Report on Policy Academy On Families and Children At Risk

Research and Evaluation Report Series

PREFACE

Many families in our states are in trouble. Despite money, well-targeted programs, and the efforts of dedicated service-providers everywhere, conditions worsen. More children are being born to unmarried teens. Drop-out rates from our high schools remain unacceptably high. Child abuse and neglect cases have risen dramatically. Children remain for long periods in foster care with no certainty of a brighter future. Families struggle to hold themselves together against enormous odds--poverty, alcohol and drug abuse, crime-ridden neighborhoods, the stresses of dual wage-earners caught between young children and aging parents.

The systems designed to help individuals appear to work against whole families. Our categorical systems in health, social services, education, and corrections unintentionally erect barriers to family self-sufficiency. When help comes to families, it is often too little, too late, in the wrong place, at the wrong time, or focused on an individual as if she or he functioned in isolation from family and community.

Ten governors decided to do things differently. In Arkansas, Colorado, Illinois, Iowa, New York, North Dakota, Maryland, Oregon, Texas, and Washington, they appointed teams of top-level decision-makers from the state and local levels in social services, education, health, employment and training, and the private sector. Each Governor asked his or her team to design not an education policy, or a child-welfare policy, or an early-childhood policy, but a family policy--to understand how families as a whole were doing in the state and to design strategies to improve family well-being.

With this decision, 10 states embarked on an exciting and challenging voyage. The Council of Governors' Policy Advisors (CGPA), through its State Policy Academy process, provided structure and guidance to their journey. This final report maps the progress of their discovery.

Every voyage of discovery must have backers. The U.S. Department of Labor, a three-time supporter of CGPA Policy Academies, was the lead funder. Seed capital was provided by the ARCO Foundation. Additional funders included the U.S. Department of Health and Human Services, the AT&T Foundation, the Foundation for Child Development, the Irving Harris Trust, the Charles Stewart Mott Foundation, the Ford Foundation, and United Way of Maryland. We are grateful for their support.

The team leaders in this Academy charted unknown waters with courage and determination, and they deserve special acknowledgement. They are Carol Rasco, Arkansas; Donna Chitwood and Barbara McDonnell, Colorado; Jess McDonald and Leo Smith, Illinois; Phillip Dunshee, Iowa; Nancy Grasmick, Maryland; Janis Cheney, North Dakota; Barbara Ross, Oregon; Joe Cocozza, Robert Frawley, and Fred Meservy, New York; Ruth Vaughn Ford, Texas; and Sid Sidorowicz, Paul Trause, and John Leveque, Washington.

Their implementation successes have been nationally recognized, and their lessons have been eagerly sought by other states following their lead. However, what these Governors and team leaders really aimed for--the strengthening of families--has yet to be documented. Arriving at this destination requires considerable change in the systems that currently serve families. The participants in the State Family Academy project have committed themselves to this change. In 1995, 1996, 1997, and beyond, the families in these states will demonstrate whether they have succeeded.

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EXECUTIVE SUMMARY

In 1989, the Council of Governors' Policy Advisors (CGPA), in collaboration with the National Governors' Association, the American Public Welfare Association, and the Council of Chief State School Officers, received funding for its State Policy Academy on Families and Children At Risk from the U.S. Department of Labor (DOL), the U.S. Department of Health and Human Services (HHS), the ARCO Foundation, the Ford Foundation, the Foundation for Child Development, the Charles Stewart Mott Foundation, the AT&T Foundation, the Irving Harris Trust, and United Way of Maryland.

The CGPA State Policy Academy on Families and Children At Risk was designed to support state governments in their attempts to improve family well-being. This required change--change in how policymakers gather and analyze information on families and in how they view families and understand their problems; and change in how services are provided and their results measured. This report describes the results achieved by the 10 Family Academy states and offers specific guidance to others who wish to make similar efforts. Chapter One introduces the problem, describes the Family Academy, and outlines a family-policy framework. Chapter Two summarizes state results. Chapter Three discusses several pitfalls of collaborative, strategic policy development and gives examples of how states overcame them. Chapter Four offers guidelines for effective results in collaborative, strategic policy development and implementation.

TROUBLED FAMILIES AND SYSTEMS

Despite over 30 years of federally and state-funded programs, a growing number of families are encountering problems so severe that their ability to sustain or improve their economic, medical, and social conditions is threatened. More children in poverty, a high rate of infant mortality, increases in violent deaths of teenagers and in the number of unmarried teen-age parents, more young people in jail, and more drug-exposed infants--these are just some of the problems weighing down American families. (See the beginning of Chapter One.)

These problems, as distressing as they are, mask significant disparities in the physical, social, economic, and educational well-being of white, black, and Hispanic children. For example, a black baby is more than twice as likely as a white or Hispanic baby to be born low in birth weight. A black baby is twice as likely as a white baby to die during the first year of life. A Hispanic child is almost two times less likely than a white child to graduate from high school in four years and to have health insurance. Furthermore, while existing national and state data provide a sufficient cause for alarm, they do not provide a sufficient understanding of the problems confronting families.

First, the data capture only what is happening to individuals--they don't show the overlapping of family problems. Second, since the data are typically arrayed by household, as in the census, they describe how a household is structured or the characteristics of individual family members rather than how a family functions--the policymaker's primary concern. Third, most data bases do not show how problems worsen or improve over time. Finally, the data do not reveal the complex interplay among family events, circumstances, and support mechanisms--a factor that often determines whether families can deal with negative conditions and changing circumstances.

Not only is our understanding of the problems confronting families inadequate, but sometimes the systems we have created to help families are inadvertent barriers to family progress. Family services must be convenient, easy to understand and use, and flexible. In addition, they must offer families choices, build on family strengths, and above all provide families with help when they need it and at levels that will make a difference.

Unfortunately, services that meet the above criteria are not widely available. Many excellent, innovative programs do exist, but they are usually community-based and locally driven. Often, they are pilot projects initiated by government or by communities addressing particular clusters of problems. Recently, federally-funded programs such as the Job Training Partnership Act (JTPA) offer such innovative components as: (1) the mandating of

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collaborative, cross-categorical policy development at state and local levels, and (2) systems for reporting that are based on the results obtained.

However, these programs and initiatives have yet to become widely enough available at the local level to families who need them. Nor have they become fully integrated with other key federal programs such as JOBS (welfare reform), adult and vocational education, Medicaid, and Food Stamps.

CGPA felt that its Academy process was uniquely suited to help states confront and deal with these family and service-delivery system problems.

THE FAMILY ACADEMY

CGPA became convinced that an Academy on Families and Children At Risk was needed after conducting separate Academies on preventing teen pregnancy, enhancing adult literacy, and preventing dropouts. In each policy area the family obviously played a key role. Yet this role was being ignored at best, or unwittingly undermined at worst, by state policymakers and their service administrators. CGPA wished to test the notion that families could be strengthened through state action focused directly on family outcomes and on the interaction of the numerous systems that deliver services to families.

Academy Objectives

Policymakers at DOL--the single largest contributor to the Academy--and HHS understood the relationship of employment to the adequacy of family housing, health, nutrition, child care, education, basic skills, and substance-abuse prevention. Federal policymakers were convinced that a stronger focus on families and on integrated services would result in increased self-sufficiency for disadvantaged families and their individual members.

The Governors of the participating states and the teams they appointed were intent upon moving beyond program innovation, as each state already had some effective programs, and were ready to take the next step to system innovation--designing integrated, self-correcting systems responsive to the real needs of families and children.

The Academy Process

The CGPA Policy Academy on Families and Children At Risk brought together national experts on child and family policy, poverty issues, strategic planning, and public accountability to work with teams of key decision-makers from the 10 states. The specific goal of the Academy was for each state's team to develop a set of outcome-oriented policies that would guide the state's public and private efforts to help at-risk families.

Multi-disciplinary teams of policymakers from Arkansas, Colorado, Illinois, Iowa, Maryland, New York, North Dakota, Oregon, Texas, and Washington participated in the Academy after they were selected competitively to do so. Each team had from 10 to 12 members, and was required to include representatives from the Governor's Office, as well as high-level administrators from state agencies of human services, employment and training, education, community development, and health.

Over 40 experts on family policy and related topics consulted with the teams in three four-day work sessions held in December 1989, March 1990, and June 1990, and in state visits that implemented policies developed in the work sessions. In these sessions, each team envisioned a specific future for the families and children in its state; assessed problems and opportunities for families; agreed upon outcome-oriented goals and objectives; assessed alternative approaches for achieving results; developed a multi-year implementation plan; constructed components of an accountability system that specified outcomes and indicators; and built strategies for broad-based support.

Post-Academy Implementation

The first phase of the CGPA Family Policy Academy is now complete. Implementation continues, however, along with CGPA support for the 10 states. Phase Two of the CGPA's Family Project is designed to encompass four interrelated activities: state-by-state implementation of the policies developed by the Academy states during Phase One; dissemination of the lessons learned in the implementation process; replication of the Academy with new states; and evaluation of Academy results.

In addition, CGPA has convened a second State Policy Academy on Families and Children At Risk; it involves seven additional states and an interagency team of top-level federal officials. The experience, leadership,and results of the first 10 Academy states will inform a new group of policymakers as they envision a brighter future for families and as they restructure federal, state, and local systems to achieve this future.

A FRAMEWORK FOR FAMILY POLICY

To invigorate policy debate, CGPA and faculty offered a framework for thinking about troubled families at the first Academy meeting in December 1989. The framework (see Figure One in Chapter One), developed with the assistance of the Family Academy Advisory Committee (see the Appendix), is fully presented in CGPA's Strengthening Families, a policy guide on families and children published in late summer 1991.

The framework is intended to help decisionmakers see families in a new light by increasing an understanding of family problems, gathering and analyzing family data from new sources, and designing statewide system-changing strategies to improve family outcomes.

Understanding Whole Families and How They Function

Policymakers are prone to think of a family in demographic terms: as a dual- or single-parent household with one or more children. But given many family configurations and, more importantly, the need to know how well families are performing, that concept no longer suffices. CGPA suggests this definition for policy purposes:

> A family is a group of people who are related by blood or circumstances and who rely upon one another for security, sustenance, support, socialization, and stimulation.

Recognizing the Complex Interplay of Family Structure, Characteristics, Conditions, and Circumstances Which Influence Family Functioning

Families do not live in a vacuum. Individuals with strengths and weaknesses live together in a community full of risks and opportunities. When risk factors interact, they increase the likelihood of poor outcomes. Success factors (including family attachment; higher educational status; employment; self-esteem; positive expectations; and opportunities for learning, employment, recreation, and services) can buffer short- or long-term setbacks.

Viewing the Family Over Time

The balance of risk and success factors shifts in the life of a family and its members. The environments surrounding families also change. Some families skirt the services system until their accumulating problems catapult them into crisis. The more policymakers understand these interactions, the more opportunities they will have to intervene early and thus reduce the severity of the crises that are occurring.

Focusing Attention on Family Outcomes

Policymakers are used to tracking services. But service reports say nothing about results. Are families self-sufficient? Are children being cared for in developmentally-appropriate settings, and are they receiving adequate

support and stimulation? Only by focusing on outcomes can policymakers determine the long-term effectiveness of interventions, and only by tracking outcomes over time can policymakers hold program administrators accountable for results. Through outcome-oriented accountability systems, policymakers can rationally redirect resources away from less-effective programs and towards more-effective programs.

STATE RESULTS

The Policy Academy on Families and Children At Risk launched 10 different statewide experiments to test the emerging policies for improving family well-being. Although the details of the policies produced by each state team vary considerably, they have several common characteristics: an emphasis on family problems as opposed to individual problems; a focus on the community as the locus of effective action; and presupposition of a state commitment to make fundamental changes in the major systems governing family services. Most teams established broad goals and strategies in half a dozen or so key areas--health, education, employment/economic independence, and family stability were the most common--and set a number of specific objectives within each area. The strategies were of five major types:

— Improve state-level coordination and use state resources to promote innovation and information exchange.

— Through legislation, budgeting, and program practices, promote changes in state and local service-delivery systems.

— Promote fundamental changes in the relationship between state and local governments and/or local service providers--notably, by permitting greater local flexibility of program management.

— Develop outcome-oriented accountability systems--an equitable trade-off for the greater program flexibility permitted.

— Ensure that families have ready access to an integrated array of services rather than to loosely-coordinated categorical programming.

State-level Coordination

Each team's action plan called for a state council or commission to oversee and coordinate the proposed policies for families and children. Several of the states already had such councils in place. Four states--Washington, Oregon, Colorado, and Arkansas--created new coordinating bodies as a result of the Academy. In most states, the councils are composed of officials from various state agencies that provide services to families and children. Colorado includes legislators, judges, family advocates, and business and community leaders.

Some states are attempting to revamp the structure and mission of existing councils to more effectively pursue goals established during the Academy process. Maryland Governor William Schaefer proposed the creation of a Department of Children, Youth and Family Services that would combine the functions of the current department of juvenile services and the Governor's Office of Children, Youth, and Families. Texas restructured its entire system for health and human services, creating one department and holding it accountable for key outcome-oriented objectives. In New York, state fiscal problems resulted in a reduction in staff for the State Council on Children and Families; and while this has lessened the Council's ability to focus on broad policy coordination and collaboration efforts, it may have gained for the Council the authority to make management improvements in agencies serving families and children.

Legislation and Budgeting

States have worked hard to develop legislative and budget proposals that reflect the policy objectives set by Academy teams. However, recession has forced most states to propose only low-cost or no-cost changes--funding pilot

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programs in selected counties, for example, or passing enabling legislation that allows greater local flexibility in how services are delivered and paid for. Team leaders who are more optimistic see the advent of hard times as an opportunity to press for management and service-delivery changes that have long been needed and that should ultimately lead to increased productivity and improved family outcomes.

Several states are beginning to experiment with new budget processes for families and children. Maryland has pooled resources from the budgets of four agencies to create a $7.3 million flexible account for expenditures on services to foster-care children. Colorado's Commission on Families and Children created a special overall budget that cuts across state agencies; indicates the total state spending for services; and shows the services by such categories as prevention, early intervention, and treatment.

Local Planning

Washington and Colorado each conducted a series of forums to get community feedback on the action plan produced by its Academy team. A local Iowa leader, a member of the team, has replicated its process in one county using other members as resources. In Texas, CGPA, in collaboration with the Danforth Foundation and the Texas Association of School Boards, conducted an in-state Academy involving teams from seven communities; five of the seven communities received continuation funding from Danforth to implement integrated-services activities. Arkansas is involving several communities in an in-state Academy on families and children.

Accountability

Although their systems are still in the early stages of development, several Academy states have begun to lead the nation in establishing outcome-based performance-accountability systems. In an initiative called Oregon Benchmarks, the state legislature and Governor Barbara Roberts reviewed a list of 158 proposed indicators to serve as benchmarks for gauging the state's progress toward social, environmental, and economic goals. Many of the social indicators are consistent with the state council's report prepared by the Academy team. To help provide public accountability for overall policy, this initiative calls for biennial reports on changes in selected benchmark measures. The Governor plans to hold agency directors accountable for producing positive changes in key areas.

Colorado and Texas also have efforts underway to develop sets of indicators that measure outcomes for families and/or children. The Texas Family Academy produced, as a companion to its policy document, a county-data book that identifies key indicators, and compares them across counties and against the state average. Maryland is designing an accountability system to track outcomes for families that use its family-investment centers, and is looking at development of an integrated-data system that would create longitudinal records for children receiving services from the state departments of education, human resources, health and mental hygiene, and juvenile services.

Integrated Services

Seven of the states have either begun or are planning to develop and test comprehensive, community-based service programs for families. North Dakota, Washington, and Oregon studied existing pilot projects and local, integrated-services programs in their states to see if they could produce the outcomes envisioned by the Academy team members. The existing programs usually were developed to promote family preservation, integrate the education and social service systems, or move families out of poverty through job training and education. Maryland, in light of its severe budget constraints, has moved to expand the number of integrated-services sites.

In New York, Governor Mario Cuomo submitted a bill to the legislature calling for counties to submit proposals to the state for noncategorical, integrated services to families. The Colorado initiative has begun implementation of up to seven integrated-services pilot sites. The Oregon legislature passed a bill mandating several state agencies to collaborate in the design and implementation of at least two community-based, service-integration models. Arkansas will be testing a Comprehensive Community Services System grant in two communities.

Because of severe fiscal constraints, Academy states are largely proposing to improve outcomes for families through the integration of existing services. They are concerned that current statutes and regulations restricting how funds

are spent may present significant barriers to their plans. Two of the states have taken the lead in identifying potential barriers: Washington used a public hearing process to help identify federal and state regulatory barriers, and state agency officials in New York found 64 areas where existing regulations might need to be relaxed or waived. Both states have begun working with HHS' Assistant Secretary for Planning and Evaluation to develop plans to reduce federal regulatory barriers.

BARRIERS AND OPPORTUNITIES

Five factors impact on how effective a state team is in collaborative, strategic policy development and implementation. They are: the policy development process, team composition, team dynamics, state political conditions, and state fiscal conditions. The results can be either barriers to success or opportunities for progress. Seven Academy states offer examples of how barriers can be overcome: skilled facilitation; persistent, dedicated staff work; and thoughtful, creative leadership.

North Dakota provides a good illustration of how a state can complete policy development and program implementation simultaneously. The Maryland team demonstrated that differing perspectives on solving family problems can be successfully harmonized to strengthen family services. The Texas team's experience illustrates the value of strong leadership and outside facilitation in the face of potential group conflict. The Oregon and Colorado teams demonstrated the manner in which tough political situations can be overcome with skillful planning and leadership. New York and Arkansas offer examples of how states can maintain momentum in policy implementation in spite of fiscal difficulties.

GUIDELINES FOR EFFECTIVE RESULTS

As state problems have become more complex, commissions, task forces, blue-ribbon panels, and coordinating councils have been created to develop longer-term state policy that crosses agency lines. Within the past five years, Governors have been institutionalizing cross-agency task forces by creating permanent subcabinets and councils. Based upon its eight years of experience with policy academies, CGPA offers questions to be asked by Governors, their staffs, and other state policymakers who are considering the creation of policy-development bodies.

What are the major problems?

If solving a problem involves more than two state systems--such as education, human services, and employment and training--an interagency policy-development process may be the best approach.

Where does the Governor get information for decision-making?

Depending on time and resources, the Governor can either create a new task force or charge an existing structure or process with a special mission.

Who should plan and develop policies, and when?

