assets, planning outcome-based evaluation, and data collection and use.

Doyle said that the most valuable aspect of the first phase of training was the interaction among the Network representatives thrown together for intense two-day sessions. She and her fellow trainers found it challenging to integrate the public health methodology and the family policy principles into a simple and coherent philosophy for the Initiative. The risk and protective factors emphasized deficits within the community while the asset mapping was more strengths-based.

The second phase of the technical assistance, from July 1995 to December 1995, was necessarily less ambitious due to the budget cuts by the legislature. Most Networks were obliged to use their own money to purchase TA modules from the Consortium. A few smaller Networks received capacity-building TA support from a separate foundation
After the disastrous 1995 budget cut, the 1996 legislative session brought some good news to the Family Policy Initiative, particularly the Consortium. Not only did the legislators refrain from cutting the Initiative budget further, but they appropriated an additional $300,000 for staffing and training and technical assistance for the Networks. Brenna hailed this development as a political turning point for the Family Policy Council.

In 1996, the Consortium launched the third phase of training and technical assistance, one based on creating a stable TA infrastructure. Ten regional liaisons were hired to serve as TA brokers for the Networks. The Consortium sought candidates who were very familiar with the communities they would serve; at least two came through the state's agricultural extension service. The liaisons received extensive training on the Initiative's goals and on how to set up a resource service for the Networks. Doyle estimated that during 1996 each Network would receive six days of paid technical assistance — from both their liaisons and consultants — and the liaisons would assist them in identifying TA to purchase with their own Network funds. The types of TA the liaisons broker include strategic planning, data analysis, board development, and board-staff relations, as well as narrow, technical questions that come up during planning and implementation. TA liaisons are strictly prohibited from selling their own services to the Networks.

Doyle believes that the ten TA liaisons and the Consortium offer a critical communications loop between the Networks and the FPC staff — an early warning system about potential problems and an easy way to get quick feedback. She noted that she was able to alert the FPC staff that a particular policy directive from the FPC was being very poorly received by the Network boards — not so much for what it required but for the way it was presented. By relaying this feedback early in the process, the FPC staff were able to prevent a time-consuming mop-up job.

Brenna agreed that the TA Consortium has become the “eyes and ears” for the FPC staff, who find it impossible to keep close tabs on all 53 Networks. He added that the Consortium has also done a great job as a both a training and technical assistance provider and broker. They have worked hard to nurture local sources of technical assistance and have not been afraid to contract with others when they need special expertise.

The next technical assistance challenge facing the FPC and the Consortium came once the Networks have submitted their plans. Once the Networks moved into the implementation phase, their training and technical assistance needs became increasingly focused on substantive policy and program issues.

**The View from the Community Networks**

The Community Networks are notable for their diversity; ranging from the urban Seattle Network of several hundred thousand citizens to the scattered tribal Networks made up of several hundred people to the rural Grays Harbor Network, home to anti-government loggers and new-age families, it would seem odd that they had much in common at all.
Despite their differences, however, most Networks have chosen child abuse and neglect prevention as their top priority of the seven outlined in the authorizing legislation. The next two most likely priorities are domestic violence prevention and substance abuse prevention. Diversity reigns, however, in how each Network arrived at their priorities. "They have blown our minds," said Brenna, with their innovative ideas about collecting non-statistical data, including holding focus groups, finding data on rental property price and turnover rates, taking out full-page ads in newspapers seeking information, and interviewing 8th graders, among other techniques.

The Network board meetings, like the FPC meetings, are open to the public. At one meeting of the Seattle Network that the Family Impact Seminar attended, "show and tell" presentations dominated the agenda. Representatives from local initiatives — including an after-school program, a homeless youth outreach program, and a readiness to learn initiative — updated the board on their activities. The meeting offered the public the opportunity to ask questions about the Network planning process and offer feedback. Although the board reviewed, discussed, and took action on several items related to board administration and Network planning, it appears that the tough debates and negotiations occur outside the meetings.

