

Section I

The Vision: The Well-being of All Florida's Children, Families and Communities

The Policy Group for Florida's Families and Children has a wealth of experience on the front-line, in the administrator's office, in the boardroom, and at the research table. This group includes experts from maternal and child health, early care and education, parent skill-building, home visiting, mental health, screening and assessment, child advocacy, program and system evaluation, and family and child service systems. Individually and collectively, these individuals have concluded that human service delivery systems, in their current forms, are not successful in meeting the diverse needs of many of Florida's families and improving long-term outcomes for young children. The Policy Group believes that families are most likely to be successful when they have easy access to a responsive, interwoven network of natural and extended supports as needed. This paper describes this vision of integrated service delivery.

Our Vision

The vision of The Policy Group is that through our collective efforts, working on behalf of families and children of all ages, we will ensure a generation of young people who become responsible 18 year olds, ready, willing and able to contribute to self, to family, and to their community.

The Policy Group believes that to realize this vision we must focus our thinking on identifying and promoting evidence-based policies and practices that produce healthy births, healthy child growth and development, educational success, family stability and safe and supportive communities.

Our Guiding Principles

- ❖ We promote efforts that will enable Florida's families and children to have a sense of connectedness to one another.
- ❖ We promote efforts that will provide Florida's families and children with hope and optimism toward the future.
- ❖ We promote efforts that will provide Florida's families the opportunity and capacity to raise children that are healthy, safe and ready to learn.
- ❖ We promote efforts that ensure adequately trained staff is available to deliver services and supports to families, children and communities.
- ❖ We promote efforts that build upon and use the strengths, assets and resources that already exist in communities when developing goals, objectives and strategies for Florida's future.

Our Priority Policies: The Agenda of The Policy Group

As shown in Figure 1, *The Change Forces Model*, the well-being of children and families is the highest priority in Florida and public policies will be established to be consistent in their support of this priority. The key indicators of well-being are:

- ❖ All of Florida's children are healthy, safe and ready to learn at every age.
- ❖ All of Florida's families are stable, nurturing and economically self-sufficient.
- ❖ All of Florida's communities are supportive of families raising children.

Healthy Children. The benefits of beginning and living a healthy life are enormous and long lasting. The consequences of beginning life unhealthy can be devastating, lifelong and costly. To safeguard our physical, social and emotional health, we need accessible and affordable health care. Particularly important is a healthy start prenatally and from birth so that children have the opportunity to live full, healthy and productive lives. Access to health care is particularly important for children with disabilities and/or special health care needs.

Children Safe in their Families and Communities. The quality of life in our communities depends upon feeling and being safe in our communities. Children are among our most vulnerable citizens. They require protection and nurturing to help them grow up to become responsible, law-abiding and nurturing adults.

Children Ready to Learn and Succeed in School. Quality early care and education beginning in the infancy period should be affordable and accessible for all children. This is especially important for children with special needs. It is the first and crucial step in creating a well-educated work force and citizenry to help build better lives for Florida's families and a prosperous economy for Florida as a whole. Our best investment is to capitalize on the capacity for young children to learn in the early years and to teach our children how to live and work in our rapidly growing and complex world. At the outset, all children should enter school ready to succeed and continue to succeed as they grow.

Stable and Nurturing Families. Florida reflects a society comprised of four generations — children, parents, grandparents and super-elder great-grandparents. For all Floridians to participate fully in society, families need to thrive — children need to be able to grow to full potential and elders need to feel secure and believe they are needed.

Economically Self-Sufficient Families. Low-income and/or single parent families, some with inadequate or unsafe housing, face extraordinary challenges in providing the basic necessities of life. Such families are vulnerable to an array of social and economic challenges: unemployment, crime, teenage pregnancy, lack of an adequate education and the need for public assistance. Eliminating poverty is an initiative likely to strengthen our communities in many ways, not just economically.

Supportive Communities. For Florida's communities to thrive and for children to grow up to become contributing adults who take their personal and community responsibilities seriously, a stable neighborhood environment that nurtures and supports the four generations represented in our communities is essential.

Figure 1. Change Forces Model

Change Forces: A Model for Ensuring the Well-Being of Florida's Children and their Families



Our Vision

Together, we will ensure a generation of young people who grow up to be responsible adults — ready, willing and able to contribute to self, to family and to their community.