Any organization, constituency, or interest group that has a stake in the issue, the current situation, or the preferred outcomes, should be involved in one way or another in the policy process. This does not mean that such a group has to belong to the official policy-development team. What seems best is to start small, with 10 to 15 members. Then choose key stakeholders who control systems, agencies, or resources that positively or negatively impact (or could impact) the current or desired outcomes, and that exercise positive leadership outside state government. Team leaders agree that while it is hard to collaborate with "enemies" in a policy development process, inviting only "friends" can lead to trouble during the implementation phase. Anticipating the roles and responsibilities of team members is an important next step. In the group process, the diverse, often-conflicting perceptions regarding children and families held by different state and city agencies come together to promote broader and more accurate

understanding and vision. Representatives from localities such as city government, community agencies, and school districts play an important role in challenging state agencies to work more closely together and to be more responsive. State representatives impress upon local program administrators the importance of outcome-oriented accountability, performance-based contracting, and associated data systems. Team members from outside traditional service systems help the team cut through jargon, push beyond rhetoric, and design innovative solutions. Ethnic and racial diversity on any policy development team is crucial, because it helps members to gain a complete and accurate assessment of the policy problem, to discover opportunities for overcoming it, and to design effective strategies. Finally, team leaders who have both positional authority (such as Governor's Office representatives) and natural leadership ability are the most successful in directing collaborative, strategic policy development and implementation.

How is collaborative, strategic policy developed and implemented?

CGPA presents a seven-step strategic policy-development and planning process at its policy academies. Teams begin the process by envisioning what the future would be if a particular problem were solved. Then they move on to scan the current environment, assess problems and opportunities, set outcome-oriented goals and objectives, build effective strategies, plan implementation steps (including gaining support), and establish an accountability system for both follow-through and the judging of impacts.

Critical success factors include: starting with a focus on the ultimate outcomes envisioned by team members and the Governor; taking the time and resources necessary to gather and analyze critical data; specifying desired outcomes for both people and service systems in the policy; testing strategies according to feasibility; integrating team strategies with all other relevant strategies; building in accountability that tracks results in terms of the people served; and supporting cross-cutting policy initiatives to ensure systemic change.

How do policy efforts grow and change?

The process of collaboration is challenging and time-consuming. The gain is worth the pain if: parties have the same or similar objectives; achievement of individual objectives is enhanced by sharing resources and working together; and the agreed-upon goals cannot be accomplished without a process of collaboration. Leaders of collaborative efforts can maintain momentum if they guide the development of these efforts through several phases.

When is the process completed?

The collaborative, strategic policy-development process is completed when the desired outcomes are achieved. This may take longer than the initiating Governor's term. But the realities of politics--the need to declare victory or take credit, for example--must be taken into account. Planning the end of a policy-development initiative is just as important as planning the beginning. Two positive results of such an initiative are: an accountability system with short- and-long term indicators of success; and incorporation of the initiative into ongoing agency budgeting, planning, and reporting systems.

The CGPA State Policy Academy on Families and Children At Risk, funded by DOL and others, is completed, but follow-up implementation is not. State experiments are going forward in state-level coordination; new legislation and budgeting; local program flexibility; accountability-system development; and comprehensive, integrated, community-based service delivery to improve family well-being. It may be some time before the 10 participating states can declare major victories, but this report documents that the states are well on their way.

Chapter One explores the changes that their journey is requiring--change in how policymakers gather and analyze information on families; how policymakers view families and understand their problems; and how services are provided and their results measured. Chapter Two summarizes state results. Chapter Three discusses several pitfalls of collaborative, strategic policy development and gives examples of how states overcame them. Chapter Four offers guidelines for effective results in collaborative, strategic policy development and implementation.

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CHAPTER 1: COMMITMENT TO CHANGE

THE PROBLEM

Family fortunes ebb and flow. They are the stuff of literature and popular novel from King Lear to War and Remembrance. All too often they are the stuff of daily-news front pages:

> **ROCKLIN KNIFING SUSPECT: SPORTS STAR, BUT A TROUBLED TEEN**
>
> *Things have gone decidedly wrong for the big red-headed kid who sported a Chris Mullin haircut, loved to shoot hoops and could quote Scripture.*
>
> *On the basketball court, Michael was a 6-foot-4, all-league high school star in 1988, secure, confident and at ease among his former peers at Placer High in Auburn. Off the court, however, Michael's security began to unravel when the 20-year-old uncharacteristically dropped out of church after the basketball season ended and left his adoptive home, parents and foster brothers.[1]*

The Sacramento Bee briefly relates the facts of Michael's story: in and out of foster homes as a small child; successfully placed at 10 in a group foster home where he was eventually adopted; graduated from high school as a sports star and active church member. Michael went on to community college, and his troubles started. His coach reported: "He was a 16-year-old kid in a big man's body who was having a hard time growing up ... he didn't have the successes he had in the past." Michael quit sports. He was confused about his future. For a year he wandered from house to house, job to job. He visited his old high-school coach looking for some answers: "Mike would say a lot of things. Mike had a lot of plans; most of them would fall through. He required a lot of pampering." As of January 1990, Mike was being held without bail for the attempted murder of a 22-year-old convenience-store clerk.

Troubled Families

What is so troubling about Michael's story is that he and his family were helped by government services,

community institutions, the school, and concerned adults. The story brings despair to the hearts of service providers and anger and frustration to the minds of taxpayers, because it means that despite more than 30 years of federally and state funded programs, a growing number of families are encountering problems so severe that their ability to sustain or improve their economic, medical, and social conditions is threatened. Consider these facts[2]:

-- The percentage of children in poverty 1985-89 was 20.1, compared to a 16 percent rate in 1979--a 26 percent increase.

-- Although infant mortality declined by 21 percent from 1980 to 1988, it was still 10 per 1,000 live births, one of the highest rates among industrialized nations.

-- The violent death rate for teens ages 15-19 was 69.7 per 100,000 in 1988, a rate 12 percent worse than in 1984.

-- The 1987 juvenile-incarceration rate, 166 per 100,000 juveniles, worsened by 41 percent from 1979.

-- While the percent of Americans graduating from high school has increased slightly since 1982, it is only 71.2 percent.

-- The number of drug-exposed infants is estimated to be as high as 375,000 nationwide, with 100,000 of them exposed to cocaine.[3]

These numbers mask significant disparities in the physical, social, economic, and educational well-being of white, black, and Hispanic children. For example, a black baby is more than twice as likely as a white or Hispanic baby to be born low in birth weight. A black baby is twice as likely as a white baby to die during the first year of life. A Hispanic child is almost twice as likely as a white child not to graduate from high school in four years and to have no health insurance.[4]

The situation is due at least in part to changing family economics. In their book Toward a More Perfect Union, Gordon Berlin and Andrew Sum explain the dynamics of family economics in the 1970's and 1980's. Between 1973 and 1983, the average 40- to 50-year-old man saw his real earnings decline by 14

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percent, as opposed to the increase of 30 percent or more experienced by his predecessors in the 1950's and 1960's.

During the 1970's and 1980's, families compensated for this earnings decline by postponing marriage, having both spouses in the labor market, having fewer children, or going into debt. However, these strategies--as Berlin and Sum point out--do not apply across the board. First, many families do not have two parents able to work. Second, a family cannot accrue debt indefinitely. Third, postponing marriage does not necessarily translate into fewer pregnancies; indeed, it can result in increased births out-of-wedlock. Finally, the increased pressures on dual working families can lead to increased family stress. The bottom line for many families in the 1970's and 1980's was either loss of self-sufficiency or a lower quality of life.[5]

The structure and routine of American families is changing also. Increasingly, our families are middle-aged fathers and mothers caring for young children and aging parents. Parents, except teen parents, are having fewer children, and are older when they have children.[6] More families are headed by one adult. The nation has the highest divorce rate in the world; over half of all marriages are expected to end in divorce, and about 40 percent of America's children will experience the break-up of their parents before reaching age 18.[7] Children of divorced parents experience more emotional and behavioral problems and do less well in school.[8] Existing national and state data provide a sufficient cause for alarm--but not a sufficient understanding of the problems confronting families.

First, the data capture only what happens to individuals--they don't show the overlapping of family problems. One family member may be jobless and a substance abuser while another fails in school. Just when one family member needs extra attention or support, family energies are sapped by a financial or emotional crisis with another family member.

Second, the data don't tell us how families are functioning. Data are typically arrayed by household, as in the census--by status as a single parent or as a married couple with one or more dependents. The data describe how a household is structured, not how a family functions. Effective family functioning should be the policymaker's primary concern.

Third, most data bases do not show how problems worsen or improve over time. A low-birthweight baby may experience developmental delays, exhibit

aggressive behavior as a child, enter school unprepared, become pregnant as a teen, drop out of high school, be ill-equipped for the labor market, and remain unemployed.

Finally, the data do not reveal the complex interplay of events, circumstances, and family supports that all families experience. Some family members appear to have the resources to deal with negative conditions and changing circumstances. They have inner reserves of esteem, strength, and flexibility. They can marshal outside resources, seek help from others, understand and face their difficulties, make decisions, and move on.

Others can not. Consider Michael. He may have experienced many family problems as a young child-- neglect, abuse, or abandonment. But he also had support--a stable adoptive home, adults that cared for him, school, sports, and church. Were these supports insufficient to overcome earlier negative experiences? Did later negative circumstances--poor academic performance, low self-esteem, inadequate coping skills --continue but go unnoticed? What caused his isolation from family, friends, and other supports, and brought him to his current situation? The data won't tell us.

Michael's story and the many others like it portray a reality that the data only hint at. It is the complex tangle of difficult life events, the characteristics of family members, and the perceived and real limits to support and opportunity present in the environment. It is this reality that places families at risk.

Troubled Systems

Not only is our understanding of the problems confronting families inadequate, but sometimes the systems we have created to help families are inadvertent barriers to family progress. Many obstacles have resulted from categorical service-delivery systems that developed and prospered in the 1950's, 1960's, and 1970's, and that continue into the 1990's.

As particular societal problems are uncovered, specific programs may be developed, especially at the federal level; particular funding streams are channeled to support the programs; eligibility is defined for individuals; and other rules are established to protect the target population, the funding, and eventually the programs themselves. Over time, this way of solving problems has frequently resulted in a fragmented collection of programs that is directed at isolated

problems and has no clearly defined outcomes. Federal and state regulations and guidelines, as well as traditional practices and cost-accounting systems, limit program flexibility to respond to family needs in the community. In addition, these program features prevent precisely the integrated-services approach that has been demonstrated as effective.[9]

Families need services that are convenient, easy to understand and use, and flexible. These services must offer families choices, build on family strengths, and--above all--provide families with help when they need it and at levels that make a difference. Some families are so overloaded that they require specialized help in understanding their problems, setting goals, choosing services, and pulling themselves together into an integrated whole. All families, however, need services that lead to positive results.

Unfortunately, services that meet the above criteria are not widely available. Many excellent, innovative programs do exist and are frequently locally-driven. Often, they are pilot projects initiated by government or communities for particular clusters of problems. Examples include DOL's Youth Opportunities Unlimited (YOU), a demonstration program to provide intensive, comprehensive training and employment services to young people in high-poverty urban neighborhoods and rural counties; the Home Instructional Program for Preschool Youngsters (HIPPY) in Arkansas; First Impressions, in Colorado, which provides parent education and support, as well as early-childhood development and education programs for families at risk; and Communities-in-Schools (called Cities-in-Schools in some places), which brings services and community resources together with schools to benefit youth at risk of dropping out.

Recently, projects have been designed to cut across categorical-service boundaries at county or regional levels. The Iowa decategorization effort, for example, removed barriers to service integration and pooled funding in selected counties in order to stabilize families and to prevent out-of-home foster-care placement.

JTPA offers a program design with innovative components. It emphasizes collaborative, cross-categorical policy development at state and local levels. It focuses attention on results--not just on cost and input accountability. Services are locally designed and driven. Some funds can be flexibly used at both state and local levels to meet client needs.

However, these programs and initiatives have yet to become available enough at the local level to families who need them. Nor have they become fully integrated with other key federal programs such as JOBS (welfare reform), adult and vocational education, Medicaid, and Food Stamps.

As CGPA prepared to conduct its first Family Academy, many state and federal policymakers agreed that families and children were in trouble and that something new needed to be tried. However, not much was understood about how families functioned in our changing society or about why so many were experiencing increasing difficulties. Existing systems were perceived by both policymakers and taxpayers to be inadequate or ineffective. While innovative, successful programs existed, they were not widespread enough to make a significant difference for enough families. Nowhere was sufficient attention focused on results. CGPA felt that its academy process was uniquely suited to help states confront and deal with these difficulties.

THE FAMILY ACADEMY

CGPA became convinced that a policy academy on families and children at risk was needed after conducting separate academies on preventing teen pregnancy, enhancing adult literacy, and preventing dropouts. In each policy area, the family obviously played a key role. Yet this role was being ignored at best, or unwittingly undermined at worst, by state policymakers and their service administrators. A review of state experience led us to two conclusions:

--   There is widespread inability to diagnose problems from an individual-family perspective, which perpetuates policies and programs that treat the symptoms of poverty in isolation from one another.

--   States tend to define the expected results of their policies in terms of the service-delivery system rather than in terms of the outcomes for individuals and families.

CGPA wished to test the strengthening of families through state action that focused directly on family outcomes and on interaction of the many family-service delivery systems. In 1989, CGPA, collaborating with the National Governors' Association, the American Public Welfare Association, and the Council of Chief State School Officers, received funding for its State

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Policy Academy on Families and Children At Risk from DOL, HHS, the ARCO Foundation, the Ford Foundation, the Foundation for Child Development, the Charles Stewart Mott Foundation, the AT&T Foundation, the Irving Harris Trust, and United Way of Maryland.

Academy Objectives

Policymakers at DOL--the single largest contributor to the Academy--and at HHS understood the relationship of employment to the adequacy of family housing, health, nutrition, child care, education, basic skills, and substance-abuse prevention. As a result of their experiences with JTPA and welfare reform, they were convinced that a stronger focus on families and on integrated services would result in increased self-sufficiency for disadvantaged families and for their individual members. Their objective was to help states improve their service-delivery systems through collaborative planning and implementation of programs. In particular, DOL wished to strengthen connections at the state level among service-delivery systems in the areas of employment and training, education, welfare reform, and child care.

Participating foundations were also interested in seeing how state policymakers integrated objectives like family self-sufficiency and child welfare. Prevention, early intervention, and early child development were major concerns. The foundations wished to support exploration of strategies leading to statewide implementation of effective local, integrated, family-support programs.

Participating-state Governors and the teams they appointed were intent upon moving beyond program innovation, as each state already had some effective programs. They were ready to take the next step, to system innovation--the designing of integrated, self-correcting systems that respond to the real needs of families and children.

Arkansas, for example, planned to pull together its many discrete programs dealing with at-risk families and youth into a larger framework. The Governor wished to create a strong constituency for the effort by equating stronger families with longer-term economic development in the state. Colorado hoped to clarify the best way to structure services for children and families. The Governor wished to create a "coordinated system of services that emphasizes prevention and early

intervention." Illinois maintained a focus from the beginning on communities. Their team wished to determine how to take state action across program boundaries in a way that worked at the community level. Maryland would settle for nothing less than solid interagency agreement on priority policy areas to benefit families and children. Outcomes of immediate concern included family self-sufficiency and child welfare, particularly out-of-home placements of children.

The CGPA Policy Academy on Families and Children At Risk brought together national experts on child and family policy, poverty issues, strategic planning, and public accountability to work with teams of key decision-makers from the 10 states. The specific goal of the Academy was for each state's team to develop a set of outcome-oriented policies that would guide the state's public and private efforts to help at-risk families and children.

Multi-disciplinary teams of policymakers from Arkansas, Colorado, Illinois, Iowa, Maryland, New York, North Dakota, Oregon, Texas, and Washington participated in the Academy. Each team had from 10 to 12 members, including representatives from the Governor's Office, as well as high-level administrators from state agencies of human services, education, community development, health, and employment and training.

Over 40 experts on family policy and related topics consulted with the teams in three four-day work sessions held in December 1989, March 1990, and June 1990, and in state visits to implement policies developed in the work sessions. In these sessions, each team envisioned a specific future for the families and children in its state; assessed problems and opportunities for families; agreed upon outcome-oriented goals and objectives; assessed alternative approaches for achieving results; developed a multi-year implementation plan; constructed components of an accountability system that specified outcomes and indicators; and built strategies for broad-based support.

The Academy Process

CGPA offers policy academies as its most intensive approach to policymaking. They are designed to help Governors address high-priority issues that are complex and cross-cutting. After having conducted seven academies involving more than 30 states, CGPA is confident that the process yields results.

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CGPA competitively selects states to participate in an academy. Governors appoint teams of top-level decision-makers having a stake in a particular issue. Teams typically include senior advisors to the Governor, cabinet secretaries, legislative leaders, local government officials, heads of commissions or task forces, and corporate and community leaders.

An academy is not a process to develop consensus across states. Its strength lies in its ability to stimulate each participating state to design its own approach. Key design components lead those assembled within each state to focus undivided attention on an issue, to debate underlying causes, to uncover biases and turf problems, and to commit to new courses of action.

The process, with its carefully structured multi-state meetings and its in-states technical assistance, ushers state-team members through seven steps: creating a vision for the state and its citizens; understanding the policy context; assessing problems and opportunities; setting outcome-oriented goals and objectives; building effective strategies; developing an implementation plan; and incorporating an accountability system. An academy also tracks implementation in the states for six months following the last academy meeting, or for longer, if follow-up funding is available.

To assist states in moving through these steps, CGPA structures a rigorous, effective policy process; offers fresh analysis of the issues; provides state-specific assistance; and provides and trains skilled facilitators for each team at each academy meeting. An academy provides all teams with three out-of-state, four-day work sessions and with assistance visits to individual states as they implement policies developed in the work sessions. Teams are responsible for producing and/or refining particular products at each academy meeting. Policy academies result in specific, written policies, strategies, and multi-year implementation plans.

Post-Academy Implementation

The first phase of the CGPA Policy Academy on Families and Children At Risk is now complete. Implementation continues, however, along with CGPA support for the 10 states. Phase Two of the Academy is designed to encompass four interrelated activities: state-by-state implementation of policies developed during Phase One; dissemination of implementation lessons; replication of the Academy in new states; and evaluation of Academy results.

The Ford Foundation, a Phase One funding source, is also supporting Phase Two. In October 1990, it awarded grants to three of the states--Arkansas, Colorado, and Maryland--to help them implement their strategic policies. The grant to Arkansas is being used to pilot-test the Comprehensive Community Services System in two communities. It offers incentive grants to these communities and supports a full-time project coordinator. Colorado is using its grant to make such state-level changes as producing an overall state budget for families and children, developing a data-collection system to measure changes in family outcomes, analyzing current state policies and practices that affect families, and recommending systemic changes. Maryland is creating the Unified Family Service Information System, which is both a case-management tool and a performance-accountability system. CGPA also received an 18-month Ford Foundation grant to provide ongoing support and technical assistance to all Academy states and to produce a report on their progress and accomplishments during this period. The grant also supports periodic team-leader meetings-- occasions for providing mutual support and sharing information--and expert technical assistance delivered either in-state or in the team-leader meetings.