In a focus group of staff and board members from several Community Networks, FIS learned that the Networks were generally optimistic and energized about the process of community prevention planning although they expressed concern about the challenge of having too little time and resources to accomplish their work. The focus group certainly confirmed how much the Networks vary in terms of size, membership, resources, structure, mission, political perspective, and knowledge of social services systems.

Although board membership is strictly mandated by the legislation, the actual composition of the boards reflects the unique politics and philosophies of their communities. Some are driven by fiduciary members and service providers, others by local elected officials; a few surrender leadership to paid staff. Some Networks have reached out to bring several youth members onto their boards. All agreed that maintaining strong and committed non-fiduciary members was critical to their success; these members provide the legitimizing link with the community at large. One board has members who were unsatisfied consumers of state and local social services, and another has four members who are on public assistance.

A competent staff member can make the difference in keeping a board on track, said several focus group attendees. In fact, one strong full-time Network coordinator suggested that the idea of a TA liaison provided by the FPC was duplicative and unnecessary because that was her function. In other Networks, the relationship between volunteer boards and paid staff was a sensitive issue, particularly around power-sharing.

Local politics — whether an influential mayor or judge signed on to the effort or whether a school system felt left out — often makes the difference in the ability of a Network board to come together successfully. In one community, a city chamber of commerce's refusal to participate stalled the board formation. In another economically depressed area known for its distrust of government, the Network board brought together people who
decided the community could "take care of its own." A representative from a tribal
Network said that her local board was considered by many to be the first government
entity that wasn't just doing things to the community. For some, just participating in the
Network process is enough to change minds — one formerly skeptical fiduciary member
now believes that Community Networks should have the power to administer state social
services funds, according to one focus group member. Senator Hargrove said that in his
Network gun rights advocates, who had fought the original legislation because it
contained gun control provisions, found common ground with liberal members of the
community on youth violence prevention programs.

"Too much, too soon," was the Network representatives major complaint at the focus
group meeting. They needed more time to develop their Network boards before
embarking on data analysis and planning. Without first building trust among board
members and creating institutional structures and rhythm, they found themselves
increasingly distracted by side issues during planning.

They also sought improved communication, both within their Networks and between
themselves and the FPC and staff. Despite what they all agreed were mighty efforts by the
small FPC staff, they sometimes felt without direction and guidance. Even with a
responsive FPC staff, the Networks said they often did not know enough to even know
what assistance to ask for.

Several participants noted that the work of the Networks was not well known or
understood in their communities. "The Networks are Washington's best-kept secret," said
one. The Seattle Network had recently hired a public relations consultant to do
community and media outreach to inform the public of its goals and activities.

As for the mission they were given by the legislature, most focus group members agreed
that the emphasis on seven problem behaviors helped focus the Networks, although there
was some range of opinion about the value of relying on public health data for their
planning. Some said that it offered a common language for talking about local problems.
Others complained that the data did not confirm what they knew from experience to be
serious community problems, for instance, teen substance abuse. Most agreed that the
hard data was not a sensitive enough measure of the condition of their community; they
felt comfortable rejecting the official problem indicators based on data in favor of their
more informal methods of information gathering.

The group agreed that completing and submitting their Network plans to the FPC would
be a real test for the future of the Family Policy Initiative. However, one representative
from a large urban Network said she believed that her community was so committed to the
process that they would continue it even if the state discontinued funding.

Epilogue
The Networks Submit Their Plans
By late fall 1996, 51 of 53 Community Networks had submitted comprehensive plans to the Family Policy Council; they ranged from "excellent and unbelievable in every manner" (to use Brenna's words) to incomplete and unfocused. (The two Networks that did not submit plans had fallen apart before they could complete their work, although Brenna said that both communities were rebuilding their Network boards).