OUTCOMES desired for Florida:

<ul style="list-style-type: none"> * Our Children are: <ul style="list-style-type: none"> ✓ Healthy ✓ Safe in their Families and Communities ✓ Ready to Learn and Succeed in School 	<ul style="list-style-type: none"> * Our Families are: <ul style="list-style-type: none"> ✓ Stable and Nurturing ✓ Economically Self-Sufficient 	<ul style="list-style-type: none"> * Our Communities are: <ul style="list-style-type: none"> ✓ Supportive of Families Raising Children
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The path to realizing these outcomes is for Florida to implement the following KEY POLICIES AND PRACTICES:

All **children and families** have access to affordable, quality:

- * health care;
- * parenting support (e.g., home-visiting) services;
- * early care and education; and
- * integrated health, economic and family support services.

All **communities**, in partnership with the public and private sectors, have the capacity to provide a comprehensive, integrated continuum of natural, primary, and specialized supports.

All public and private **employers** in Florida promote family-friendly employment practices and a livable wage.

These key policies and practices should be provided within a COMPREHENSIVE STRATEGY OF INTEGRATED SERVICE DELIVERY that contains the following ESSENTIAL COMPONENTS:

<ul style="list-style-type: none"> * Prevention Orientation * Implementation Capacity * Holistic Service Delivery * Evidenced - Based Practices and Programs * Supported Front-Line Staff * Highly Competent Staff at all Levels * Staff Education and Training 	<ul style="list-style-type: none"> * Fiscal Policies that Promote Integration of Quality Services * Local Community Decision Making * Continuity of Care and Practice * Family Supportive Policies * Adequate Resources * Accountability and Continuous Improvement at all Levels
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SUPPORTS required for this comprehensive strategy of integrated service delivery to be sustained:



The key evidence-based policies and practices that are required to achieve the well-being of all of Florida's families and children are:

- ❖ All children and families have access to affordable, quality:
- ❖ Health care;
- ❖ Parenting support (e.g., home-visiting) services;
- ❖ Early care and education; and
- ❖ Integrated health, economic, and family support services.
- ❖ All communities, in partnership with the public and private sectors, have the capacity to provide a comprehensive, integrated continuum of natural, primary, and specialized supports.
- ❖ All public and private employers in Florida promote family-friendly employment practices and a livable wage.

The Focus

Although there are many pathways to reaching the vision of The Policy Group, the members of the Board of Fellows have agreed to focus their initial work on promoting integrated service delivery of child health, early care and education, and parent skill-building for families with young children (birth to age five). This focus recognizes the diversity of families in Florida in terms of their economic status, ethnicity, health status, (i.e., physical, mental, and dental), education, political affiliation, religious beliefs, and personal priorities. It also acknowledges the preference by many families to utilize natural supports – family, friends, and neighbors – for assistance. The availability of natural supports differs across families. Whether natural supports are extensive or tenuous, most families supplement natural supports with community services (i.e., primary and specialized services).

Integrated service delivery is a process that takes place as families interact with prevention opportunities and primary and specialized service providers. It is different from coordination, collaboration, and co-location. It recognizes the efficacy of prevention and early intervention in ensuring the well-being of Florida's children and families, building on strengths and avoiding, or at least, reducing risks of negative health, education and parenting consequences. Integrated service delivery looks beyond narrow definitions of eligibility and service provision and seeks to eliminate fragmentation of services. It requires a definition from the perspective of the consumer, the service provider, and the service delivery system planner.¹

¹ Friedman, 1991

Integrated Service Delivery from a Consumer Perspective

From a *consumer perspective*, service integration means that high-quality services to address multiple needs can be accessed, although not necessarily provided, from a single provider. In other words, families can enter the service provision sector through any number of doors, and any door results in a thorough screening and assessment of family needs, and assistance to access whatever services are needed. Whether entering at an early care and education setting, a health clinic, a community center, or at home, the family is connected to the array of services it needs. For example, a developmental screening at the child's early care and education setting results in further assessment. The assessment includes attention to the emotional, physical, and economic well-being of the parents and results in mental health counseling and housing assistance for the family.