In February 1991, United Way of America funded CGPA to strengthen linkages between state initiatives and the work of the United Way in each Academy state. The project, "Strengthening Family Ties," seeks to generate new models of public/private and state/local collaboration for improving family outcomes. Potentially, the involvement of United Way will increase the capacity of state teams to carry out their policy agendas, particularly in effecting changes in local service-delivery systems. The United Way should also benefit by gaining more direct access to the policy development and implementation process at the state level.

A Second Family Academy

In December 1992, CGPA will convene a second State Policy Academy on Families and Children At Risk. This one, which is scheduled to run through December 1994, will include an implementation phase and involve seven states--Arizona, Georgia, Hawaii, Indiana, Ohio, Oklahoma, and Nevada. The experience, leadership, and results of the first 10 Academy states will inform a new group of policymakers as they envision a brighter future for families, and as they restructure federal, state, and local systems to achieve this future.

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FRAMEWORK FOR FAMILY POLICY

To invigorate policy debate, CGPA and its faculty offered a framework for thinking about troubled families at the first Academy meeting. This framework, at Figure One below, was developed with the assistance of the Family Academy Advisory Committee (see the appendix), and is fully presented in CGPA's Strengthening Families, a policy guide on families and children published in late summer 1991.

The framework is intended to help decisionmakers see families in a new light by increasing an understanding of the nature and causes of family problems, by gathering and analyzing family data from new sources, and by designing statewide system-changing strategies to improve family well-being. CGPA urged Academy teams to understand whole families and how they function; to recognize the complex interplay of structure, characteristics, conditions, and circumstances which influence family functioning; to view the whole family over time; and to focus attention on outcomes.

Families and How They Function

Policymakers are prone to think of a family in demographic terms: a dual- or single-parent household with one or more children. But given the many configurations of families and, more importantly, the need to know how well families are performing, this structural definition no longer suffices. Gail Christopher, former director of the Family Development Institute in Chicago, offered Academy participants this functiona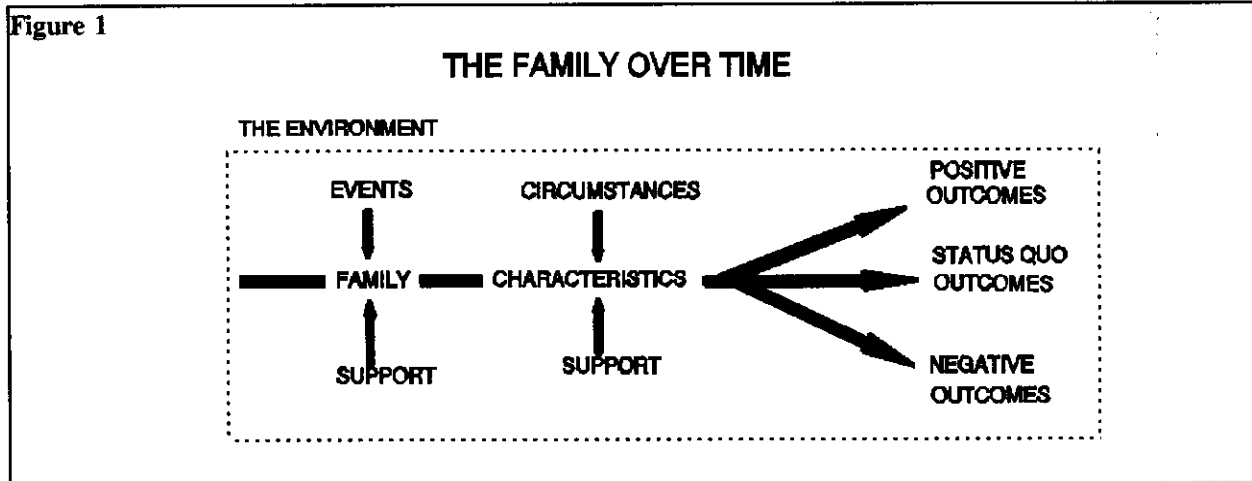l definition of the family: "A family's job is to create responsible, self-sufficient adults through the provision of security, nurturance, socialization, education, self-esteem, validation and comfort."[10]

Families performing these functions most of the time are viable social units whose long-term success can be measured by the actions of their children. When families fail to provide these functions, their members experience negative outcomes over time. For policy purposes, CGPA suggests defining a family as "a group of people who are related by blood or circumstances and who rely upon one another for security, sustenance, support, socialization, and stimulation." This functional definition distinguishes families by how well they perform, not by what they look like. It supports a developmental view of the family, allowing for changes in functioning over time. It leads naturally to a consideration of the causes underlying family problems as well as of the outcomes of poor functioning. Finally, it allows us to look at family strengths and not just family deficits, and to take this look in a multicultural environment.

The Complex Interplay of the Family Structures, Characteristics, Conditions, and Circumstances that Influence Family Functioning

Families do not live in a vacuum. People with strengths and weaknesses live together in a community full of risks and opportunities. Negative circumstances interact with family supports over time, leading to positive or negative outcomes.

Much is known in social science literature about the factors associated with specific negative outcomes. For

Figure 1

THE FAMILY OVER TIME

THE ENVIRONMENT

EVENTS   CIRCUMSTANCES   POSITIVE OUTCOMES

FAMILY — CHARACTERISTICS   STATUS QUO OUTCOMES

SUPPORT   SUPPORT   NEGATIVE OUTCOMES

example, the risk factors associated with becoming an unmarried teenage mother could include being poor, living in an area of concentrated poverty, having a parent with low educational attainment, and having a sister who is herself an unmarried teen mother. When risk factors interact, they increase the likelihood of poor outcomes. In Within Our Reach, Lisbeth Schorr discusses in depth the lessons of several long-term studies of groups of children and animals. "These studies demonstrate," she observes, "that it takes more than a single risk factor to elicit an adverse outcome. They have rendered moot earlier controversies over nature versus nurture, by showing that the interplay between constitution and environment is far more decisive in shaping an individual than either alone."[11]

While many risk factors are well-known, social science has more difficulty documenting success factors-- factors associated with families which function well. The best known of these factors include family attachment; higher educational status; employment; self-esteem; positive expectations; and opportunities for learning, employment, recreation, and services. More research is needed to establish clear linkages between some of these factors and positive family outcomes.

Policymakers cannot say for certain why families function the way they do, but they can benefit from finding out how families in their state are structured and by reviewing the literature on risk factors. Their knowledge will be strengthened by observing how the separate problems of family members--such as unemployment, alcohol abuse, and poor school attendance--interact within the family circle and with such community problems as inadequate housing, poor or inaccessible services, and street violence to inhibit successful family functioning. Finally, they can look at factors supporting family strengths.

The Family Over Time

The balance of negative and positive factors for a family and its members change over time, as do family environments. In the story at the beginning of this chapter, for example, one can imagine Michael as state services observed him--in snapshots: at five the day he is removed from his home; at five and a half, six, and eight, in three different foster care settings; at 13, the day of his adoption; at 18, the day of his graduation. The picture-taking stopped, but Michael's needs did not. Somehow, when Michael was supposed to be ready to live on his own, he wasn't. Michael could not change, inside, as fast as his circumstances changed on the outside. Help was not there when he needed it--he

was out of "the system" but not out of trouble.

Michael and his families received services, but families skirt the system until their accumulating problems catapult them into crisis. Opportunities to intervene early and avoid costly crises are lost because policymakers do not understand how problems and supports interact over time. A difficulty in reading may not be an overwhelming problem for a child in grade three; but by the time that child is 12, and the reading problem is coupled with long-term poverty, alcohol abuse, neighborhood gangs, and high community unemployment, the recipe for dropping out is complete.

Policymakers gathering and analyzing data on families over time will lead to better understanding of how problems cluster and lead to trouble and of how supports, both within and outside the family, offset difficulties; to identifying which particular interventions lead to overall positive change; and to documenting the benefits of prevention and early intervention. This critical information should lead to services that are better tailored to what families need and to where and when they need it.

Family Outcomes

Policymakers are accustomed to the tracking of services. Typical social-service reports quantify checks sent out, available day-care slots, prenatal exams given, contracted counseling hours, and so forth. These reports, however, say little about results for the people served. Are families self-sufficient? Are children being cared for in developmentally-appropriate settings that provide adequate support and stimulation? Has the number of low-birthweight babies declined?

Policymakers should track family outcomes over time to determine the true effectiveness of their policies. An outcome is an event or circumstance understood to be the result of a process or a chain of events. Positive outcomes are the hoped-for results of successful policy interventions. Once policymakers begin to focus on families over time and to observe how characteristics and circumstances shift, outcomes no longer appear as a single point, but rather as multiples on a continuum progressing from negative to positive (see Figure Two below).

Superimpose the employment continuum on Figure One and imagine several families on income assistance. One parent who had been formerly employed in a stable but low-wage job found a new job and moved
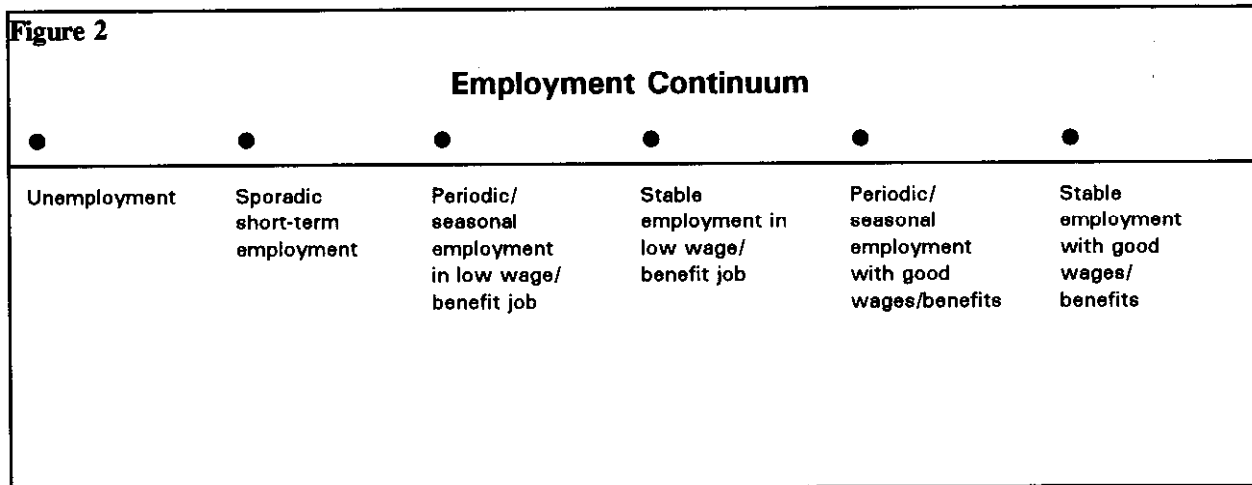
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off the welfare roles in a relatively short period of time. A second family seems to move through a revolving door--off assistance, into sporadic short-term employment, and back onto assistance. A third family is chronically dependent (two years or longer) on welfare assistance.

Envisioning family outcomes on a continuum offers several advantages to policymakers. First, it presents a more accurate picture of what happens to families and of how they differ. Second, it enables policymakers to set priorities in times of fiscal constraints, while maintaining a clear focus on long-term positive outcomes for all families. (For example, it may be more desirable to support intensive, integrated services to families at risk of chronic welfare dependency than to fund short-term training for lower-skill, lower-wage jobs for unemployed family members.) Finally, it describes how family situations can deteriorate over time, strengthening policymakers' ability to determine early-warning signals for intervention.

Focusing on outcomes enables policymakers to determine long-term effectiveness of interventions. Tracking outcomes over time enables policymakers to hold program administrators accountable. By outcome-oriented accountability, policy-makers can redirect resources away from less-effective programs and towards more-effective programs.

NOTES

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5. Gordon Berlin and Andrew Sum, Toward a More Perfect Union (New York: Ford Foundation, 1988).

6. Harold L. Hodgkinson, The Same Client: The Demographics of Education and Service Delivery Systems (Washington, DC: Institute for Education Leadership/Center for Demographic Policy, 1939).

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9. Lisbeth Schorr, Within Our Reach: Breaking the Cycle of Disadvantage (New York: Anchor Press, 1988).

10. Dr. Gail Christopher, State Policy Academy on Families and Children at Risk, Dec. 1989.

11. Schorr, Within Our Reach, p. 25.

Figure 2					
Employment Continuum					
●	●	●	●	●	●
Unemployment	Sporadic short-term employment	Periodic/ seasonal employment in low wage/ benefit job	Stable employment in low wage/ benefit job	Periodic/ seasonal employment with good wages/benefits	Stable employment with good wages/ benefits

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CHAPTER 2: STATE EXPERIENCES AND RESULTS

This chapter reviews the results of each Family Academy state. The state sections are divided into headings by major accomplishment: state-level policy coordination; legislation and budgeting changes; development of outcome-oriented accountability systems; integrated-services development; and local planning and participation. Not every state accomplished results in all areas, but all states achieved significant results in some areas.

ARKANSAS

The Arkansas Family Academy team achieved major results in the areas of state-level coordination and legislation and budgeting. The team is preparing to initiate experiments in local planning for comprehensive and integrated services for families.

State-level Coordination

In October 1990, Governor Bill Clinton announced the Arkansas Families First initiative. The Governor wanted all Arkansas families to be able to adequately provide mutual support, care, and protection for family members. The five goals of the initiative: providing preventive and acute health care to all Arkansas families; enabling parents to serve as their child's first teacher; ensuring that adults can acquire the knowledge and job skills to adapt to new technologies, work methods, and markets; making Arkansas families free of substance abuse and violence; and making it easy for families to get the services they need.

Key to the attainment of these goals are a number of programmatic and systemic strategies. At the state level, a primary concern of the Governor was to institutionalize the cross-agency, public-private policy development begun by the Family Academy team. To accomplish this, the Governor established the Arkansas Family Policy Council (chaired by his Executive Assistant for Governmental Operations) and included on it the Academy team members. The Council has responsibility for planning and implementation of the Families First (Academy) initiative; oversight of phase two of the Little Rock New Futures Project, which coordinates education, health, and social services for children at risk of poor performance in school; and Project Success, a welfare-reform effort involving

county-based interdepartmental planning. The Academy team vigorously sought and received private-foundation funding for one full-time staff person to support the work of the Family Policy Council.

Legislation and Budget

The Council moved immediately to coordinate the Governor's 1991 legislative agenda and proposed budget with the goals, objectives, and strategies of the Families First policy initiative. The categories of the Governor's package included:

Health Care, Substance Abuse, and Violence Prevention

-- Health Care Access Bill outlines a program for implementation of universal child care by the year 2000, and emphasizes preventive and primary care for all children 12 years old and under regardless of family income.

-- High Risk Pool Bill sets up a board and nonprofit entity to provide insurance to previously "uninsurable" individuals.

-- Bare Bones Insurance Bill allows employers who have 50 employees or less and who have not offered health insurance to their employees for the previous year to offer a package without certain state-mandated services thought to increase employer costs.

-- Additional bills to: strengthen paternity establishment; allow child-support withholding for children's health-care coverage; strengthen the law to prevent domestic abuse; and offer tuition and/or financial incentives to physicians and physicians-in-training to encourage them to practice in rural areas.

-- Charges to the Arkansas Health Care Access Council to: increase the immunization rates among preschool children; see that all newborns have a family doctor by 1992; increase the number of low-income children receiving publicly-provided health screenings; and coordinate efforts to improve health outcomes in rural areas.

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Budget increases for: health services for women and children; early-intervention services for children up to two years of age who have developmental delays; addition of 40 family-service staff positions; home-health services to families; the Rural Health Services Revolving Fund; treatment for emotionally disturbed youth; substance-abuse treatment for adolescents and pregnant women; and community-based services for adolescents in trouble.

— Environmental legislation to: provide an environmental education fund and integrate environmental education into all disciplines of the educational curriculum; safeguard land and water from pollution; and build FUN (Facilities for Underdeveloped Neighborhoods) parks in rural communities.

Parents as Teachers

— Arkansas Better Chance Fund bill establishes a flexible funding mechanism to provide for the expansion and development of locally-chosen early-childhood programs for children ages 3 to 5--programs that include, but are not limited to, the Home Instructional Program for Preschool Youngsters (or HIPPY), which is targeted to families at risk; expanded Head Start; Parents as Teachers; and school-based programs.

— Additional bills to restructure, strengthen, and improve the Arkansas education system, including the development of apprenticeship programs for noncollege-bound youth and also including academic performance/income-based scholarships for state students to attend state colleges and universities.

Adult Skills for the Competitive Marketplace

— Adult Education and Literacy bill appropriates funds for adult education so that considerably more people per year--especially those on public assistance or on probation--will improve their basic skills in classes at adult-education centers, at their workplaces, and at convenient satellite locations such as vocational-technical schools.

— Prison Accelerated Good Time Bill increases the incentive for inmates to enroll in education

and training programs, and thus to enhance their employability.

— Bills to staff the Governor's Commission on Adult Literacy, increase grants to local literacy councils, and provide remedial, summer-school, college-prep instruction for high school juniors and seniors.

Integrated Services

The creation of a comprehensive and integrated community-services system to improve services to families and children in the areas of health, education, parenting, and job readiness (another goal of the Academy team) has required additional planning and design. Governor Clinton has spelled out the desired results of a new system: "The bottom line is that in Arkansas we want it to be far easier for families to receive and benefit from the services our state provides. We want to cut down on the number of agency contact points, forms filled out, and differing eligibility criteria so we can look at a family as a whole, determine the needs of its members, and get them the services they need quickly and effectively." Pilot-testing in two communities is being planned.

COLORADO

The Colorado Family and Children's Policy, developed by the Academy team and approved by the Colorado Commission on Families and Children, formed the basis for significant efforts in state-level coordination. It provides the framework for planned changes in legislation, budgeting, accountability systems, and integrated-services delivery.

State-level Coordination

In October 1990, Governor Roy Romer formed the Colorado Commission on Families and Children. It consists of a cabinet council of state agency heads plus representatives from the legislature, the judiciary, the business community, the advocacy community, and the nonprofits. Staffed by the Governor's office, the Commission is co-chaired by the state's first lady, Bea Romer, and by a cabinet council official. The Commission's first task was to review and adopt the Colorado Families and Childrens' policy developed by the CGPA Academy team. The policy statement opens with a challenge:

Colorado is ready to make significant reforms in the way it serves families and children. Yet, such reform can be accomplished only when all aspects of society (state and local government, business, funders, and private citizens) recognize the importance of families and children as the key to economic and social productivity.

Announced formally in October 1990, the policy envisions a better future for the state's families and children, sets measurable objectives for the systems that can make this vision a reality, and articulates five mechanisms to achieve systemic change.

The policy defines families as "clusters of interdependent people who have a relationship and are perceived to have or who claim to have primary responsibility for children," and stresses that families are the most efficient and effective source for rearing children and providing for the needs of individual members. Colorado recognizes the family's function as the provision of security, nurturance, socialization, education, self-esteem, validation, and hope.