Each plan was subjected to a thorough review by FPC and state agency staff: the IACC recruited nearly 100 staffers from the agencies represented on the FPC to analyze the plans and provide feedback to be included in summaries to the FPC. However, the reviewers were charged with commenting only on the "feasibility" of the plans — not with assessing whether their strategies were good policy. The FPC made it clear, as did the Youth Violence Prevention Act, that the state's role was to help the Networks implement their plans, not to critique them. Brenna noted that it was difficult for the reviewers to adhere to this standard; some state agency representatives complained that it was impossible to determine feasibility without understanding how exactly the Networks had evaluated existing state services.

The FPC staff and the IACC synthesized the comments from the agencies into 10-page summaries on each plan for presentation at the regular FPC public meetings. The first meeting, which focused on only two Network plans, lasted more than four hours, said Brenna. Senator Hargrove often played the role of watchdog during the discussions — warning his fellow FPC members when they were slipping from assessing feasibility into offering judgments.

According to Brenna, the Family Policy Council placed the 51 Network plans into four broad categories:
1. Full approval — Five Networks submitted plans that were so well crafted that they quickly received FPC approval. Brenna noted that these plans shared several characteristics, including good use of data, a clear rationale between the data and the plan's principles, meaningful public involvement, sophisticated community asset mapping, and a clear articulation of specific strategies to reach performance outcomes. These Networks immediately began negotiating performance-based contracts with the state.
2. Approval with amendments — Most Network plans (20-25) fell into this category, which required the Networks to refine or retool parts of their plans. Some needed only minor "tweaking," others had to do major revisions, particularly around issues of budget specifications. Brenna suggested that many plans in this category were "good on globals but not on specifics."
3. Approval with conditions — About 10 Networks submitted plans that indicated that they had missed parts of the planning process, meaning that their final plans had holes in them. For the most part, according to Brenna, these Networks had not done a sufficient job at describing the situation in their communities — that is, weak community asset mapping. The FPC asked these Networks to go back and complete that process before resubmitting their plans.
4. Incomplete — About 10 Network plans were substantially incomplete. Because the
FPC did not want any Network plan to be branded a failure, the FPC staff renegotiated completion dates for these Networks’ plans and offered them intensive technical assistance services. As of February 1997, four plans were still incomplete.

According to *Moving the Mountain: Policy Recommendations From the Community Plans*, a summary prepared by the FPC staff, the 51 Network plans made recommendations to the state that could be grouped under these general headings:

- implement the Family Policy Principles in state and local agencies,
- move to outcomes-based accountability,
- provide political, financial, and technical support to the Networks,
- provide support to the Networks as they investigate decategorization options and implications, and
- align mainstream state and local services and funds according to Network principles.

The Networks also offered policy recommendations to improve specific services and child and family services systems, including:

- Support the child welfare system, through improved staffing, responsiveness, and a prevention orientation. Agencies should investigate innovative models of service delivery, such as “one-stop” multi-service centers located close to families.
- Expand school-based supports for children and their families, including public utilization of school facilities during evenings and weekends.
- Strengthen school policies regarding at-risk youth, early childhood, and children with disabilities.
- Improve the law enforcement system by supporting an increased emphasis on prevention, pursuing specific domestic violence prevention strategies, and ensuring that children and youth of color receive equitable treatment.
- Support measures to increase families’ economic self-sufficiency.
- Encourage employers to participate in reducing problem behaviors.
- Improve the substance abuse prevention and treatment system by expanding treatment options, collecting data, and improving treatment of those with dual diagnoses of mental illness and substance abuse.
- Increase Tribal sovereignty and ensure that services respect and incorporate Native American culture.
- Address basic housing needs.