Integrated Service Delivery from a Service Provider Perspective

From a *service provider perspective*, service integration means having a general understanding of developmental needs across the lifespan, working to meet the multiple needs of children and families, and accessing various supports and services for families to ensure continuity of service between providers from screening through specialized treatment. Service integration is a holistic approach. It requires cultural competency, a commitment to a strength-based philosophy and high quality standards, a commitment to working in teams with complementary providers, and a focus on self-determination by families and communities on the services needed and provided.

Integrated Service Delivery from a Service Delivery System Planner's Perspective

From the *perspective of service delivery system planners*, service integration means providing high-quality, accessible, flexible, family-centered, and comprehensive care. It requires attention to fiscal flexibility, continuity in service provision across dimensions of need and over time, specialized staff training, community input, and outcome measurement.

The Reality

The focus on deep end services at the expense of supporting prevention and early intervention has made it difficult for families to access supports and information that would enable them to avoid more serious problems. Because of their scarcity, the prevention programs that do exist are primarily categorical and targeted for those families at highest risk of poor outcomes for their children. Thus, the general population tends to be excluded from access and supports that would enable them to build upon their strengths and remedy risk factors without further involvement in the system of care. *In other words, we are paying for medical and rehabilitation care for those who fall off of the cliff instead of investing in a fence that would ensure their safety and help them avoid falling off of the cliff in the first place.* A “fence” in this scenario includes affordable voluntary access to quality: medical care, parenting supports and information, and early care and education opportunities for their children. In general, the lack of prevention structures and funding precludes many families from accessing the supports they would use to ensure healthy and nurturing families and communities in which to raise their children.

In addition to failing to assist families before problems arise, with a few exceptions, service delivery in Florida results in categorical approaches to presenting problems and a revolving door for many families. Different programs have different definitions of who the client is, what services are appropriate, and what outcomes are expected at what times. Financing systems limit local decision-making and funding of prevention services and are inadequate to ensure adherence to high-quality standards. Family circumstances are frequently ignored in the treatment of individuals. There are few incentives for local agencies and communities to integrate services. Indeed the incentives are to identify as few needs as possible and to direct families to services funded through federal and state sources that are often more restrictive.^{2,3} The result is underutilization of community resources, an absence of community involvement and support, lack of culturally and linguistically appropriate services, and failure to improve the well-being of children and families.

Parent skill-building, early childhood, health, and child welfare policies and practices are highly fragmented. Different programs and agencies have different local advisory teams, councils, and boards. Although many boards share the same members and similar missions, consolidation is infrequent. In addition, many programs and services overlap. For example, many communities have multiple home visiting programs often with differences in eligibility criteria and focus (e.g., child abuse prevention, assistance with developmental disabilities, or school readiness), but with overlaps in strategies and populations served. Moreover, differences regarding purpose or focus may diffuse the attainment of outcomes and have a negative impact on quality. For example, divisions among stakeholders regarding the purpose of school readiness (i.e., early learning or as child care support for working parents) have contributed to setbacks in quality standards and optimal growth and development of children.

² Bruner, 2000

³ Friedman, 1991

Furthermore, entry points for families are complex and confusing, especially for underserved segments of the population and those with special needs. Without integration, it is difficult to coordinate services for those with complex problems. The sense of crisis under which Florida's child welfare agencies operate, the chronic shortage of substance abuse treatment services (particularly for women with young children), and the confidentiality requirements of various service providers further exacerbate service disconnections. Communication and coordination between health, child development, child welfare, and parenting experts are rarely good; thus resources are not used efficiently and important needs are unmet.⁴

The legislative leaders in the State of Florida have recognized the need for service delivery changes. Florida Statute 409.152 specifically addresses service integration in the context of family preservation. It emphasizes family-centered services and an integrated service delivery system that crosses state program offices, units of local government, and public and private agencies. It calls for the identification of barriers to service delivery, a comprehensive service plan for each family, flexible fiscal and programmatic policies, and strategies for creating partnerships. A continuum of comprehensive services for child abuse and neglect and abuse prevention is described in Florida Statute 39. The statute requires integration of services between the Departments of Education, Children and Families, Health, Law Enforcement, and community agencies and organizations.

The 2002 Florida Legislature designated the first Sunday in April as Parents and Children's Day (F.S. 683.17). The act designating the day references the same key indicators of child well-being as have been identified by The Policy Group for Florida's Families and Children. It notes that every parent should have access to a wide array of services including prenatal and infant health care, parent skill-building, high quality early care and education, and prevention and treatment programs.