The policy statement foresees that Colorado families and children will:

--   Have the social, emotional, intellectual, mental, and physical well-being to ensure their optimum growth and development;

--   Live in a nurturing, stable, and safe environment where each individual member's developmental needs are met;

--   Have the educational achievement, knowledge, and skills to lead productive and satisfying lives; and

--   Have employment and income allowing them to meet basic family needs and to maintain a reasonable quality of life.

The policy report also specifies how the lives of children and families today compare with this vision in areas of family poverty, employment, child care, education, housing, physical and mental health, and family functioning.

The role of government, according to the Colorado policy, is to help families achieve the vision by building on family strengths and by promoting the right of all families to fully participate in the institutions that affect their lives. Government promotes family self-sufficiency by enabling families to perform their natural functions better.

The Colorado policy identifies five major systemic barriers to strengthening families in the state. First, a common vision for Colorado families and children is not held by all stakeholders at state and local levels. As a result, government at all levels does not routinely consider the impact on family functioning of existing policies and practices. Second, planning and budgeting for long-term implementation of a coordinated, integrated, family-centered system of services emphasizing prevention and early intervention does not exist at state and local levels. Third, the flexible blending of resources to benefit families before their problems reach crisis stage is constrained by federal and state regulations. Fourth, data systems are typically oriented toward individuals, not families, and cannot combine information across agencies. Finally, state and local accountability systems are oriented toward process, not outcomes.

To deal with the first barrier, the team conducted a series of Summer 1991 regional public forums on the draft policy document. The purpose of the forums was to gain support for the policy, discuss its provisions, and challenge others to make their own contributions. The Governor, the Commission itself, the interagency cabinet council, agency administrators, other state commission members, and community-college representatives participated in individual forums.

Legislation and Budget

The Commission planned to deal with this second barrier through legislative and budgeting changes. The plan included development of a state family and children's budget across all state agencies, and reflection of its family policy in the legislative agenda for the 1992 session. The cross-agency budget highlighted the dollars spent on prevention, early intervention, and treatment.

Accountability Systems

A top priority for the interagency cabinet council was to determine criteria and standards for a family-impact analysis to apply to existing programs and to new programs proposed by the legislature. The Council also wants to demonstrate the long-term effectiveness of prevention and early-intervention programs through

improved accountability, and thus plans to develop and implement collection of data that measure family outcomes.

Integrated Services

The Commission and Council currently are designing a community-based, integrated-services delivery system. In 1992, the Commission will pilot community-based family centers at the local level, and hopes to adjust state-agency service design and practice so that communities are the focus of the planning and delivery of services for children and families. Pre-service and in-service professional-preparation programs would become more family-focused.

The Colorado team's Family and Children's Budget and Family Impact Analysis are expected to institutionalize the principles of the team-developed policy. Various commissions, advisory boards, and advocacy groups have been briefed about the policy, and are ready to contribute to its success. For example, the Executive Council of Communities for a Drug Free Colorado restructured its mission in light of the policies and strategies presented in the policy plan. The Decade of the Child, a private-sector, nonprofit coalition of 500 organizations which was in the process of adopting a set of measurable objectives for children, endorsed the strategic plan and intended to participate with the state in the regional forums.

ILLINOIS

The Illinois Family Academy Team built a firm foundation for state-level coordination and local integrated services. The draft policy itself did not bridge the gap to the new administration, but several team members continue on in influential positions both within and outside of state government. Through them, the team's draft policies are being considered by the new Governor and his cabinet.

State-level Coordination

The Illinois Family Academy team, a carefully-constructed mix of policymakers from the state and the City of Chicago, worked hard to overcome a long history of differences between "the City" and state government. Their eventual mutual accord was reflected in a unique vision of the relationship between troubled families and troubled communities:

The health of Illinois communities dramatically impacts the health of families in these communities. As traditional community support systems break down in high risk communities, human problems increase exponentially. Just as a community recreational center can be a catalyst for growth and development of community members, a crack house can be a catalyst for community deterioration. In order to address the multiple, interdependent problems of families in Illinois, state government solutions must understand the dynamic of communities and build on them.

The team hammered out agreement on three major outcomes for families: reduction of infant mortality; an increase in family economic independence; and greater family well-being. The team's strategies reflect the perspective that "To make a difference in individuals' lives, government must provide services that build family and community capacity and acknowledge all service provision within the context of the family and the community." [Emphasis added.]

Integrated Services

The team believed strongly that if community factors were considered important by policymakers, the design and delivery of services would change significantly. The participation of families and communities would be maximized in service design and delivery. Services would be community-based and as close to the family as possible. They would be accessible, integrated, comprehensive, sustained over time, and grounded in the concept that the family is the most important resource for all its members. Prevention, early intervention, and timely treatment would be priorities. Local communities could provide services more flexibly in exchange for being held accountable for outcomes. Resources would be targeted towards high-risk communities, using the extent and severity of family problems as criteria for community selection. Automated tracking and accountability systems would promote more efficient, better integrated services.

The team envisioned a local, community-based, service-delivery board which gathered and analyzed data, conducted planning, established linkages among all providers and, ultimately, received authority from the state to operate integrated programs. Integrated employment and educational/social services systems were the team's top two priorities.

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In Spring 1991, the new Governor, Jim Edgar, convened a work group that has considered the ideas developed by the Family Academy team. Several members of the Academy team are on the work group. They plan to build on the initial thinking and hard-won agreements of the Academy team.

IOWA

The Iowa Family Academy team developed a strong policy document as a result of participation in the CGPA Family Academy. It has formed the basis of informal state-level coordination, particularly in terms of strategic planning and community-based programming. Significant efforts are underway in local planning of integrated family services.

State-level Coordination

The Iowa Academy team produced a thorough and insightful draft policy document. That document has been used by executive policymakers during the budget process to informally screen agency appropriations requests and to plan strategically for program revision and development. While this does not represent a significant departure from established procedure, the team leader feels it results in "subtle institutionalization," and will have a long-term impact on culture change, future dialogue, and decisions on the delivery of services in the areas of education, job training, and human services.

The draft policy presents the state family-policy goal and describes the system characteristics needed to support it. The goal: "Because the health, vitality and well-being of the State of Iowa depends upon the health, vitality and well-being of its families, it is the goal of the state to provide an environment in which all families are able to reach their full potential." The system characteristics:

> In such a system, agencies and service providers recognize individuals as members of families; share the same goals for family development and success; empower communities with the capacity for response and action to meet family needs; empower families with the capacity to choose paths to fulfill their potential; respond to families at risk by preventing family dysfunction and

intervening early with services; conduct effective and accurate assessment of family needs and develop family-based data systems; and conduct outcome-based program evaluation.

An innovation in the draft policy document is the presentation of eight outcomes in continuum form (similar to the employment continuum in Chapter One). The policy explores the underlying reasons why Iowa families experience these outcomes and sets outcome-oriented objectives for future policy implementation. Outcome dimensions include safe shelter; physical and mental health; daily nutrition; family functioning (i.e., presence of such problems as substance abuse and family violence); attainment of personal, social, educational, and career goals; formal attachment to the labor force; and the ability to meet basic family needs. Policymakers hope to use this tool to pinpoint the numbers of families experiencing these outcomes in their state.

The Academy team leader is coordinating his efforts with two related state-level initiatives: the KIDS Count grant, a data collection and assessment project closely related to the ideas developed by the team but more narrowly focused on children; and the Iowa decategorization project, which was initiated by the legislature two years ago and is being examined by both legislative and executive branches as a testing ground of some of the principles put forward by the Academy team--particularly the concept of community-based, integrated, family-focused services delivery.

Local Planning

One Family Academy team member from a community-based agency has taken the academy process and the state's draft policy and, on his own initiative, is replicating it at the community level in Marshall County, a predominantly rural area with two urban clusters. State leaders and other Academy team members have participated in the process as resources.

The Iowa team has not been able yet to implement its action plan for a variety of reasons. The state's difficult fiscal situation has had a tremendous impact. It proved impossible to find "glue" money for planning and collaborative activities at the state level. Agency heads have been very preoccupied with serious budget cuts. Nevertheless, their challenging policy document provides a solid foundation for action in the future.

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MARYLAND

The Maryland team has made significant progress in implementing its family policy. State-level policy coordination is well-advanced. The state government is building on local, integrated-services experiments to test and enable dramatic changes in how services are provided to families. The state is pioneering in development of an outcome-oriented accountability system.

State-Level Coordination

In May 1989, Governor Schaefer appointed a Special Secretary for Children, Youth, and Families. He charged her with forming an interagency subcabinet to strengthen families and to work closely with his Employment and Training Council, which is accountable for coordinated workforce-investment policies. Together, these two groups, many of whose members served on Maryland's Family Academy team, were to address the total needs of families and children.

The actions of the Maryland Family Academy team, chaired by the Governor's Special Secretary for Children, Youth, and Families, represent one of the strongest state efforts to date to integrate systems pertaining to child welfare with systems pertaining to family economic self-sufficiency.

The Maryland team defined a family as "one or more adults who join together to provide care, support and nurturance for a child, children, or each other regardless of where they live." Its policy focused on families whose quality of life is affected by poverty, education deficits, health problems, and instability.

The team developed an impressive array of outcome-oriented objectives to move the state towards the goal of increasing the number of safe, stable, nurturing, and self-sufficient families. Examples include:

Education

— Ensure that 95 percent of Maryland students start first grade ready to learn.

— Ensure that all Maryland students are functionally literate in reading, writing, mathematics, and citizenship;

Combating Unemployment/Poverty

— Increase the number of at-risk families participating in self-sufficiency programs.

— Increase the placement rate after job training to 85 percent.

— Increase wage-at-placement to 110 percent of the lower living index.

— Increase by 80 percent the number of non-custodial parents paying child support.

Health

— Reduce by 75 percent the number of children who, because of mental-health problems, are placed out-of-home or institutionalized.

— Reduce by 50 percent the number of parents entering institutional care due to prenatal health problems, and reduce the average length of stay of these parents by the same percentage.

— Reduce by 70 percent the number of children and adolescents who abuse drugs or alcohol as measured by the state student survey.

Social Well-Being

— Reduce by 50 percent the number of first-time juvenile offenders.

— Reduce child abuse by 25 percent.

— Reduce child neglect by 25 percent.

— Reduce by 10 percent the number of repeat calls of spousal abuse.

— Reduce by 50 percent the number of children entering out-of-home care.

— Increase by 20 percent the number of adopted foster-care children.

— Increase by 75 percent the number of providers of registered family daycare.

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Legislation and Budget

During the Academy project, several counties in Maryland were testing a child-welfare system reform program funded, in part, by the Annie E. Casey Foundation. The purpose of this "family preservation" program is to prevent out-of-home placements and to situate children currently in such placements to well-functioning family environments. The project includes a local interagency planning process and an integrated case-management system that links all providers. In 1990, legislation was passed to expand these reforms in service delivery. Key components include:

- A contract signed by the state with the local jurisdiction (county) to implement systems reform along the lines envisioned by the Academy team. The contract defines the target population and the services to be provided. While no new funds are available, the state will work closely with the county, providing technical assistance, generic case-management training, and flexible funding.

- A $7.3 million flexible fund derived from the budgets of the Maryland Departments of Human Resources, Health and Mental Hygiene, Juvenile Services, and Education through a line-by-line analysis conducted by the Governor's Office and legislative staff. The fund supports the needs of 503 at-risk children and their families. Sixty-eight of these children are currently being served out-of-state.

- An incentive to enable counties to keep a portion of their savings from the redirection of target-population services away from out-of-state placement and toward in-state placement, and away from foster care and toward family preservation.

Implementation of the systems-reform effort is underway in five projects covering nine jurisdictions. Services planning and design began in 1990 and implementation in Spring 1991. Implementation will be completed in all counties by 1994.

Accountability

Maryland received funding from the Ford Foundation to support the creation of an accountability system based on some of the above outcome indicators. The local, integrated-data system, entitled the Unified Family Service Information System, will be both an outcome-oriented accountability system and a case-management tool. The system has four components: a family-service history, a family fiscal account, a counselor's case-management tool, and a data-networking capacity to eliminate duplicative data-gathering and to improve service effectiveness. Design work began in Fall 1990 and full implementation is expected in 1992.

Information from this system will feed into a proposed state-level, integrated-data system which over time creates client files across all major state agencies. The data on clients will integrate assessment, history, eligibility, referrals, and services (whether home-, outpatient-, or institution-based). Originally planned for implementation in 1992, the system's development is on hold due to state fiscal constraints.

Integrated Services

The team's guiding principles for investing in families stipulated that it be integrated in planning and in service delivery; flexible in the use of fiscal and human resources and in community design; accessible in terms of being understood, convenient, affordable, and appropriate; accountable for outcomes and for fiscal management; and grounded in partnership at the state and local levels.

Further, state and local delivery systems should assess family strengths as well as needs; develop a comprehensive plan of family services; provide joint intake or a single point of access for service; utilize an integrated, case-management model; give families priority access to developmentally-appropriate, core-agency services; work in partnership with families who need help; and be held accountable for results on a cross-agency basis.

Maryland has a strong foundation on which to restructure services. In addition to the child-welfare reform project, the state has 16 local, community-based family programs. Thirteen of the programs are family resource centers which are operated by the Maryland Department of Human Resources and historically have focused on family support. Two of the programs are run by the Governor's Employment and Training Council and historically have focused on job readiness, training, and education. The other program is located in a housing project operated by the city of Baltimore.

The Governor's 1991 budget request included expansion of the family resource centers to two new sites, one in Baltimore County and one in a rural area. Further, as described above, the legislature mandated the expansion of county-based, integrated services to strengthen families; implementation of the expansion has been slowed due to severe budget constraints in the 1991 and 1992 fiscal years.

Local Planning

All of the strategies implemented by the Maryland team depend upon well-informed local planning for integrated services. The team utilized several approaches to ensure local participation. The child-welfare reform legislation described above mandates the creation of local, interagency, public/private structures. The law also offers a financial incentive for joint planning. Finally, the Governor's 1991 budget funded a limited expansion of integrated-services programs, with communities involved in the planning.

NEW YORK

New York team members began the Family Academy with a family policy already in hand. As a result of their participation, they continued to coordinate state-level policy, design a family-oriented accountability system, and make progress in integrating services.

State-level Coordination

In 1988, almost a year prior to the start of the Family Academy, the New York State Council on Children and Families published "The State of the Child Report," a state-of-the-art data analysis of the problems confronting children and their families. Soon thereafter followed "There ARE Better Ways to Serve Children," an August 1989 report of the Task Force on Children and Youth; and "A Family Policy for New York: Recommendations for State Action," a February 1989 report from a special committee convened by State Representative Albert Vann. These three important documents formed the backdrop for the New York Academy team's work. The team's job was to refine strategies already identified and to plan for their implementation.

Six values, as stated in "A Family Policy for New York," undergirded the team's action plan: all children have the right to develop to their maximum potential;

all children have the right to a safe and nurturing environment; all children should have adequate food, shelter, health care, and education; all families should have opportunities to obtain economic independence and a humane standard of living; all families have strengths and competencies, as well as needs, and family needs can best be met by developing and nurturing each family's inherent strengths; and all families should have the necessary supports to enable them to care for their children.

The team's action plan proposed seven changes to children-and-family service systems. Communities must increase service planning and delivery, and the flexibility to plan, manage, fund, and deliver services in ways uniquely suited to local problems. Programs must be better coordinated among local, state, and regional levels, and resources must be better targeted to the communities, schools, families, and children with the greatest needs. Government must streamline its regulatory processes, remove other barriers to access, and design more effective accountability mechanisms. Finally, prevention services must be emphasized across all systems.

Accountability Systems

The State Council on Children and Families and the Academy team designed a project to identify indicators for children and youth outcomes; develop a data-collection system integrating local, county, and state collections; and develop a series of reports and analyses. The Council felt that a strong outcome-oriented or performance-based accountability system would support increased flexibility of services design and delivery at the local level. This strategy has not been implemented yet due to fiscal constraints.

Integrated Services

The Academy team proposed "County Innovations," pilot programs in three counties to provide community-based, integrated, noncategorical services to families through the use of integrated case management. In his 1991 State of the State address, the Governor called for the creation of an Innovations Board to invite and review specific proposals to facilitate implementation of local integrated services to families and children.

The team also has concentrated on removing federal and state regulatory barriers to services integration. The State Council on Children and Families has headed an interagency effort to identify and refine proposals to

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the federal government to waive or relax regulatory barriers to local-level services integration. The first draft included 46 proposals in 19 issue areas, and the state is working with HHS on future steps.

The state fiscal situation has had a heavy impact upon family-related programs. Major cuts have been made in state aid to education, welfare, and youth delinquency-prevention programs. Client co-payments have been required in Medicaid services. There have been state personnel layoffs.

The Council itself was restructured dramatically. Personnel were cut from 60 to 23. Its mission was changed, focusing less on broad policy-coordination/collaboration issues, such as early childhood, and more on management and systems-restructuring issues, such as integrated cross-agency contracting, fiscal incentives to revamp the youth residential-care system, and reduction of regulatory barriers to service access. While responsibility for policy and program coordination has been transferred to another agency, the Council may have the authority to function like an office of productivity and management improvement for children and family services, bringing about some system changes envisioned by the Academy team.

NORTH DAKOTA

The North Dakota Academy team made significant progress in developing a coordinated state policy to improve family well-being. The team struggled with some success to knit together state interagency coordination with local integrated-services projects.

State-level Coordination

In 1987, the state legislature created the Children's Services Coordinating Committee (CSCC). Chaired by the Lieutenant Governor, it is empowered to develop policy and to oversee coordination of children's services. The Committee began by spearheading a child-welfare reform pilot project at two local sites, with funding from the Annie E. Casey Foundation. The purpose of the project was to test new mechanisms of local, integrated-services delivery that would prevent out-of-home placement and reunify families.

During the Family Academy, the North Dakota team planned to develop and coordinate an interagency

family policy such as would be necessary to support the comprehensive family services being tested on the local level through the Casey project. They hoped to identify additional strategies and to further develop policy options for CSCC consideration.

The state's commitment to families, as expressed in the 1986 State Commission on Children and Adolescents At Risk report, is clear and specific:

> Every child has the right to grow up in a family free from abuse and neglect; a family which provides an adequate standard of living, health care and education; an environment in which a child is allowed to grow and develop to his/her fullest potential, physically, mentally, emotionally, culturally, and spiritually.

The policy developed by the Academy team specifies that the state has an obligation to provide access to community services that support families subjected to risk conditions, including inadequate income, poor health, lack of access to health services, and lack of employment or education. The team's draft policy proposes outcome objectives in five areas. Examples include:

Secure and Safe Environment, Including Shelter, Food, and Clothing

-- By 1994, ensure that all families threatened by abuse, neglect, or domestic violence have access to services that provide safety.

-- By 1999, make adequate, affordable housing available to all families at risk in North Dakota.