**One Network’s Plan**

One of the first Networks to submit its plan to the FPC was the Clallam County Community Network, a county located on the coast west of Seattle. In its 116-page plan, the Network identified the four problem behaviors it was focusing its attention on: teen substance abuse, child abuse and neglect, domestic violence, and violent delinquent acts. Clallam designed its plan document to tell the story of the steps they took in the planning process:

1. Setting Goals — Reviews the process of creating a board, developing a vision and a mission, and assessing the available data about problem behaviors (termed *outcomes*).
2. Making Choices — Describes how the Network listed the risk and protective factors associated with the problem behaviors and developed “risk factor chains” which
demonstrated the relationships among them. Interestingly, the data that the Network reviewed made the Board members change their ranking of the relative severity of at least two problem behaviors. Relying only on their own assessments, the Board ranked teen pregnancy as a high priority and child abuse and neglect as a lower priority. Once they had reviewed the data, which showed that local teen pregnancy rates were declining but that child abuse indicators were up, they decided to include child abuse and neglect as one of their top four priorities.

3. Taking Action — The results of the Network’s review of the effectiveness of existing services and its mapping of community assets, and the comprehensive community plan it developed.

4. Monitoring Results — Offers the Network’s implementation strategy and a detailed outcome evaluation plan, which includes these categories: program strategies, risk and protective factors addressed, expected impacts, methods of measurement, and standards for success.

5. What’s Next — Describes the Network’s plans for improving board operations and community involvement as well as for reviewing “the feasibility and desirability of decategorizing selected program funds.”

As one of the early plans in, the Clallam document was a test for the FPC and its review process, and it probably received closer scrutiny as a result, according to Brenna. However, it set a very high standard for the other Networks to meet, he added.

Performance-Based Contracts with the Networks

Once a plan has received FPC approval, the Network negotiates performance contracts with the FPC, and eventually state money is released to the Network’s control. According to Brenna, these outcome-based contracts seek to merge the three traditional tracks of policymaking: accountability (budgeting), program development and management (process), and evaluation. They are using a model contract developed by the Center for the Study of Social Policy. “This is the real nature of the reform,” said Brenna. “And we are finding it a real challenge.”

Brenna wants to make sure that the Networks are not being set up to fail as they begin to implement their ambitious plans. “While there is value in holding the bar high,” the seven broad outcomes defined by the legislation and the scale of the work that the Networks are taking on may be more than they have the resources to manage, he said. As they write the contracts, the FPC is making sure to build in measures for short-term outcomes and process goals.

The FPC staff is pursuing two simultaneous tracks — helping Networks with approved plans move to implementation and bringing the other Networks along to full approval status — but without the help of the TA Consortium, for which funding has run out. On the bright side, many of the state agency staff recruited to participate in the intensive plan review process have become great supporters of the Community Network initiative, and they increasingly offer their assistance to the Networks and the FPC staff.

The Changing Political Scene

The November 1996 election gave Washington state a new Democratic Governor, Gary
Locke, and a newly-Republican state Senate. By retaining two members of the Governor Lowry's Cabinet — Bruce Miyahara, the secretary of the Department of Health and the FPC chair, and Lyle Quasim, the secretary of the Department of Social and Health Services — Governor Locke is providing the FPC with needed continuity. However, Locke was not a particular supporter of the Community Networks as King County (Seattle) executive, and he remains skeptical of the FPC, according to observers.

In December 1996, former state Senator and now Judge Phillip Talmadge was invited to offer the keynote address at a Community Network summit convened to celebrate the submission of the Network plans. Not surprisingly, the meeting, which brought together many of the Network stakeholders and state officials for the first time, was dominated by discussions and disagreement about FPC policies, lack of technical support, and whether the initiative could survive the two-year state budget cycle. But when it was Talmadge's turn, he gave an impassioned speech about the democratizing power of the Community Networks and the promise of their future, which brought the several hundred attendees, including the out-going Governor, agency bureaucrats, skeptical state legislators, and scores of committed Network representatives to their feet for a rousing ovation.

The hope for the Family Policy Council and its adherents is that the commitment to Networks evidenced by the passion of their stakeholders will sustain the initiative long enough for the Network plans to show real results. But the FPC and the Networks face continued political challenges as they begin to implement the Network plans: Will the legislature continue to provide adequate funding to the Networks? Will the state agencies actually accept the recommendations of the Networks and allow them the autonomy to implement their plans? Will the local energy that has brought the Networks this far continue?

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