Despite these statutory commitments to progressive child and family policies, state appropriations do not match the rhetoric, agency policies and practices do not support a holistic approach, and state and local service delivery systems remain fragmented and often self-serving. Additionally, prevention and early intervention have been sacrificed in order to provide deep-end services for crisis problems, many of which might have been preventable.

⁴ National Research Council and Institute of Medicine, 2000

Important Caveats

Service integration is a complex undertaking. It requires careful attention to program, fiscal, training, and evaluation policy and practices. The following considerations are recommended:

1. Service integration takes time and communities need assistance to develop systems of care based on a clear vision, statement of need, and theory of change.⁵
2. Model prevention programs are often cited as strong evidence for investments in prevention and integration. There is not, however, always clear evidence that such programs can be replicated or adapted for widespread expansion.⁶ To be successful, prevention efforts must be contoured to the strengths, needs, and diverse cultures of communities.
3. Changes to categorical funding deserve careful consideration. Some categorical funding streams protect groups that need this protection. In many cases these dedicated funding streams need to be preserved but complemented by flexible funding that enables communities to link related services to ensure continuity and a holistic approach to care and treatment. In other cases, where categorical funding is tied to a particular provider or program rather than to a population in need, it should be re-appropriated as flexible funding to enable communities to build integrated systems of care. This is particularly important with regard to prevention services that are not intended to provide specialized, deep-end treatment services.
4. Eliminating diversity of service delivery methods and organizations is not the objective of service integration. Consumers have greater choice when there are multiple pathways to obtain services. Our objective should be to build systems with “no wrong door”; that have multiple points of entry intended to identify multiple needs and provide access to appropriate holistic services.
5. The quality of services is paramount. Integration of poor services benefits no one.
6. Some families may be fearful that integrated service delivery might mean sharing of confidential information across providers that they do not want shared. For example, a family may shy away from seeking mental health services if they believe that their information will be exchanged with schools and other community settings.⁷ Therefore, there must be clear procedural and process guidelines that protect the families involved all the while facilitating the ability to respond appropriately and empathetically to their strengths and needs. This is best accomplished by enabling families to decide what services they need based on a thorough explanation of what is available and how they can benefit.

⁵ Friedman, 2002

⁶ Friedman, 2002

⁷ Bruner, 2000

The Criteria

Service integration can happen at many levels. Some elements of service integration can be found in federal programs (e.g., the Promoting Safe and Stable Families Act and Head Start). In other instances, states have attempted to integrate services across a wide array of service areas (e.g., Iowa's Child Welfare and Substance Abuse Collaboration and Pennsylvania's Child Welfare and Juvenile Justice Collaboration). Integrating services within a service area is another approach (e.g., California's Proposition 10 and North Carolina's Smart Start). There are also local communities and specific agencies that have made service integration a goal. (e.g. Manatee County's Whole Child Project)

At whatever level service integration occurs, there must be core components that identify it. Indeed, one of the dangers of system reform movements is the lack of definitions, understanding, and processes to clearly identify the change process and success. Based upon research and the deliberations of the Fellows of The Policy Group for Florida's Families and Children, nine core criteria have been identified as critical elements of successful implementation. Although these criteria are not unique to integrated systems, they are core to those that are successful. These nine criteria are:

- ❖ Local Community Decision-Making
- ❖ Prevention Orientation
- ❖ Holistic Service Delivery
- ❖ Evidence-based Practices and Programs
- ❖ Supported Front-line Staff and Highly Skilled Staff at All Levels
- ❖ Flexible Fiscal Policies that Promote Integration and Quality
- ❖ Family Supportive Policies
- ❖ Continuity and Ease of Transitions
- ❖ Accountability

In the following table (Table 1), core criteria of service integration and potential means of assessing the criteria are outlined. Following this table are discussions of each criterion with illustrative examples taken from programs and initiatives in other states and cities. These examples are provided for illustrative purposes only. They are not provided as programs that should be adopted "as is" to the Florida system but as guides for gleaning critical components that may well be responsive to the needs of Florida's communities and its citizens. Links to additional information regarding these programs may be found at the website of The Policy Group for Florida's Families and Children (www.policygroup.org).