Adequate Employment to Provide Income, Health-Care Insurance, and Maintenance of Basic Family Needs

-- Bring the North Dakota minimum wage in line with the federal minimum wage level.

-- Increase the number of licensed child-care providers in the state and improve child-care affordability and quality.

-- By December 1993, have school-to-work transitional programs in all secondary schools for youth at risk and under age 22.

- By 1995, increase by 15 percent the number of employed individuals with health-care benefits.

Access to Adequate Health Care

- By January 1, 1995, reduce teen pregnancies to 70 per 1,000 resident live births.

- Reduce the number of state families without health insurance.

Access to Lifelong-Learning Opportunities That Foster Economic Independence and Responsible Citizenship

- By 2000, ensure that all state children start school ready to learn.

- By December 1996, provide all family members with access to continuing work-based education and skills retraining and upgrading.

Access to Family-Caregiver Support That Is Stable and Flexible

- Reduce the number of children placed in out-of-home care in all systems by five percent a year for five consecutive years, using calendar year 1990 data as a baseline.

- Reduce the average length of time in out-of-home care in all systems by five percent a year for five consecutive years, using calendar year 1990 data as a baseline.

Integrated Services

Key system-based objectives developed by the Academy team attempt to further refine strategies which have been integral to the CSCC effort:

- By 1993, establish locally-governed county or multicounty committees/boards to coordinate services to children and families. These bodies would identify, plan, advocate, and authorize family-focused prevention and early-intervention programs funded through a combination of federal, state, local, and private funding sources;

- By 1994, implement the delivery of prevention and early-intervention family-focused services

for at-risk families at the community level, based on a multiagency, multidisciplinary collaborative model in eight regions.

By Spring 1991, the Academy team presented its draft policy to the Children's Service Coordinating Council. The CSCC has adopted, with some modifications, the policy work of the Academy team. The county-based, child-welfare reform projects continue to go forward.

OREGON

The Oregon Academy team has significantly strengthened state-level policy coordination to enhance family well-being. Their work is supporting legislative and budget changes toward reforming family-service systems and improving accountability. They are preparing to pilot-test integrated services at the local level.

State-level Coordination

In January 1991, the Oregon Coordinating Council for Children and Families published a report to the Governor and legislature on "Coordinating Services to Children and Families." Created by the state legislature in 1989, the Council was chaired by the Oregon Family Academy team leader. The work of the Academy team contributed directly to the completion of the Council's report, in particular to the section on the goals, outcomes, and strategies related to self-sufficiency for children and families.

The Council's report addresses four areas of concern: self-sufficiency for children and families, family integrity, alcohol and drug abuse, and local/state coordination and process. In the area of family self-sufficiency, the major goals are to: support the economic viability of the family; assure adequate and appropriate child care and health care; remove other barriers to self-sufficiency; improve the capacity of parents and children to perform in the modern world by developing their decision-making ability and educational skills; and keep children in school.

The report goes on to list desired outcomes for families, measurable indicators of those outcomes, and strategies and agencies that could be helpful in bringing the outcomes about. Indicators of the outcome of increased economic independence, for example, are an

increased number of family-wage jobs, access to affordable health insurance, adequate and affordable housing, and fewer families on welfare. Helpful strategies include:

—   Targeting state revenues to attract to Oregon employers who will provide family-wage jobs.

—   Encouraging employer-subsidized benefits, such as health insurance and child care.

—   Providing adequate and affordable housing, and developing a responsive and progressive state housing policy (State Housing Agency, Economic Development Department, and Department of Human Resources).

—   Using state/local partnerships to develop transitional services for people moving from public assistance to employment; services could be based on ability to pay and should include housing, transportation, medical insurance, and child care.

—   Developing revenue alternatives to support a statewide system of meaningful youth-employment opportunities (Urban Service Corps and Oregon Conservation Corps).

Another example focuses on the outcome of improving adult life-skills and decision-making capacities, for which the indicators are reduced domestic violence, reduced drug and alcohol abuse, increased positive family relationships, a heightened awareness and appreciation of cultural diversity, and increases in family earning power. Helpful strategies are:

—   Implementing quality welfare-reform programs that result in positive changes for individuals and families (all state agencies involved in welfare reform).

—   Developing common, cross-agency, life-skill training components that have consistent language and educational activities (Department of Education, Adult and Family Services Division, Office of Community College Services, and employment and training providers);

—   Developing a basic workplace curriculum which includes leadership, teamwork, self-

esteem, problem-solving, communication, reading, and "learning to learn" components (JTPA, in cooperation with the Adult and Family Services Division and community colleges).

The policy directions established in the team's report received considerable support statewide and the general approval of the new Governor. The Coordinating Council for Children and Families continues to be active in several state-level collaborative efforts relating to the family initiative: a child-care improvement project, a legislative planning effort on behalf of children, and the newly-founded Oregon Family Resource Coalition.

Legislation and Budget

The Council has reviewed all programs, budgets, and advisory boards/commissions related to children and families in preparation for making recommendations for better coordination and integration of services. It has hired a consultant to recommend specific actions to reconcile confidentiality with better services for families.

Accountability

The Oregon Progress Board (a public/private commission created by the legislature) has produced a report for the legislature outlining "Oregon Benchmarks," a set of outcome-oriented policy objectives and indicators; many of them are consistent with the Council's report prepared by the Academy team. From these objectives and indicators, the Governor has chosen specific outcomes for which she is holding agency heads accountable. This process will increase agency accountability for several key family outcomes developed as a part of the Academy process.

Integrated Services

The Council is involved in planning local projects for welfare reform, at-risk youth, and school readiness. Also, the State legislature passed a bill requiring the Council to pilot-test family-based, integrated-services delivery at two local sites.

The Academy team is focusing its implementation efforts on housing, and has acquired the services of a housing consultant. In November 1990, the Oregon Housing Agency completed a strategic plan that aims to

create partnerships with the Department of Human Resources and the Economic Development Department. These agencies have committed to work with the Academy team on the design and testing of team-developed strategies.

The state's fiscal situation has resulted in the elimination of several strategies which were proposed by the Academy team and had been introduced into agency budgets. Existing school-based clinics were cut and their expansion delayed. Joint agency plans to expand the Lincoln County Project and the Eastern Oregon Project, which involve integrated, community-based services to families, were in jeopardy. Also cut were many administrative activities which could have provided on-going "glue" for collaborative initiatives.

TEXAS

The Texas Academy team has been successful in infusing its principles and strategies into major state-level systems-change efforts. Key decisionmakers in the executive and legislative branches have agreed on the strategies necessary to improve family well-being. Progress has been made in building an accountability system and in moving towards integrated services at state and local levels.

State-level Coordination

The Human Investment Partnership, a system for comprehensive, integrated, community-based services to improve the well-being of families and children, is the culmination of extensive work by the Texas Family Academy team and the State Job Training Coordinating Council. Two coordinated policy documents, one produced by the Family Academy team and one by the Coordinating Council, lay out the partnership's framework for action.

The Texas Policy Academy Report on Families and Children at Risk was published in February 1991 and consists of a policy section and a county-data section. The first section discusses the problems confronting families in Texas and is framed within the context of the state's need to develop a skilled workforce. Key terms are described:

> A family is a unit of support that provides security, nurturing, socialization, education,

self-esteem, validation, comfort, and love to develop self-sufficient, responsible and productive adults. A family at risk is one that lacks the capacity or support necessary to be self-sufficient and productive.

Families and children are also at risk when adverse conditions prevent movement toward self-sufficiency and productivity. These conditions or risk factors tend to cluster around five major needs required for self-sufficiency: safe neighborhoods, family stability, education and training, health, and economic security.

The Academy report presents key objectives for each of these five risk factors. Examples include:

Safe Neighborhoods

—   By 2000, reduce neighborhood crime rates to no more than the national average.

Family Stability

—   By 1995, provide a safe environment for family members threatened by abuse, violence, and neglect.

—   By 1995, give all schoolchildren health education in reducing chemical dependency.

Education and Training

—   By the year 2005, offer all at-risk infants and young children early-childhood intervention and care programs that are developmentally appropriate.

—   By the year 2005, raise the graduation rate to at least 95 percent of those who entered eighth grade in the year 2000.

—   By 1997, make career paths to high-demand quality jobs available to all secondary and postsecondary students.

—   By 1997, ensure that graduates of secondary and postsecondary training match labor-market demands for skilled and qualified workers.

Health

— By the year 2000, ensure access to affordable health-care services for all uninsured Texans.

— By the year 2000, reduce the infant-mortality rate in every county to that of the national average or better.

— By 1995, provide adequate prenatal care to all expectant mothers.

Economic Security

— By 1995, decrease the percentage of Texas children living below the federal poverty threshold to 20 percent, and by the year 2000, to 15 percent.

— By 1995, ensure access to affordable and high-quality extended child-care services for all children.

— By the year 2000, increase the percentage of parents who receive child-support payments by 40 percent.

— By the year 2000, ensure access to affordable standard housing for all Texas families.

To accomplish these objectives, the Family Academy report recommends creation of a "human investment system that is cost-effective, responsive, user-friendly, and emphasizes self-responsibility." The system should provide a continuum of integrated, family-focused services that extend from prevention through recovery for all age groups. Finally, it must measure the result of services to identify the most effective service providers.

Texas' Human Investment Partnership is further detailed in "Creating a Human Investment System in Texas: No Wrong Door," published in 1990 by the State Job Training Coordinating Council. Key components include integrated planning and budgeting, integrated intake/assessment and eligibility, integrated case management, integrated data systems, and integrated evaluation of results and outcomes.

Legislation and Budget

In 1991, the State Comptroller and the Lieutenant Governor's office launched an ambitious program audit of existing state-agency human-resources programs. The audit included as criteria many of the ideas in the Texas Family Academy policy and human-investment system documents. In addition, the Texas legislature passed a bill, H.B. 7, requiring state health and human-services agencies to develop an integrated, outcome-oriented, family-focused five-year plan; well-coordinated operational plans; annual progress reports; and an annual accountability report on key outcome-indicators for families and children.

Integrated Services

The Academy team proposed design and testing of the system in several pilot sites across the state. H.B. 7 required the Governor to pilot-test integrated services at no less than three local sites, although the state's fiscal difficulties prevented any additional funding for the pilots. However, the Governor's office is proceeding with implementation, and is coordinating with five Texas communities which have begun integrated-services projects on their own. To assist them, the Governor's Office has initiated a project to identify federal or state regulatory barriers to the development of integrated services at the local level.

As a result of H.B. 7, Governor Ann Richards and key legislative leaders have embarked upon a major state-agency reorganization which they hope will better integrate all human services and provide for consistent executive leadership.

By Spring 1991, the Texas Academy team had successfully managed a transition of their ideas to the new Administration. The policy and strategic directions of the Academy team have been confirmed by Governor Richards and other state leaders. Implementation of the human-investment system has not yet begun, but a solid foundation has been laid.

WASHINGTON

The Academy team moved quickly to institutionalize a structure for state-level coordination among agencies who work with families. Staff have continued the team's efforts to coordinate policy and integrate services at the state and local levels.

State-level Coordination

In Fall 1990, the Governor--in agreement with the State Superintendent of Public Instruction--created by

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executive order the Family Policy Council (formerly known as the Interagency Council on Families). This action broadened and formalized the interagency group which constituted the original Washington Family Academy team. Five agencies are represented: Employment Security, Health, Community Development, Public Instruction, and Social and Health Services. The council has a full-time director and a project assistant. An interagency coordinating committee of agency deputy directors, whose membership is more program-specific, serves as an operational arm to the Council.

The Council's task is to propose a general vision, as well as a set of principles and definitions which would characterize a collaborative service-delivery system for Washington state's future. This proposal will be reviewed following broad input from stakeholders. Systemic change is expected to occur through coordinated short- and long-term strategic planning on the part of the five departments of government, and through active support for compatible local strategies.

The Family Policy Council's major strategies resulted in the following activities: provision of guidance to state agencies in developing and promoting collaborative, family-focused, culturally-relevant, and - locally-planned service approaches; identification of barriers to cooperation among and within agencies, as well as of impediments to accessing services by clients; training of agency staff to provide a family focus of problem solving; and development and enhancement of approaches to services that:

--   Are culturally relevant.

--   Are locally designed and oriented.

--   Provide access to a wide variety of services regardless of point of entry.

--   Coordinate services provided to the family.

--   Provide funding mechanisms that are flexible enough to be responsive to family needs.

--   Provide incentives for local participation, and for partnerships with local agencies and businesses.

--   Allow assessment of progress made by families toward their maximum levels of self-sufficiency.

--   Establish the lead responsibility for adhering to a plan of action and service-delivery developed and agreed to by the family and service agencies; and

--   Build capacity in the community for addressing family needs.

The team did not wish to set long-term, consumer- or family-based outcome objectives. It did, however, establish short-term, systems-based outcomes by which to hold itself accountable. These outcomes include: state/local partnerships to provide coordinated services and resources for serving families in need; a plan for reducing barriers to cooperation, to flexible use of funds, and to family-focused delivery; a plan to train staff in interdisciplinary, cross-program techniques for working with clients in a family-focused manner; and support for service strategies that meet the criteria described above.

Legislation and Budget

Council staff used the principles developed by the Academy team to screen proposed legislation and to suggest changes. For example, a children's mental-health bill not only called for the state to review all programs that could be construed as relating to children's mental health, but also required that five percent of current funding from each program be placed in a locally-governed fund (a decategorized pool) available to local planning groups.

Integrated Services

Eleven community hearings were held, with agency directors from the Council in attendance, to identify barriers to more effective services to state families. The team is exploring the use of existing projects as test sites for further identifying and removing barriers. Candidates for such action include:

--   Communities working together on relevant issues--for example, the interagency school-health collaborative in Seattle, housing activities in Snohomish County, and a program addressing the special needs of migrant workers in Pasco County.

--   State collaborative projects planned by the interagency-coordination committee. These concern teen health; pregnant and parenting teens; the transition of young people from

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institutions to home or independent living; homelessness; and child care.

— Two cross-cutting administrative initiatives: eligibility assessment to eliminate redundant paperwork; and unified requests for the proposal/contracting process.

In addition, each agency in the Council is committed to addressing one barrier identified at the public hearings --for example, equipping a mobile van to permit staff to perform outreach and eligibility assessment for migrant families.

A proposal has been developed in cooperation with the Family Resource Coalition in Chicago to fund the training part of the Academy implementation plan. The training is geared to help current professionals from different disciplines and agencies learn new ways of working together to help families.

The Academy team has been transformed into a well-staffed interagency council with a clear mandate and workplan. Significantly, agency directors are continuing to collaborate in influencing legislation and in funding integrated-services projects.

The Policy Academy on Families and Children At Risk launched 10 different statewide experiments to test emerging policies for improving family well-being. State team policies vary widely, but have several common traits: emphasis on family problems as opposed to individual problems; focus on the community as the locus of effective action; and presupposition of a state commitment to make basic changes in major systems governing family services. The states' experience has been a multitude of struggles resulting in some impressive gains.

CHAPTER 3: BARRIERS AND OPPORTUNITIES

Five factors are crucial in determining effectiveness of state teams in collaborative, strategic policy development and implementation: the development process, team composition, team dynamics, state political conditions, and state fiscal conditions. The interplay of these factors can present teams with barriers to success or with opportunities for progress. This chapter briefly describes the factors, and offers an example of each factor from one or more Academy states. Also, the chapter outlines the Academy's policy-development framework.

EFFECTIVENESS FACTORS

Policy Development: A Lesson from North Dakota

Often, states cannot conduct policy development in a perfectly sequential or rational manner. Political pressures can lead to hasty action. Data are imperfect. Sudden, uncontrollable events require a rapid response. Ideal solutions become unworkable due to changing fiscal conditions. But Governors and their staffs try to impose a rational order on a fluctuating and sometimes chaotic process.

North Dakota offers an excellent example of to completed a policy-development process simultaneously with a program-implementation process. An urgent need for child-welfare reform, combined with an unprecedented opportunity to receive major foundation funding to support change, propelled the state government into implementing a model child-welfare services-integration project in two regional areas. While the state had, at the start of the Family Academy, an interagency coordinating council (the Children's Services Coordinating Committee, or CSCC), it had not yet developed an integrated children-and-families policy. The CSCC was busy responding to foundation criteria for the child-welfare project, designing and implementing the model at the two pilot sites, and negotiating with the newly established regional governing boards of the local projects. In essence, North Dakota had bypassed the earlier steps in the policy process.

North Dakota, searching for the most effective way to resolve this difficulty, decided to participate in the

CGPA Family Academy. The Governor appointed the Academy team to work on policy-development steps while coordinating with the Committee. One person with overlapping duties was to help insure that coordination. Unfortunately, the interrelationship of the Academy team, headed by staff from the Governor's Office, and the Committee, headed by the Lieutenant Governor, was not clearly spelled out. Several difficulties resulted.

First, the CSCC--whose charter, as defined by the legislature, included policy development--was confused that this function was being assumed by the Academy team. Second, the Academy team, though well aware of the CSCC's charter and its own charge from the Governor, was uncertain as to exactly how to proceed. Third, although the Academy team worked hard initially to involve CSCC members and staff in the Academy Process--for example, by inviting them to attend meetings in and out of state and to review and comment on works in process--the CSCC was unable to respond because it was consumed by project-implementation concerns. For a period of time an atmosphere of strain and distrust developed between the two groups. The "linking" member of both groups felt caught in the middle and unable to bridge the gap. Meanwhile, implementation of integrated services at the two regional sites was seriously hampered by the lack of policy integration at the state level.

Due to persistent and dedicated staff work, North Dakota effectively dealt with this barrier. The Academy team continued with its policy-development work, recognizing the local, CSCC-initiated project as one strategy which the state would pursue to accomplish its policy objectives. In spite of the sensitive atmosphere, staff of both the team and the Committee kept trying to communicate. The team shared drafts with the Committee, asked for feedback, and set up joint meetings.

The team made a decision not to implement any of its strategies until the CSCC was in a position to respond in depth to the team's policy work. This meant waiting more than a year after the final Academy meeting for the CSCC to have the time and attention to devote to a response. The Academy team expected that the CSCC would adopt much of its family policy and incorporate it into ongoing child-welfare reform projects. A solid foundation of interagency policy agreement on families

and children should facilitate additional program implementation at regional and local levels.

Team Composition: Maryland's Tale of Two Models

Policy-development teams are challenging to construct. They usually have between 10 and 20 members, and they must include agencies, organizations, constituencies, and interests that can either make or break policy implementation. Members should be grounded in operational experience and should have the authority to make decisions for their institutions. Finally, team members should represent a diversity of perspective, expertise, opinion, and experience with relevant issues; and it should be recognized that sometimes, the diversity creates conflict.

Collaborative ventures usually bring together people with very different perspectives. This was the case for the Maryland team. Although all the members of the Maryland team had a deep concern for families and children and a commitment to the same ultimate outcomes, members had very different viewpoints on how to accomplish these outcomes.