Table 1. Core Criteria and their Means of Assessment

Core Criteria	Means of Assessment
Local Community Decision-Making	Local planning councils Regular opportunities for community input Efforts to engage broad community participation
Prevention Orientation	Public awareness and education for parents to be able to provide for the health, education and positive development of their children Community asset mapping and needs assessment Focus on early identification through screening Funding priorities include prevention services Linkages between primary and specialized service providers (e.g., inter-agency agreements, cross-training, meetings)
Holistic Service Delivery	Family input Family assessment Services appropriate to family's need Inter-agency agreements and data sharing and integration mechanisms Family satisfaction surveys Multiple integrated service provision Clearly articulated implementation plans and processes
Evidence-based Practice and Programs	Logic models/theories of change Specified performance and outcome measures Use of research findings in practice and planning Evaluation plans Incentives for on-going research and evaluation
Supported Front-line Staff and Highly Skilled Staff at All Levels	Front-line practice model that emphasizes empathy, responsiveness, family involvement, and results Certification programs Cross-training systems Professional organizations Career pathways Mentoring programs Technical assistance entities Supervision of practice Caseload Standards: (e.g., CWLA 1:18 FC, 1:12 Investigation, 1:8 Sex Abuse)
Flexible Fiscal Policies that Promote Integration and Quality	Dollars appropriated to follow the family as distinct from programs or providers and funding to support data sharing and integration mechanisms Fiscal incentives for integration Stable funding levels sufficient to meet quality standards Continuity of funding through service continuum Non-categorical funding streams Fund pooling or coordination Flexible funding for quick response to family needs
Family Supportive Policies	Degree of parent involvement in early care and education settings Quality of early care and education Quality of health care Livable wages Flexible work-family policies Parental leave policies Access to neighborhood activity settings Neighborhood safety and cohesion Employment opportunities for low-skilled employees
Continuity and Ease of Transitions	"No wrong door" philosophy shared by services providers—health, human services, education, law enforcement, judiciary, workforce development, etc. Records that travel with the child and family Degree of inter-agency communication, coordination, and collaboration (e.g., inter-agency agreements) Service provision policies that value and ensure careful consideration of prior history and records
Accountability	Local and state level outcomes Continuous quality improvement Results-based budgeting Evaluations plans on the individual, program and system levels

Local Community Decision-Making

Families access services in communities, and creating an infrastructure of services in communities is best done as a reflection of local citizen's common goals and values. If communities have a clear vision of the opportunities they want for their children and families, this vision can guide planning, allocation of resources, and desired outcomes. Analysts recommend that service providers inform but not dominate community input. If citizens are actively involved in decision-making, it is less likely that the process will reflect or appear to reflect the self-interest of service providers.⁸ Broad-based community support also is a key element of program sustainability.⁹

***Pennsylvania's child welfare system** is county-administered and state-supervised and has a strong emphasis on primary prevention services. Evaluations have found that this system provides county Children and Youth Service Agencies with considerable flexibility in managing services and enables local agencies to collaborate with community-based agencies to tailor programs, services, and intervention strategies sensitive to local needs and values.*

A needs-based plan and budget process integrates the analysis of service trends and outcomes with planning and budgeting in each of Pennsylvania's 67 counties. This process has resulted in stronger relationships between child welfare and juvenile justice programs, both at State and local levels. Pennsylvania Standards for Child Welfare Practice have been developed through collaboration with public and private agencies to guide all aspects of the casework process and include benchmarks and measures for evaluating practice outcomes and agency performance. A Visitation Manual has also received high marks. It recommends parent-child visitation standards, includes sample visitation plans and forms, and a standardized training curriculum has been developed to support the implementation of the Visitation Manual. A three tiered training system has been established in partnership with the Pittsburgh University School of Social Work. Training is accessible to all staff through seven Regional Training Centers.

Strong collaborations include community boards to identify barriers to service accessibility and delivery and evaluate service effectiveness. Multi-disciplinary service coordination agreements have been developed to assist children and youth with special needs, and a Communities That Care program promotes statewide collaboration between local agencies and communities to develop prevention programs to address teen pregnancies, drug and alcohol abuse, delinquency and adolescent problems. The Statewide Adoption Network (SWAN) has created a network of public and private adoption agency resources increasing the number of adoptions of minority children and reducing the amount of time spent in placements. A state-level Dependency and Delinquency Workgroup with representatives from the Department of Public Welfare, Juvenile Court Judges Commission, Department of Health, juvenile justice, child welfare professionals, and other interested parties meet to address barriers to accessing physical and behavioral health services for dependent and delinquent youth with the primary objective to increase interagency and cross-systems collaboration. This extensive system has resulted in the following outcomes: the recurrence of maltreatment rate is less than the national standard of 6.1 percent and the incidence of child abuse and neglect in foster care was substantially below the national standard of .57 percent (Pennsylvania attributes these successes to prevention initiatives such as family centers, family review system reform, home visiting and respite care programs).

A wide variety of prevention services (e.g., Family Service System Reform, Family Centers, I am Your Child, Parent/Child Home Visitation, and Children's Trust Fund prevention programs) are aimed at reducing the need for entry into the child welfare and/or juvenile justice systems. In Philadelphia, these prevention programs are administered through the Division of Community-Based Prevention Services, established in 2001, to better integrate and coordinate the wide array of services and provide more coherent planning and efficient use of resources. In addition, the City of Philadelphia has launched a national first, the Children's Investment Strategy, designed to utilize multiple strategies to decrease unhealthy behaviors, increase academic achievement, and promote personal development among children and youth. Increasing the quantity and quality of out-of-school opportunities is the first priority of the initiative (Pennsylvania Office of Children, Youth, & Families, 2002).

⁸ Wynn, Costello, Halpern & Richman, 1994

⁹ Bryant & Hayes, 2002

Prevention Orientation

Maximizing prevention opportunities may mean making difficult decisions about how organizations utilize their funding. Prevention services reduce costs in the long-run and can provide families with services in a less stigmatized manner. Primary prevention services such as home visiting, developmental and behavioral assessments and services, parent skill-building, parent support groups, telephone warm lines offering support to parents and latch-key children, family resource centers, early needs assessment and intervention, high quality early care and education, primary health care for pregnant moms, infants and young children, and nutrition education are prevention services that are crucial to helping families succeed, preventing children from entering out-of-home care, and ensuring that children can reach their maximum developmental potential.^{10,11} In addition to these types of services, prevention includes safe streets, drug free neighborhoods, safe parks and recreational areas, neighborhood enrichment activities, volunteer transportation assistance, food banks, zoning laws that facilitate integration of affordable housing into safe neighborhoods and employment policies and practices that support parents who are raising children.

Integration of the full range of family supports requires a re-conceptualization of community services. Primary prevention services are rarely connected to each other and are infrequently viewed as having an instrumental role in child and family development and functioning. They are even less often connected to specialized services. Specialized services address the physical, cognitive, emotional, or behavioral difficulties of children and/or parents. Interventions of mental health, speech, occupational, or physical therapy are examples. Some services are directed at limitations within a child's or parent's own functioning, such as developmental disabilities or substance abuse. Services are also designed to address problems that are the result of interactions within the family, such as parent-child conflict or abuse.¹² Reform efforts in the delivery of specialized services have acknowledged the importance of addressing the entirety of child and family needs and functioning and building on individual and family strengths.^{13,14,15} Many specialized services have a narrowly defined focus. Connections with primary prevention services can increase the effectiveness of specialized services. By providing support, "normalized" social interactions, and settings to practice new skills, primary prevention services can support positive outcomes of a child's or parent's use of specialized services.

*The **FIRSTLink** project, established by the Massachusetts Department of Public Health, focuses on improved coordination and use of home visiting programs. Community Resource Teams oversee the implementation of local programs already providing home visiting services (i.e., early intervention, Healthy Families, First Steps, home health agencies, and the Department of Education). Systematic identification and referral of newborns and families via a computerized universal screening of birth certificate information matches each family with one appropriate source of services. Through joint service and program planning, these prevention programs help families have resources and continuity needed to successfully care for their children (Health Resources and Services Administration. 2001).*

¹⁰ Ahearn, Nalley, & Cabson, 2000

¹¹ Wynn et al., 1994

¹² Wynn et al., 1994

¹³ Karr-Morse & Wiley, 1997

¹⁴ Walsh, 2000

Holistic Service Delivery

Holistic service delivery is based on a strength-based philosophy of service provision. It views the family as the client rather than the child or individual as the client and considers the broader ecological contexts in which families grow and develop (i.e., schools, neighborhoods, work, churches, etc.).¹⁶ It requires flexibility in service provision that enables professionals to go beyond rigid eligibility criteria and prescription of services in order to meet the unique and diverse needs of families.