Several members reflected the model of grass-roots, community-based, family-support programs, which places a high value on the family's ability to set internal expectations--to choose its own goals and seek its own paths. It may make mistakes. The developmental process may be slower, but these losses are offset by gains in self-confidence and self-sufficiency.

A second approach to family services was reflected by team members from training and employment programs. The training-and-employment model stresses the importance of setting external expectations, such as employment, as a motivating force for families, and of structuring timetables for accomplishment.

These very different perspectives, and the values that supported them, created moments of conflict and confusion for the Maryland team at every stage in the policy process--building the vision, assessing the problems, setting objectives, and choosing strategies. This was especially true when team members felt that they had to choose between one approach or the other. The decision-making process was slow because of the need to be sure that underlying differences were understood and taken into account. The Maryland team succeeded because they accepted the viability of more than one approach. Under pressure, group

members often tend to reduce differences in perspective to personality conflicts. The Maryland team did not do so. The team leader consistently held the attitude that the two approaches, though different, were both valid. She encouraged team members to share their values and to explore language differences that short-circuited discussion. For example, "placement" in the employment and training system is a positive outcome, while in the child-welfare system the term often has negative connotations. The team leader pressed for consensus (the decision to agree on a course of action in spite of continuing differences), not unanimity (complete agreement on all aspects). The team agreed that both approaches were important in their package of strategies for families.

The Maryland team demonstrated that two different strategies can be, if not reconciled, at least harmonized. Forcing agreement is not the answer; expecting each system to adopt the other's approach is not realistic. The musical analogy is counterpoint -- two separate but equal themes weaving in and out harmoniously. Two different approaches have worked together for the benefit of the state's families and children.

Group Dynamics: Texas' Search for Middle Ground

Anyone who has worked in a small group to accomplish a task over time knows that the process can be very challenging. In fact, troublesome group dynamics are more often the cause of short-sighted policy than of any lack of good ideas. Outside facilitation can promote good task management and can help to resolve such issues as group conflict, blocking/negative members, exclusive membership, poor listening, and weak decision-making. There is no substitute, however, for thoughtful and skilled leadership.

Texas state government is a decentralized balance of executive, legislative, and bureaucratic power. Depending upon your point of view, policy authority can be either frustratingly fragmented or securely safeguarded. To ensure that feasible policy decisions would be made in the Academy, the Governor convened a top-level team of decision-makers from the executive and legislative branches, all key state agencies, and the private sector. Membership included assistant commissioners; senior staff from the Governor's Office and the State Job Training Coordinating Council; senior staff from the Texas Department of Human Services' Board of Directors

(agency boards are policy-making bodies for the agencies, and are composed of three members appointed by the Governor to staggered terms); an advocate for children's services; and a Texas state representative, the chairperson of a key appropriations subcommittee. Because of the political and constitutional structure in Texas, many of these team members wielded quasi-independent power. This situation made for an eventful process in several significant respects.

First, team members approached the Academy process from very different perspectives. Each had a well-developed agenda. While these agendas overlapped to a certain extent, they were considerably more separate than in a state where executive power is concentrated in the governor's office. The process of sharing was slow, and members hesitated to lay their agendas on the table. Second, leadership was diffused. Highly directive leadership could have led to early conflict. Third, decision-making in the team was slow and painful. Team members argued. Open conflict occasionally occurred. Members resisted making decisions.

Due to strong facilitation, persistent leadership, and well-crafted team composition, the Texas team succeeded despite these difficulties. The outside facilitator assumed the difficult job of pushing the team forward. (Coaches/facilitators are selected, trained and matched with teams by CGPA; CGPA and the team leader work together to adjust to a coach's style or to secure a new coach if an initial match is not successful for some reason.) The Texas coach alternately humored and bullied team members into sharing. She structured tasks to move the group forward. She finally figured out that the team needed to take a break prior to key decisions; this enabled members to huddle in subgroups, test solutions, and cut deals prior to reassembling.

The team leader adopted a style entirely appropriate to the situation. She maneuvered, cajoled, encouraged, and--when absolutely necessary--struck a delicate balance between compromising and holding firm. When the team hit a stalemate at the end of the third Academy session, the Governor's chief of staff and the state budget director convened several team meetings and forged key compromises.

Ultimately, the team members couldn't have been better chosen. Although group decisions were difficult, individual members possessed the independent authority to make changes happen once the policy was developed. Working as individuals and in smaller groups, the team has been able to carry key implementation steps forward through a transition to a new administration of a different party. A challenging group process does not have to stalemate a team. A well-chosen team, thoughtful and occasionally forceful leadership, and effective outside facilitation can lead to success.

Politics: Lessons from Oregon and Colorado

Politics is a fact of life. It is not a barrier, but a given to be considered and dealt with in the policy development and implementation process. Small "p" politics has been covered in the Texas and Maryland cases. Large "P" political barriers occur when long-term policy agreements are sought by policymakers from different political parties, when independent constitutional authorities are involved (e.g. Governor and legislature, Governor and courts, or Governor and independently elected superintendent of education), or when there is a transition of power to a new administration. Of these three difficult situations, the last one probably presents the most difficulties. Of the 10 Academy states, eight had gubernatorial elections in the middle of their policy-implementation process. Of these eight, three changed administrations and two changed parties.

In Oregon, for example, the Academy process was three months old when the Governor unexpectedly announced he would not seek reelection. Family policymakers were surprised and dismayed. The Governor was a strong advocate for both family support and community empowerment. He created the Academy team to develop a planning and interagency-collaboration model for communities to improve the outcomes for children from infancy to age 18. As the weeks passed, team members felt the political winds shift. Agency heads repositioned themselves. Some initiatives slowed down or even disappeared. Priorities for action became less clear. Team members, uncertain of their charge, stopped meeting. Follow-through on assignments ceased. Members wondered if the team should continue.

In the absence of a clear directive from the Governor's office, the entire Academy project was in jeopardy. A small subgroup of team members was gathered together by the director of the Department of Human Resources (DHR). He felt the family-support effort was too important to drop. Even if it made no sense to

continue with the Governor's initiative, something could still be done to benefit families and children. This subgroup decided to pursue a state agency agenda.

The Oregon legislature, in the previous session, had created an Interagency Coordinating Council for Children and Families and charged it with developing a comprehensive policy for children and families. Agency heads and their deputies were members of the Council, and the chair of the Council--DHR's deputy director--also was a member of the Academy team. DHR's director sought and gained approval from the Governor to reconstitute the team and to continue with a new charge.

The reconstituted team was charged with supporting the work of the Coordinating Council by drafting the policy section on family self-sufficiency. A senior staff member with DHR's deputy director became the new Academy team leader.

By using the bureaucracy as ballast, Oregon was able to continue collaborative policy work on behalf of families and children. The DHR director's initiative ensured that policy momentum was not lost during the last year of the Governor's term. The agenda of community empowerment was set aside based on the reasonable assumption that it would be difficult for agency heads or even the Council to carry the agenda alone. But the work of the team was incorporated into the final policy plan of the Coordinating Council. This report, along with others, was reviewed by the newly-elected Governor. Implementation is going forward. Perhaps implementation is not as focused or as visible as it would have been with the policy of a reelected or new Governor. There is no doubt, however, that the decision to move the team's work to the bureaucracy enabled the transition of major policy directions and strategies to a new administration.

The Colorado example is instructive in a different political area--gaining legislative support for a state policy. When the Academy team began its activities, the fact that the Governor was facing an election in the upcoming November was not of as much concern to the Academy team as how to gain support from the legislature for his newly-developed family policy. The executive and legislative branches had majorities of different parties and a contentious relationship, and the team was fairly certain that any initiative of the Governor would have a hard time getting funded in the legislature.

For this reason, the team played close attention to its strategy for gaining support. A long-range, three-phase implementation plan was developed. It called for state-level, executive-branch coordination (e.g. agreement on the principles of the family policy and a family and children's budget) in phase one. The second phase included extensive public education and involvement through a series of regional town meetings and through design and testing of several pilot projects offering community-based, integrated family services. The third phase was statewide expansion of the pilot projects.

By the time the team approached the 1992 legislature for funding, several important events had occurred. First, the executive branch was well-coordinated. There was no internal dissension for others to exploit. Second, every major stakeholder at state and local levels, and in public and private sectors, was supporting the new family policy. The policy no longer was identified solely as "the Governor's." Third, the systemic changes envisioned by the team had gained support at local levels. The Colorado team recognized a major political barrier to implementation and constructed a thoughtful strategy for overcoming it.

Finances: Cutbacks in New York and Arkansas

How frustrating to work for 18 months on innovative, strategic policy and run smack into a fiscal crisis! It is like stumbling at the finish line. Seven out of the 10 states in this Academy experienced or expected fiscal constraints of some magnitude in fiscal years 1991 and 1992. This very real obstacle can slow down implementation progress, but does not have to stop it.

The New York State Council on Children and Families has a mandate to conduct policy studies and data analysis, for the purpose of improving program outcomes by coordinating services across agencies. In the two years prior to the Academy, the Council had published a state-of-the-art data book on the status of children in New York and had staffed two major policy-development efforts in both the executive and legislative branches. During the CGPA Academy, the team developed a cross-agency implementation plan for these efforts. Although different state agencies committed staff to the implementation strategies, it was clear that the Council would take the lead and be the driving force.

By December 1991, it was clear that New York faced a major deficit. Cuts were made in many programs and

thousands of state employees lost their jobs. Neither the Governor nor the legislature were proposing new programs. The State Council on Children and Families was under review and its mission was under reexamination. The budget was cut and Council employees were laid off. Data-analysis functions (among others) were transferred to other agencies, such as the Department of Social Services.

The team leader was determined to translate this barrier into an opportunity. He cut some losses, downsizing his strategies from three to one. A project to identify, collect, and track indicators of selected outcomes for youth was reluctantly postponed. The County Innovations project was submitted as legislation, but without a request for funding. A regulatory-barriers project, which required no funding, was developed further through conversation with team members and the Governor's office.

The decision to focus implementation on identifying and removing barriers to integrated services at the local level has several advantages for the New York team. First, it does not require any additional funding. Second, the project is manageable in view of the reduced staffing at the Council. Third, the focus resonates with the new definition of the Council's mission—to implement management improvements that integrate delivery across the agencies serving families and children. Finally, it is entirely consistent with and supportive of New York's Family Policy and of the team's implementation plan.

While New York downsized, Arkansas set priorities. The fiscal situation in Arkansas was not as serious as in New York. Cutbacks in programs and staff occurred, but the Governor was able to prepare a budget calling for additional spending in several key areas. The team leader reviewed the entire policy document and, with the help of the Family Policy Council, set priorities on implementation strategies. Prevention and early intervention for families and children were the team's top priorities. A review of the Governor's budget and legislative program (see the Arkansas section in Chapter 2) illustrates how this priority was implemented through requests to increase health-services access, prevent domestic abuse, support early-childhood education, and strengthen educational innovation for children and adults. A carefully crafted legislative agenda with clear priorities enabled implementation of several family-policy strategies even in a time of fiscal constraint.

THE DEVELOPMENT FRAMEWORK

At each policy academy, CGPA presents a rational framework for policy development and implementation. In the Policy Academy on Families and Children At Risk, the framework consists of seven steps:

Step One: Envision a Future for the Families and Children in the State and Its Communities

Team members began their work together by sharing their vision for families and children. They were asked to consider what would be different for families and children if a specific problem were to be solved. Team members vigorously debated their individual visions, and in the process they exposed personal values and assumptions about at-risk families and children, about why these families and children experience problems, and about how they solve the problems.

Step Two: Understand the Policy Context

Teams examined local, state, and national economic and social conditions which surround and often influence the status of families and children in their state. They also analyzed the political environments within which policy-making occurs.

Step Three: Assess Family Problems, Strengths, and Opportunities

Teams were pushed to: define "families and children at risk"; examine the clusters of problems that families experience and the underlying causes of these problems; identify family strengths and examine how families cope with their problems; determine the extent and severity of problem clusters; and identify missing information needed to improve the system.

Step Four: Set Outcome-Oriented Objectives

Team members debated these questions: How would things change if the problems were solved? How would the lives of children and families be different? What ultimate outcomes does the team want? What are the family outcomes? The system outcomes? What is expected, short-term and longer-term? What can public policy influence? CGPA pushed teams toward a clear picture of what they wanted to accomplish versus what they could accomplish.

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Step Five: Build Effective Strategies

Teams examined a range of possible strategies to accomplish their goals and objectives. Experts presented what is known and what works, and the presentation ranged along the full spectrum of services, from pre-natal care through job training and employment. Teams were pressed to consider whether pursuing their choices of strategies would achieve their desired outcomes. They also addressed the question of resources--financial, human, and political--needed to put these strategies into place.

Step Six: Implement Policy

Teams assessed opportunities for and barriers to implementation--the need for legislation, how existing resources can be reallocated, who needs to be involved, how responsibilities can be shared, and how intentions and results can be communicated.

Step Seven: Be Accountable for Results

Academy states devised means for recognizing progress and/or failure. Just as they were pushed to define outcomes, so too were they pushed to specify indicators that reveal whether outcomes have been achieved. Policy accountability requires clarity on outcomes and indicators, and the will to use outcomes to make policy adjustments in funding, programs, and priorities.

CHAPTER 4: GUIDELINES FOR EFFECTIVE RESULTS

Commissions, task forces, blue-ribbon panels, and coordinating councils are not new to state government. Governors have utilized them routinely for over a century to explore problems, devise solutions, plan long-term expenditures, and placate constituencies and special-interest groups. As state problems have become more complex, such groups have been created to develop state policy that is longer-term and on more of a cross-agency basis. An example would be a Governor's commission on children and adolescents at risk. Typically, efforts like this involve a Governor-appointed group of 10 to 25 members, a timeframe stretching from six to 18 months, and staff support ranging from a part-time executive assistant to two or three full-time professional staffers and an outside consultant.

Within the last five years, Governors have been institutionalizing cross-agency task forces by creating permanent subcabinets and councils. Some of these councils are in response to a federal mandate, such as a State Job Training Coordinating Council; some are purely state-initiated, such as the New York State Council on Children and Families. Four Academy states created bodies to coordinate family and children's policy. They vary in size, staff support, and formality, but every one features strategic policy development as an ongoing function, as well as development of strategies to integrate family services at the local level.

This chapter is intended as a guide to Governors and their staffs who have, or consider creating, a temporary or permanent task force, council, or commission to engage in collaborative, strategic policy development to improve outcomes for people in health, education, training and employment, self-sufficiency, and family functioning. The chapter is organized around six basic questions: What are the major problems? Where does the Governor get information for decision-making? Who should plan and develop policies, and when? How is collaborative, strategic policy developed and implemented? How do policy efforts grow and change? When is the process completed?

WHAT ARE THE MAJOR PROBLEMS?

A strategic planning or policy-development process is initiated by problems that need to be solved. A problem may look deceptively simple at first: "We have to get more child-care coverage so that our welfare clients can go to work." Or it may appear intractable, such as lowering the pregnancy rate for young teens or increasing pre-natal care. Asking and answering the following questions will help staff decide what to do next:

--   What ultimate outcomes would the Governor want for people if the problems were solved? Among the possibilities would be quality child-care coordinated with pre-school for all disadvantaged mothers, adequate child-care slots for welfare recipients in employment and training programs, and children entering school ready to learn.

--   What service systems in state government are currently responsible for accomplishing these outcomes? If staffers discover that more than two state systems are involved--education, human services, and employment and training, for example--an interagency policy-development process may be the best approach.

WHERE DOES THE GOVERNOR GET INFORMATION FOR DECISIONS?

Ultimately, the Governor will have to make a decision. Any process that feeds the Governor's existing decision-making process is appropriate for staff members to consider. Usually, three choices exist. First, the Governor may have a standard policy-development or planning-and-budgeting process, sometimes conducted by the Governor's office itself or sometimes by a separate agency. Frequently, CGPA Academy teams are headed by staffers responsible for this function. Second, state agencies or cross-agency councils, such as the State Job Training Coordinating Council, may already exist. Third, the Governor can create a time-limited task force, with members drawn from agencies and a range of constituencies, to

collaborate on recommending solutions. Before choosing a process and a structure, staff members should answer these additional questions:

—   What is the time horizon for the outcomes the Governor wants? One month? Six months? Two years? If the Governor needs information to make a decision within a six-month period, staff members should not recommend the creation of a task force. It consumes too much time and demands too many resources. Family Academy states had planning horizons of two to five years.

—   Is there an existing organization or process which includes the major stakeholders? As with the New York Family Academy, an existing council may be able to do the job. A key factor is whether or not the planning cycle of the existing organization matches the Governor's timetable.

—   Does/Can the Governor's office command the resources needed to staff a policy-development process dedicated to a particular issue or problem? Staff members will need resources for the following activities: gathering data from existing or new sources; analyzing, producing, and sometimes packaging information based on the data; holding meetings and retreats, including meals and in-state or out-of-state travel; documenting task force progress (e.g. notes, interim reports, memos, and agendas); and producing and sometimes publishing final reports and recommendations. Two states were hard-pressed during the Academy because of little or no staff support. Several states created agency staff work-groups to support team decision-makers.

If the time and resources are available, the Governor can decide to either create a new task force or to charge an existing structure or process with a special mission. In this Academy, that mission most often was to improve family situations, e.g., "I want to help families get into jobs that pay a living wage. I want poor children to have a better chance, to enter school ready to learn."

WHO SHOULD PLAN AND DEVELOP POLICIES, AND WHEN?

Any organization, constituency, or interest group that has a stake in the issue, the current situation, or the preferred outcomes, should be involved in one way or another in the policy process. This does not mean officially belonging to a policy-development team. Starting a policy process with a large commission of 20 to 25 members consumes time and demands resources. It is hard to manage and build group consensus and commitment with a group of that size. What seems best is to start small, choosing key stakeholders who meet the following criteria:

—   They control systems, agencies, or resources that have or could have positive or negative impacts on current or desired outcomes. For the Family Academy, CGPA required that teams have a senior policy advisor from the Governor's office, as well as assistant commissioners or higher from state departments of welfare/social services, education, employment and training, economic development or commerce, and health. Strongly recommended for stakeholders are state legislators, decision-makers from substance-abuse prevention, local government officials, and staffers on nonprofit service-delivery agencies such as Private Industry Councils. As states depend more on local communities to implement integrated services, it becomes critical to involve local leaders in both policy development and implementation.

—   They exercise positive leadership outside state government. For several Academy teams, this was an employer or a representative of the business community. For others, it was a member of a local or regional foundation.

Whether to include political "friends" and "enemies" is worth a healthy debate. Team leaders agree that while it is hard to collaborate with enemies in a policy-development process, inviting only friends can lead to trouble during implementation. Several team leaders felt strongly that all potential enemies need to "come into the tent" before the process starts.

Using the above criteria, the Governors participating in the Family Academy appointed teams of 12 to 15 top-

level decision-makers from diverse constituencies. After determining key stakeholders, an important next step is anticipating the roles and responsibilities of team members.