The outcomes from addressing concerns identified in childhood without involving family members are weak at best and likely to be ineffective. Researchers have repeatedly found that the effects of out of home childhood settings are slight in comparison to the effects of the home environment. Positive outcomes are increased when parents are involved.^{17,18} Both primary and specialized services should strive to develop strong family-centered components.

In addition, efforts to create holistic service integration need the input of parents in order to develop a system that can be responsive to families. Evaluations of reform efforts have repeatedly emphasized the importance of including parents in planning, governing, and evaluating service delivery innovations.^{19,20,21,22} Parents are in the best position to identify the best ways for them to access services, service management issues, and the value of services.

Holistic service delivery requires that helping professions are able to access a wide array of services for families and share and integrate data and information. Flexibility in creating cooperation, coordination, and collaboration strategies is particularly important to services that are typically disconnected from other family and child services. For example, even though dental disease is the most common childhood disease and untreated oral disease can exacerbate already fragile conditions in many children, oral health services usually are isolated from other child services. Parent skill-building and mental health services are also infrequently linked to other services.

*A program in Chicago, called the **ARK**, provides a culturally and linguistically competent venue for Jewish immigrants from the former Soviet Union. The ARK grew from a partnership between a rabbi and the director of a local health clinic, and services grew to meet the diverse needs of the poor, elderly, and refugees in the neighborhood. Services include a medical clinic with volunteers; a partnership with the local hospital so any ARK patient without insurance may have procedures performed free of charge; a home visiting program; a dental clinic; an eye clinic; and a pharmacy where medications are free to those who need them and cannot afford them. The ARK, staffed with senior citizen volunteers, many of whom speak Yiddish, provides a safe venue to access treatment and preventive services without arousing refugee fears of government persecution and religious discrimination (National Center for Cultural Competence, 2001).*

¹⁵ Wynn et al., 1994

¹⁶ Friedman, 2002

¹⁷ National Research Council, 2001

¹⁸ Vandell & Wolfe, 2000

¹⁹ Miller, Melaville, & Blank, 2002

²⁰ Hayes, 2002

²¹ Walsh, 2000

Evidence-based Practice and Programs

System planners, policy-makers, administrators, front-line staff, and evaluators have access to an ever-growing body of evidence-based practices and programs. The expansion of the child and family study research field, federal and state investments in research and evaluation, and accountability requirements have produced important information on the development, implementation, and dissemination of best practices and programs and spurred the focus on effective service delivery systems.²³ Efforts that explicitly develop logic models and theories of change that are research-supported and evidenced-based stand a much better chance of garnering widespread support and identifying successful mechanisms for implementation and accountability.

The identification of evidence-based practices is but an initial step. The research on the program or practice may not address implementation in the real world with diverse families and children or may describe results in a particular system or setting.²⁴ There are unique challenges relative to bringing a model program or practice to scale. Without ample time, funding, expertise, and commitment, these challenges can undermine attempts to replicate successful models.²⁵ In the end, service integration of ineffective, inappropriate, or poor practices and programs does not improve them. The result could be greater efficiency in “doing harm”.²⁶ Thus, it is imperative that the best information informs practice and policy.

*Grounded in research regarding health and safety in early care and education settings, **Healthy Child Care America** strives to create integrated systems of health, child care, and social services. Using a systems approach that focuses on state-level entities, 51 projects across the nation are working to promote safe and healthy child care through one or more of the ten evidenced-based practices identified in the Blueprint for Action. From immunization initiatives to improved health and safety regulations to the use of health care consultants, project participants are expanding partnerships and support services (Stubbs-Wynn, no date).*

Supported Front-line Staff and Highly Skilled Staff at All Levels

Highly skilled staff has the knowledge and expertise to understand and establish relationships with families. In an integrated service model, staff operates as system managers bringing together the services and resources that families need. In order to accomplish this tall order, they need extensive problem-solving skills and discretion.²⁷ This staff model shifts the emphasis from being case managers to being a combination of coach, expeditor, facilitator and advocate, a person who builds relationships and enable families to manage their own cases.