Reviewing Family Academy state experience is instructive. The Illinois team was thoughtfully constructed. Co-chaired by the Governor's senior policy advisor for human services in the Capitol and by Governor's staff in Chicago, the team had 15 members. Eight were from Chicago, six from Springfield, and one from Peoria. Six were from state agencies, four from Chicago government (one from the Mayor's office and the rest mirroring the state agencies), two from community-based, nonprofit agencies, and one from a statewide advocacy program. The membership was racially and ethnically diverse. Out of the epxerience came several lessons on roles and responsibilities:

-- Diverse, often-conflicting perceptions of children and families held by different state and city agencies come together in the group process to promote a broader and more-accurate understanding and vision. Team leaders should expect and value the different perspectives on a problem that are held by different agencies. Agencies serving families and children vary widely in their emphasis. The Department of Children and Family Services tends to focus first on the child. Staffers care about families but, worn down by years of rising abuse-and-neglect caseloads and budget pressures, think in a crisis-management mode. Directors from employment and training agencies tend to focus on the jobless single mother or on young people out on their own. These members are goal oriented--towards employment, for example. They value services such as child care primarily because these services reduce barriers to their goals. Representatives from welfare or income-assistance agencies tend to focus on process management. They need to know who is eligible. Proper service procedure is critical to them. Those from health departments and community-based, family-support programs concentrate on expectant mothers and on infants and toddlers. Preventive services, early intervention, family motivation, and program quality are priority concerns. Education staffers are child-focused. Families are important to them but are often lower on their priority lists. Community-based agency directors focus on families and communities, seeing clearly how services can--but often do not--blend to improve outcomes for families.

-- Representatives from localities such as city government, community agencies, and school districts play an important role in challenging state agencies to work more closely together and to be more responsive. Trust was a major issue on the Illinois team. The Chicago contingent expressed outrage over a perceived lack of state follow-through on previous "initiatives." They pressed state agencies to move beyond rhetoric and to collaborate on specific implementation steps. State team members became much more informed on how communities actually work (or don't) to improve outcomes for families. The need for local flexibility in integrating family services achieved a high profile.

-- State representatives impress upon local program administrators the importance of outcome-oriented accountability, performance-based contracting, and associated data systems. Local program administrators often complete a state policy-development process with a much better understanding of why outcome-oriented accountability systems are important, and of how data systems can be improved for both state and local administrators.

-- Team members from outside traditional service systems help the team cut through jargon, push beyond rhetoric, and design innovative solutions. This role can be played by an advocate (as in Illinois), a member of the business community (as in Texas), or a foundation representative (as in Colorado).

-- Ethnic and racial diversity on any policy-development team is crucial. Such diversity helps members to gain a complete and accurate assessment of the policy problem, to discover opportunities for overcoming it, and to design effective strategies. Diversity is sometimes difficult to achieve, but it is a critical success factor.

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-- Leaders who have both positional authority (such as Governor's office representatives) and natural leadership ability are the most successful in directing collaborative, strategic policy development and implementation. Such a combination can be hard to find. Sharing leadership functions between several individuals--one having position authority and others having skills--is a next-best option. In some collaborative strategic planning efforts, there is no single leader to whom team members owe allegiance. In this case, the team should be headed by a skilled, well-respected leader viewed by all as objective and committed to follow-through. Even if a team possesses a strong single leader, sharing leadership functions among many group members throughout the process empowers those with weaker positional authority. It also builds team commitment and motivation.

Throughout the policy development and implementation process, the core group can expand based upon a thorough stakeholder analysis. Colorado, Washington, Oregon, and Maryland maintained the size of their core teams, but they also planned to broaden involvement to many other stakeholders over a two- to three-year period. To determine the level and type of involvement for various stakeholders, teams asked the following questions:

-- What stake does this organization, entity, or individual have in the current or proposed outcomes?

-- Are these stakeholders benefitting or not from the current situation?

-- What do these stakeholders want?

-- What do I want from these stakeholders? Can they facilitate progress towards the desired outcomes? Can they impede it?

-- What do I need from these stakeholders? Approval? Specific action? Information? Just to stand aside?

The key to an effective stakeholder analysis is adopting a marketing perspective. The policymaker has a "product," a policy, to sell--but the stakeholder may not need it. The stakeholder usually does want

something, however. Through stakeholder analysis, policymakers try to couple what they need with what stakeholders want.

Academy teams were clear that service consumers--disadvantaged families, children and youth--are stakeholders. They were not clear on how to involve them. Several teams conducted focus groups early in the process to better understand family problems.

HOW IS POLICY DEVELOPED AND IMPLEMENTED?

Collaboration is any process conducted by two or more parties who have similar or overlapping goals. Strategic policy development is a process of assessment, definition, objective setting, and strategy building that is informed by careful consideration of an organization's capacities and environments, and that leads to significant resource-allocation decisions. Implementation planning, follow-through, and the development of accountability systems to support the policy are critical additional components.

CGPA presents a seven-step strategic policy development and planning process at its policy academies. Teams begin by envisioning what the future would be if a particular problem were solved. Then they move on to scan the current environment, assess problems and opportunities, set outcome-oriented objectives, build effective strategies, plan implementation steps (including gaining support), and establish an accountability system for both follow-through and the judging of impacts.

State experiences in this Academy suggest the advisability of the following steps:

Start by Focusing on the Ultimate Outcomes Envisioned by Team Members and the Governor

For states with diverse, top-level membership, such as Colorado and Maryland, this focus is urgently needed. A specific (but not necessarily detailed or comprehensive) vision creates positive common ground. The process surfaces deep-seated values and assumptions which could otherwise become hidden blocks to agreement later on.

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Take the Time and Resources Necessary to Gather and Analyze Critical Data

State teams were seriously hampered in this Academy by the lack of data on family outcomes and service effectiveness. Without baseline data, it is impossible to set realistic, outcome-oriented, family-based objectives. The New York, Texas, and Maryland teams effectively based their family policies upon existing databases on individuals. Colorado, Iowa, and Maryland plan to improve their data systems to make them more family- and outcome-oriented and to enable combining of data across major agencies.

Specify Desired Policy Outcomes

All of the Family Academy states set outcome-oriented policy objectives for the systems that serve families. Washington's policy is an excellent example. Most states specified outcomes for families, such as improved access to health care, higher levels of skills and education, improved family functioning, and self-sufficiency. Oregon, New York, Maryland, and Texas specified indicators by which to track progress towards these outcomes. Outcome-oriented policy objectives set a clear direction for those responsible for policy implementation. They facilitate the process of gaining support and resources. They enable the Governor to hold agency heads and provider agencies accountable for progress. They support a self-correcting governmental system in which ineffective approaches can either be strengthened or cut.

Test Strategies by Feasibility, and Integrate Team Strategies with All Other Relevant Strategies

A successful strategy is more than a good idea, and more than the one solution on which everybody agreed. Just because five other states have chosen it does not guarantee its success. Policy-makers should have evidence that pursuing a particular strategy will in fact lead to the expected results. Furthermore, the strategy should be feasible given a wide range of considerations, including cost, timing, politics, leadership requirements, and local capacity.

The 10 Academy states outlined many similar objectives, but their strategies vary considerably. Arkansas started with a legislative program aimed at prevention, health access, and early intervention. Colorado had no legislative program in year one. Instead, they appointed the Commission on Families and Children, trumpeted their draft policy report, and conducted regional forums. New York had no legislative program and no fanfare. Agencies are working internally to identify specific federal and state regulatory barriers to local integrated services for families, and the team is initiating negotiations with federal officials. These strategies, very different from each other, are all producing results for their states.

Build into Policies Accountability Systems That Track Results in Terms of the People Served

An accountability system measures the results or outcomes of key strategies/programs. It answers the question: "Did we accomplish what we said we would?" The net impact of the policy is not measured by, nor is its success or failure tied to, particular program elements (as in research evaluation). As such, the system simply defines and measures success or failure. If a strategy does not achieve the expected outcome, the system directs attention towards the need for further investigation. Three Academy states have begun to build accountability systems for their family policies: Oregon, Colorado, and Maryland.

Support Cross-Cutting Policy Initiatives to Ensure Systemic Change

All 10 states called for a state council or commission to oversee and coordinate their proposed policies. Some states, such as New York and Maryland, already had an office or council in place. Washington, Oregon, Colorado, and Arkansas created new coordinating entities. States which were unable to fund or staff their proposed councils have had difficulty maintaining momentum in policy implementation.

HOW DO POLICY EFFORTS GROW AND CHANGE?

The process of collaboration is challenging and time-consuming. This is especially so if collaborators do not report, ultimately, to the same boss--the Governor, for example. The gain is worth the pain if: parties have the same or similar objectives; achievement of individual objectives is enhanced by sharing resources and working together; and the agreed-upon goals cannot be accomplished without a process of collaboration. Leaders of collaborative efforts can maintain momentum if they guide the development of these efforts through three phases:

Phase One: Getting to Know Each Other

Inclusion is the first phase of any collaborative process. Team members get to know each other. Even if they have worked together in the past, members often get to know each other in different ways. They listen to and respect each other's values. Differing opinions are understood, not just shared. Differences in language, jargon, organizational perspective, rewards and punishments are explored.

Several steps in the policy process support this phase of collaboration. Envisioning outcomes encourages team members to share values, perspectives, and differences in a non-threatening atmosphere. Through scanning the current environment, members share information about their organizations, programs, and objectives. Frequently, they reveal hidden agendas. Setting long-range objectives confirms and caps the "getting to know you" phase.

Team leaders and facilitators judge completion of phase one by answering "yes" to these questions:

-- Does the team have agreement on what the problems are, including the barriers to and opportunities for change?

-- Does the team have a common vision of what their state/communities/families will look like if problems are solved?

-- Does the team have an accurate and detailed scan of current conditions surrounding the problems?

-- Has the team identified long-range goals and objectives that are outcome-oriented for people and systems?

-- Is at least one team leader clearly identified and his or her role confirmed?

-- Have meeting dates been set and has a workplan been established?

-- Does each member understand "What's in it for me?" and "What's in it for my organization?" (You can tell if members understand these questions by reviewing their actions. Do they attend meetings regularly? Do they follow through on interim assignments?)

Phase Two: Agreeing on Common Projects

During this phase, team members move beyond sharing their individuality to creating something new collectively. Group decision-making is the hallmark of this phase. Activities include brainstorming new ideas, evaluating and refining them, setting priorities, and making decisions as a group. The relevant policy-development steps include choosing goals and objectives for a common effort, selecting strategies, designing plans to gain support, building accountability components, and writing an implementation plan.

The team has successfully completed this phase of collaboration if it answers "yes" to the following questions:

-- Has the team made key decisions as an entire group on priority policy objectives, indicators of accomplishment (and possibly targets) for each objective, and priority strategies and programs to accomplish desired objectives?

-- Has the team conducted an in-depth analysis of funding streams, institutional policies and programs, potential barriers, and incentives for producing needed changes?

-- Has the team reached agreement on broad implementation outlines, needed resources and support, tasks to be performed, responsibilities to be assigned, and structures and processes for monitoring progress?

Phase Three: Taking Action

The third phase is perhaps the most difficult. Team members move from thinking creatively to taking action. And they take action collectively--continuing to coordinate as they move forward. During this phase, team members follow through on individual and organizational commitments. They secure needed approval from decision-makers, partners, and constituencies who have been outside the collaborative process up to this point. For example, team members who have agreed to support a package of redirected funding must publicly state their intentions and actively seek support for this decision from political friends and potential enemies. Every team member must be able to tell others clearly and persuasively what the policy is, what actions are being taken to implement it, and why these actions are necessary.

Team members know they have completed this phase if they can answer "yes" to these questions:

-- Do they have a clearly designed strategy for gaining broad policy support?

-- Is a system (structure, process) developed for ensuring accountability, both short-term and long-term?

-- Has the team written an implementation plan with defined roles, specified timeframes, and assigned responsibilities?

-- Have the policy and its implementation plan been approved by all key decision-makers? By all key stakeholders?

-- Has the policy been publicly announced and supported by all key decision-makers? If not, is there a good reason why not?

-- Are key strategies and implementation steps being gradually incorporated into the ongoing strategic and operational plans and budgets of organizations and institutions?

In moving through these three phases of the collaborative process, teams will encounter many barriers (such as the examples in Chapter Three.) The barriers could be with team composition, the policy-development process, team dynamics, and state political or fiscal conditions. Members can help their teams continue to collaborate effectively if they take the following actions:

-- Focus continuously on the desired outcomes.

-- Keep the "big picture" and long-term change in mind.

-- Integrate the team's collaborative process with ongoing institutional processes, such as the state planning and budgeting cycle or agency strategic planning cycle.

-- To broaden support, bring in new stakeholders and involve top-level decision-makers and mid-level staffers from within the bureaucracy.

-- Encourage local action. Iowa was not able to implement its policy at the state level. However, important segments have been implemented by other groups at the state and local levels. For example, Mid-Iowa Community Action, Inc., has used the Academy on Children and Families At Risk guidelines to create a community model whereby local educators, human-services professionals, and members of at-risk families are coming together to seek solutions to the problems which are affecting the well-being of these families.

-- Ensure staff support for team activities. Several states were able to gather foundation funding from national, regional, or local foundations to cover both the costs of participating in out-of-state Academy meetings and the partial or full salaries of additional staff.

-- Secure outside facilitation when problems arise with team dynamics or when the process stalls. CGPA is convinced that outside facilitation is critical for the entire collaborative policy-development process. Sometimes this is not possible due to resource constraints. If that is the case, securing facilitation at key, decision-making meetings is a next-best option.

The two previous sections make it clear that the strategic policy-development process and the collaboration process reinforce each other. This is encouraging. It is very difficult to design any strategic policy across institutional lines without an effective process of collaboration--and real collaboration cannot occur without a well-designed planning process. Each process requires focusing on outcomes, sharing information, making decisions jointly, gaining support, and building accountability. While the two processes are separate, they mutually reinforce each other in an encouraging manner.

WHEN IS IT OVER?

The collaborative, strategic policy-development process is over when the desired outcomes are achieved. This may take longer than the initiating Governor's term. But the realities of politics--the need to declare victory or take credit, for example--must be taken into account. In addition, no matter how important solving a problem is, key decision-makers eventually move on to other issues. Planning the ending of a policy-development initiative is just as important as planning the beginning.

The 10 states participating in CGPA's Family Academy are only in the early stages of their implementation. CGPA will release a follow-up report on their progress, and at that time more should be known about outcomes. We can, however, make two points early on.

For one thing, it has become quite clear that an accountability system with short- and long-term indicators of success is an important tool for ensuring a positive end to the policy initiative. It is crucial to declare victory, not only for politicians but for consumers of services and for the taxpayer. Everyone needs to know what was accomplished. If final targets for specified outcomes are not achievable within the Governor's term, credit can be taken when interim targets are gained--although it is important to keep in mind that interim targets, whether for clients or systems, should refer to output, not input.

Although top-level decision-makers move on to other pressing concerns, the collaborative planning process continues until the reasons for lack of progress are determined and until new strategies have begun and are being tracked. Finally, if the initiative crosses into a new administration, an accountability system provides the foundation for a successful transition.

The other indicator of successful completion is the institutionalization of initiatives into ongoing agency budgets, plans, and reporting systems. Eventually the "initiative" ends. The situation becomes business as usual. Legislation is passed. Programs and related activities become incorporated into agency budgets and contracts. Interagency collaborative structures, such as cabinet councils or commissions, move on to other priorities. Loss of high-profile visibility is compensated for by new regulations and new agency practices, and by the continuance of staff training and of reporting requirements. The accountability system helps to maintain the responsiveness and flexibility of new approaches by tracking outcome indicators. Over time, a particular set of programs and activities may be replaced by a new "initiative," responding to new information and new problems.

This chapter has addressed six key questions that policymakers may have about collaborative, strategic policy development and implementation. CGPA will continue to offer state policy academies on topics relevant to Governors and their staffs. Many states and communities may not participate; but whether they develop their own process or participate in a process designed by others, these six questions should prove useful in planning and in taking action.

The CGPA State Policy Academy on Families and Children, funded by the U.S. Department of Labor and others, is completed, but follow-through is not. As this report goes to press, state experiments go forward in state-level coordination; new legislation and budgeting; accountability-system development; and comprehensive, integrated, community-based service delivery to improve family well-being. It may be some time before the 10 states can declare major victories, but this report documents that they are well on their way.

APPENDIX: ROSTERS, POLICY ACADEMY
ON FAMILIES AND CHILDREN AT RISK

ROUND 1 ADVISORY COMMITTEE

COLLABORATING ORGANIZATIONS

American Public Welfare Association (APWA)

Rick Ferreira, Policy Associate
810 First St., N.E., Suite 500
Washington, DC 20002-4205
(202) 682-0100, fax 289-6555

Beverly Yanich, Associate Deputy Director
810 First St., N.E., Suite 500
Washington, DC 20002-4205

Council of Chief State School Officers (CCSSO)

Cindy Brown, Director
Resource Center on Educational Equity
Council of Chief State School Officers
444 North Capitol St., Suite 379
Washington, DC 20001
(202) 393-8159, fax 393-1228

Glenda Partee, Assistant Director
Resource Center on Educational Equity
Council of Chief State School Officers
444 Capitol St., Suite 379
Washington, DC 20001
(202) 393-8159, fax 393-1228

National Governors' Association (NGA)

Evelyn Ganzglass, Director
Training and Employment Program
Center for Policy Research
400 North Capitol St., Suite 250
Washington, DC 20001
(202) 624-5394, fax 624-5313

Nolan Jones, Staff Director
Committee on Justice and Public Safety
400 North Capitol St., Suite 250
Washington, DC 20001
(202) 624-5360

Linda McCart, Senior Policy Analyst
Center for Policy Research
400 North Capitol St., Suite 250
Washington, DC 20001
(202) 624-5309, fax 624-5313

FEDERAL AGENCIES

U.S. Department of Labor (Lead Funder)

Ray Uhalde, Administrator
ETA Office of Strategic Planning and Policy Development
200 Constitution Ave., Rm. N-5637
Washington, DC 20210
(202) 535-0660, fax 535-0555

Gerri Fiala, Policy Division Director
ETA Office of Strategic Planning and Policy Development
200 Constitution Ave., Rm. N-5636
Washington, DC 20210
(202) 535-0664, fax 535-0555

U.S. Department of Health & Human Services

Jane Baird, Deputy Assistant Secretary
Office of Planning and Evaluation
200 Independence Ave., S.W.
Washington, DC 20201
(202) 245-1808, fax 245-6518

Diann Dawson, Deputy Director
Office of Family Assistance
Family Support Administration
370 L'Enfant Promenade
Washington, DC 20447
(202) 252-4500, fax 252-4683

Donna Givins, Deputy Assistant Secretary
Office of Human Development Services
200 Independence Ave., S.W.
Washington, DC 20210
(202) 245-6461, fax 245-6633

Ann Segal, Director of Children & Youth Policy
Office of Assistant Secretary for Planning and Evaluation
200 Independence Ave., S.W.
Washington, DC 20201

U.S. Department of Education

Betsy Brand, Deputy Assistant Secretary
Vocational & Adult Administration
Mary Switzer Bldg., Rm. 4311
400 Maryland Ave., S.W.
Washington, DC 20202-7100
(202) 732-2251, fax 732-3897

U.S. Department of Housing
& Urban Development

Paul Bardack
General Deputy Assistant Secretary
Community Planning and Development Division
451-7th St., S.W., Rm. 7212
Washington, DC 20410
(202) 708-0566, fax 708-3363

SPECIAL ADVISORS

Denise Alston, Senior Education Associate
Children's Defense Fund
122 C Street, N.W., 4th Floor
Washington, DC 20001
(202) 628-8787, fax 783-7324

Robert Began, Senior Vice President
Public Policy and Communication
United Way of America
701 North Fairfax St.
Alexandria, VA 22314
(703) 836-7100, fax 683-7840

Susan Blank, Program Associate
Foundation for Child Development
345 East 46th St., Suite 700
New York, NY 10017
(212) 679-3150, fax 679-2258

Barbara Blum, President
Foundation for Child Development
345 East 46th St., Suite 700
New York, NY 10017
(212) 697-3150, fax 697-2258

Karen Davie, Vice President for Public Affairs
United Way of America
701 North Capitol St.
Alexandria, VA 22314
(703) 836-7100, fax 683-7840

Marilou Fallis, Research Associate
National Association of Counties
440 First Street, N.W.
Washington, DC 20001
(202) 393-6226, fax 393-2630

Ron Ferguson
John F. Kennedy School of Government
79 JFK St.
Cambridge, MA 02138

Peter Gerber
John D. & Catherine T. MacArthur Foundation
140 South Dearborn St., Suite 700
Chicago, IL 60603
(312) 726-8000, fax 917-0334

Robert Ivry, Vice President of Operations
Manpower Demonstration Research Corporation
3 Park Ave., 32nd Floor
New York, NY 10016
(212) 532-3200, fax 684-0832

Anne Kubisch, Program Officer
The Ford Foundation
320 East 43rd St.
New York, NY 10017
(212) 573-5263, fax 286-0871

Janet Levy, Director
APWA/CCSSO/JOINING FORCES
Council of Chief State School Officers
400 North Capitol St., N.W., Suite 379
Washington, DC 20001
(202) 393-8159, fax 393-1282

Marion Pines, Senior Fellow
The John Hopkins University Institute for Policy Studies
34th & North Charles St., Shriver Hall
Baltimore, MD 21218
(301) 338-7169, fax 338-8233

Russel Sakaguchi, Program Officer
ARCO Foundation
515 South Flower St.
Los Angeles, CA 90071
(213) 486-3158, fax 486-0180

Tom Smith, Vice President
Public/Private Ventures
399 Market St.
Philadelphia, PA 19106
(215) 592-9099, fax 592-0069

ROUND 1 STATE TEAM PARTICIPANTS

ARKANSAS

Carol H. Rasco (Team Leader)
Senior Executive Assistant
Office of the Governor
State Capitol
Little Rock, AR 72201
(501) 682-2345

Ann Camps (Team Leader)
Special Assistant for Early Childhood Programs
Governor's Office
State Capitol, Suite 250
Little Rock, AR 72201
(501) 682-2345

Don Crary, Executive Director
New Features for Little Rock Youth
209 West Capitol, 2nd Floor
Little Rock, AR 72201
(501) 374-1011

Richard (Dick) Dietz, Director
Division of Children and Family Services
P.O. Box 1437
Little Rock, AR 72203
(501) 682-8559

Larry Goodwin, State Representative
P.O. Box 129
Cave City, AR 72521
(501) 793-5764

Sharon Robinette, Director
Office of Employment & Training Services
Arkansas Employment Security Division
P.O. Box 2981
Little Rock, AR 72203
(501) 682-5227

Diane Sydoriak, Associate Director
Department of Education (Special Education)
State Education Bldg. C, Rm. 105
Little Rock, AR 72201-1071
(501) 682-4221

Deborah Walz, Special Assistant for Education
Governor's Office
State Capitol
Little Rock, AR 72201
(501) 682-2345

Kenny Whitlock, Director
Division of Economic & Medical Services
P.O. Box 1437
Little Rock, AR 72203
(501) 682-8375

Rev. William Robinson
Hoover United Methodist Church
4000 West 13th St.
Little Rock, AR 72204
(501) 663-9621

Jim Mills, Director
Bureau of Community Health Services
Arkansas Department of Health
4815 West Markham
Little Rock, AR 72205
(501) 661-2167

John Selig
Special Assistant to the Director
Arkansas Department of Human Services
P.O. Box 1437
Little Rock, AR 72203
(501) 682-8650

COLORADO

Barbara McDonnell (Team Leader)
Deputy Director
Housing Research, Office of Policy and Research
127 State Capitol Bldg.
Denver, CO 80203
(303) 866-2155

Donna Chitwood, Director
First Impressions
Governor's Early Childhood Initiative
Governor's Office
136 Capitol Bldg.
Denver, CO 80203
(303) 866-2974

Leslie Franklin, Director
Governor's Job Training Office
1391 Speer Blvd., #440
Denver, CO 80204
(303) 620-4400

Marva L. Hammons, Director
Family and Children's Division
Denver Department of Social Services
2200 West Alameda
Denver, CO 80223
(303) 937-2809

Swanee Hunt, Chairperson
Hunt Alternatives Fund
1215 Detroit St.
Denver, CO 80206
(303) 333-4306

Irene Ibarra, Executive Director
Colorado Department of Social Services
1575 Sherman St.
Denver, CO 80203-1714
(303) 866-5800

George Kawamura, Director
Colorado Division of Mental Health
3250 West Oxford Ave.
Denver, CO 80236
(303) 762-4073

Mark E. Litvin, Deputy Director
State Department of Social Services
15475 Sherman St.
Denver, CO 80203
(303) 866-2422

William T. Randall
Commissioner of Education
Colorado Department of Education
201 East Colfax Ave.
Denver, CO 80203
(303) 866-6806

Bea Romer
First Lady of Colorado
First Impressions
Governor's Office
400 East 8th Ave.
Denver, CO 80203
(303) 837-8350

Henry Solano
Executive Director
Colorado Department of Institutions
3250 West Oxford
Denver, CO 80236
(303) 762-4410

Dave Smith, Director
High Risk Intervention Unit
Department of Education
201 East Colfax Ave.
Denver, CO 80203
(303) 866-6861

Jerry Smith, Director
Financial Assistance Services
Colorado Department of Local Affairs
1313 Sherman, #518
Denver, CO 80203
(303) 866-2771

Tom Vernon, Executive Director
Colorado Department of Health
4210 East 11th St.
Denver, CO 80220

Danelle Young, Director
Child Health Services
Colorado Department of Health
4210 East 11th Ave.
Denver, CO 80220
(303) 331-8712

ILLINOIS

Jess McDonald (Team Leader)
Former Assistant to the Governor for Human Services

Leo Smith (Team Leader)
Former Assistant to the Governor in Planning

Bashir Ali, JTPA Program
613 NE Jefferson St.
Peoria, IL 61603
(309) 672-8513

Judy Carter
Family Resource Coalition
200 S. Michigan Ave., Suite 1250
Chicago, IL 60604-2404
(312) 341-0900

Richard Reeder, Director of Grants Administration
Mayor's Office of Employment & Training
510 North Peshtigo Court, Suite 2A
Chicago, IL 60611
(312) 744-7700

Mary Ann Kren, Associate Deputy Director
Illinois Department of Children and Family Services
406 E. Monroe, 5th Floor
Springfield, IL 62701

Dorothy Magett
Assistant Superintendent for
  Educational Programs Administration
Illinois State Board of Education
100 N. First St., Rm. S-405
Springfield, IL 62777
(217) 782-3371

Jim Masterson
Acting First Deputy Commissioner
Chicago Department of Health
50 West Washington
Chicago, IL 60602
(312) 744-4323

Dianna Durham-McLoud
Deputy Director
Program & Planning Bureau
Illinois Department of Employment Security
401 S. State St., Rm. 623
Chicago, IL 60605
(312) 793-7800

50

Cindy Moelis
Administrative Assistant
Community Development Policy and Programs
Office of the Mayor, City Hall, Rm. 507
121 North LaSalle St.
Chicago, IL 60602
(312) 744-3300

William Murphy, Associate Director
Illinois Department of Mental Health and
  Developmental Disabilities
401 South Spring St., Rm. 402
Springfield, IL 62706
(217) 782-7393

Mary Nelson, Executive Director
Bethel New Life
367 N. Karlov
Chicago, IL 60624
(312) 826-5540

Stephen E. Saunders
Chief, Division of Family Health
Illinois Department of Public Health
535 West Jefferson
Springfield, IL 62761
(217) 782-2736

Denise Simon
Assistant Manager for Youth Programs
Division of Employment & Training Services
6th & Ash - Isles Park Place
Springfield, IL 62762

Maria Whelan
Director of Children Services Division
Department of Human Services
Chicago, IL 60611
(312) 744-1776

IOWA

Phillip Dunshee (Team Leader)
Administrative Assistant
Governor's Office
Capitol Bldg.
Des Moines, IA 50319
(515) 281-3282

JoAnn Callison, Bureau Chief
Department of Economic Development (State Programs)
200 East Grant Ave.
Des Moines, IA 50309
(515) 281-3927

Sue Donielson, Administrator
Division of Instructional Services
Department of Education

Jerry Mathiasen, Deputy Director
Department of Employment Services

Jeanne Nesbit, Division Administrator
Iowa Department of Human Services
Hoover Bldg.
Des Moines, IA 50319
(515) 281-8580

Dianne Quinn, Administrator
Commission on Children, Youth and Families
Lucas State Office Bldg.
Des Moines, IA 50319
(515) 281-3241

Michael Reagan, President
Greater Des Moines Chamber of
  Commerce Federation
Private Business Representative

Gary Stokes, Director
Mid-Iowa Community Action Inc.
1500 Linn St.
Marshalltown, IA 50158
(515) 752-7162

Twila Young
Employment and Training Consultant
South Central Iowa Federation of Labor

MARYLAND

Nancy S. Grasmick (Team Leader)
State Superintendent of Schools
Maryland Department of Education
200 West Baltimore St.
Baltimore, MD 21201
(301) 333-2200

Ricka Markowitz (Team Leader)
Research Analyst
Governor's Office of Children, Youth & Families
301 West Preston St., Suite 1502
Baltimore, MD 21201
(301) 225-4160

Barbara Chappell
Administrator
Department of Juvenile Services
321 Fallsway
Baltimore, MD 21202
(301) 333-6865

James Callahan, Executive Director
Governor's Employment and Training Council
1100 N. Eutaw St., Rm. 604
Baltimore, MD 21201
(301) 333-5606

Carolyn Colvin, Secretary
Department of Human Resources
311 W. Saratoga St.
Baltimore, MD 21201
(301) 333-0001

Marie Mayor
Maryland State Department of Education
200 West Baltimore St.
Baltimore, MD 21201
(301) 333-2489

Linda Harris, Director
Office of Employment Development
417 E. Fayette St., Suite 468
Baltimore, MD 21202
(301) 396-1910

Patricia Payne, Director of Finance
Department of Housing & Community Development
45 Calvert St.
Annapolis, MD 21401-1907
(301) 974-2120

Marion Pines, Senior Fellow
The Johns Hopkins University
Institute for Policy Studies
34th & N. Charles St., Shriver Hall
Baltimore, MD 21218
(301) 338-7169

Rick Sampson
Director, Alcohol and Drug Abuse Administration
201 W. Preston St., Rm. 405
Baltimore, MD 21201
(301) 225-6928

Donna Stark, State Director
Maryland Children & Family Services
   Reform (Casey) Initiative
1 Market Center, 300 W. Lexington St.
Suite 306
Baltimore, MD 21201
(301) 333-4285

Rosalie Streett
Executive Director
Friends of the Family, Inc.
1001 Eastern Ave., 2nd Floor
Baltimore, MD 21201
(301) 659-7701

Gary Moore
Executive Director
Office of Employment Training
Department of Economic & Employment Development
1100 N. Eutaw St., Rm. 310
Baltimore, MD 21201
(301) 333-5178

Polly Harrison, M.D.
Director
Child Health Services
201 W. Preston Street
Baltimore, MD 21201
(301) 225-6749

NORTH DAKOTA

Janis S. Cheney (Team Leader)
Director of Special Projects
Office of the Governor
State Capitol, Ground Floor
600 East Boulevard
Bismarck, ND 58505
(701) 224-2200

Larry J. Bernhardt
Associate Director
North Dakota Department of Human Services
State Capitol, Judicial Wing
600 East Boulevard
Bismarck, ND 58505
(701) 224-3513

Shirley R. Dykshoorn
Director
Office of Intergovernmental Assistance
State Capitol, First Floor
600 East Boulevard
Bismarck, ND 58505
(701) 224-2295

Patricia (Pat) Herbel
Director of Elementary Education
North Dakota Department of Public Instruction
State Capitol
600 East Boulevard
Bismarck, ND 58505
(701) 224-2295

James J. Hirsch
Director of Job Training
Job Service of North Dakota
Box 1537
Bismarck, ND 58502
(701) 224-2843

Betty Keegan
Director
Rolette County Social Service Board
P.O. Box 519
Rolla, ND 58367
(701) 477-3141

Susan Saltsman, Nurse Consultant
308 Second Avenue, SW
Minot, ND 58701
(701) 857-7695

The Honorable Kit Scherber
North Dakota State Representative
922 11th St. North
Fargo, ND 58102
(701) 232-1209

Donald L. Schmid
Director of Children and Family Services
Department of Human Services
State Capitol, Judicial Wing
600 East Boulevard
Bismarck, ND 58505
(701) 224-2316

Sydney Shanley
Division of Special Education
Department of Public Instruction
State Capitol, Tenth Floor
600 East Boulevard
Bismarck, ND 58505
(701) 224-4518

Larry Spears
Executive Director
Coordinating Council for Consensus
1003 East Interstate Ave. #7
Bismarck, ND 58505
(701) 224-0588

NEW YORK

Michael J. Dowling (Team Leader)
Deputy Secretary for Human Services
Office of the Governor
State Capitol, Rm. 227
Albany, NY 12224
(518) 474-3456

Joseph J. Cocozza, PhD.
Vice President
Policy Research Associates
262 Delaware Avenue
Delmar, NY 12054
(518) 439-7415, fax 439-7612

Alexandria Douglas
Assistant Commissioner
Office of Program and Community Development
40 North Pearl St., 11A
Albany, NY 12223
(515) 474-6014

Robert Frawley
Senior Policy Associate
New York State Council on Children & Families
28th Floor, Corning Tower
Albany, NY 12223
(515) 474-6014

David Gillett
Executive Director
New York State Job Training Partnership Council
P.O. Box 7015, A.E. Smith Bldg.
Albany, NY 12225-7015
(518) 474-6014

Evelyn M. Harris
Director, Community Services Block Grant Program
New York Department of State
Division of Economic Opportunity
162 Washington Ave.
Albany, NY 12231
(518) 474-5741

Jules Kerness
Director of Special Studies
Child Care Committee
New York State Senate
Room 512, Legislative Office Bldg.
Empire State Plaza
Albany, NY 12247
(518) 455-3548

Monica Meyers
Associate Commissioner
Office of Public Health
New York State Department of Health
(518) 474-0180

Dennis Pallozi
Assistant for Program Administration and
    Administration Support
New York State Department of Labor
Building 12, State Campus
Albany, NY 12240

Ruth Sabo, PhD., Legislative Associate
New York State Assembly
State Capitol, Rm. 513
Albany, NY 12248
(518) 455-4311

Edna R. Vega-Garcia, Assistant Commissioner
New York State Education Department
2 World Trade Center, Rm. 2746
New York, NY 10047
(212) 488-2119

OREGON

Barbara Ross (Team Leader)
Special Project Director
Director's Office
Department of Human Resources
320 Public Service Bldg.
Salem, OR 97310
(503) 373-7622

Yvonne Addington, Manager
Community Development
Economic Development Department
388 State St.
Salem, OR 97310
(503) 378-3732

Rick Bauman
Multnomah County Commissioner
1021 SW Fourth, Rm. 605
Portland, OR 97204
(503) 248-5217

Bill Carey, Administrator
Children Services Division
198 Commercial St., SE
Salem, OR 97310
(503) 378-4374

Maureen Casterline
Deputy Field Services Director
Adult and Family Services Division
400 Public Service Bldg.
Salem, OR 97310
(503) 373-7888

Gail Castillo, Former Manager
Job Training Partnership Administration

Donna Clark
Assistant Administrator for Health Services
Health Division
Rm. 508, State Office Bldg.
1400 SW Fifth
Portland, OR 97201
(503) 229-5032

Sharon Kidder, Assistant Administrator
Program Employment Division
Department of Human Resources
875 Union St., NE
Salem, OR

Jeff Kushner, Director
Office of Alcohol & Drug Abuse Program
1178 Chemeketa Street, NE
Salem, OR 97310
(503) 378-2163

Judy Miller, Assistant Superintendent
Oregon Department of Education
Salem, OR 97310
(503) 378-5585

Graham Spanier
Provost & Vice President for Academic Affairs
Oregon State University
Corvallis, OR 97331
(503) 737-2111

Gary K. Weeks
Director of Department of Insurance and Finance
Labor & Industries Bldg.
Salem, OR 97310
(503) 378-4120

TEXAS

Ruth Vaughn Ford (Team Leader)
Senior Budget & Planning Analyst
Office of the Governor
Sam Houston Bldg., 7th Floor
Austin, TX 78701
(512) 463-1773

James Boyd, Associate Director
Planning, Evaluation and Coordination Branch
Texas Department of Commerce
8317 Cross Park Dr.
Austin, TX 78754
(512) 834-6106

Mike Ezzell
Assistant to the Commissioner
Texas Department of Health
1100 West 49th St.
Austin, TX 78756
(512) 458-7263

DeAnn Friedholm
Special Assistant to Lt. Gov. Bullock
State Capitol
Austin, TX 78701
(512) 463-0010

Claudia Langguth
Deputy Commissioner, Client Self-support Services
Texas Department of Human Services
P.O. Box 149030
Austin, TX 78714-9030
(512) 450-4140

Marie M. Osser, Public Member
7010 Loes Hill Dr.
Houston, TX 77036
(713) 546-2586

Glen Parkey, Chairman
State Job Training Coordinating Council
P.O. Box 2966
Amarillo, TX 79105
(806) 373-1815

Delia Pompa
Assistant Commissioner for Program Development
Texas Education Agency
1701 North Congress
Austin, TX 78701
(512) 463-9076