When linkages between programs extend to all levels of service provision, service providers have the opportunity to expand their knowledge base regarding the broad spectrum of family and child strengths, needs, and services. In so doing, turf issues are less likely and joint planning is more likely. Integration also increases the potential for joint- and cross-training programs and joint advocacy efforts.

²² Wynn et al., 1994

²³ Friedman, 2002

²⁴ Friedman, 2002

²⁵ Bruner, 2000

²⁶ Bruner, 2000

²⁷ Friedman, 1991

Administrative and management staff must focus efforts on creating or enhancing local and statewide technical assistance organizations focused on improving the quality of programs, strengthening the continuum of services for young children and their families, maximizing resources, and minimizing fragmentation and duplication of effort. Technical assistance organizations can bring local service providers and stakeholders together to:

- ❖ Share information, coordinate activities, and implement collaborative initiatives
- ❖ Develop clearly defined roles and responsibilities for service providers
- ❖ Establish inter-agency referral procedures
- ❖ Host comprehensive community-wide, multi-disciplinary staff training and in-service programs
- ❖ Conduct community-wide needs assessments and asset mapping for use by funders and program planners to develop strategic plans
- ❖ Institute accrediting programs to help insure accountability, uniformity, and quality of programs
- ❖ Develop standard mechanisms to evaluate and analyze programs
- ❖ Create research networks to collect and disseminate the most up-to-date information regarding what has been shown to be effective in the field.²⁸

New management structures must not lose sight of the importance of relationships. Services are not how families and children survive. “New Futures” found that although services help meet real needs, good programs and service delivery systems are not powerful enough to produce good outcomes for children. Rather, the relationships that services can foster between people are the real change agents. Children grow and develop best in strong families that have access to resources, information, and supportive people, services, and opportunities.²⁹

System reform requires putting resources into the development of natural and extended caring relationships that engender strong bonds between children and adults. Informal community helping networks are most effective in helping children and families.³⁰ Highly skilled staffs are trained in relationship development and can facilitate the development of informal community networks.

*In Annie E. Casey Foundation’s five city social reform initiatives, **New Futures**, case managers served as the focal point for service integration and system change. Initial planners expected case managers to link children and families to existing services and discover system change opportunities. Instead, case managers found that existing services did not meet the needs of families, other organizations were not receptive to them, and issues of cultural and linguistic appropriateness and competence were not being addressed. During second phase planning, sites worked to provide additional supports and training for staff. Efforts focused on strengthening relationships as well as reforming services and systems. Staff received support and resources to develop family-centered and neighborhood-focused strategies to foster informal helping networks (Walsh, 2000).*

²⁸ Thompson, Kropenske, Heinicke, Gomby, & Halfon, 2001

²⁹ Annie E. Casey Foundation, 1999

³⁰ Walsh, 2000

Flexible Fiscal Policies that Promote Integration of Quality Services

Adequate and stable funding streams are essential to service integration. Although policymakers may be able to create service networks with limited budgets, strict eligibility requirements, and inadequate quality standards, families will not experience the result as service integration. Instead, families will continue to have difficulties accessing services, and targeted outcomes will not be realized. Stable and adequate funding ensures that service providers will continue to have flexibility in service provision, can meet quality standards, and are able to share and integrate data and information.

Creating more flexibility within existing funding categories is an important component of service integration. Pooling is a strategy that combines funds from several agencies and programs into a single, unified funding stream. States frequently use this strategy to combine a portion of funds from federal block grants and other state programs into block grants for local entities. Pooling enables more local discretion on spending priorities and can be used for activities such as collaboration and planning that are typically restricted in other funding streams.^{31,32}

Aligning categorical funding from a number of agencies to support integrated service delivery is another strategy. Too often senior staff members spend great amounts of time and effort working to find ongoing funding in order to sustain critical services for young children.³³ While offering many community agencies the opportunity to expand services to the families they serve, funding coordination requires good management information, data integration mechanisms, and accounting systems. Both devolution and decategorization are additional options for increasing funding flexibility. With the removal of strict eligibility requirements and rules, communities gain more flexibility over funds.^{34,35}

***Wraparound Milwaukee** is an initiative that pools funds from child welfare, juvenile justice, Medicaid capitation, and mental health into a Management Service Organization (MSO). The MSO provides an expanded range of services through care coordination, child and family teams, and a large provider network to meet the needs of children with mental health disturbances. As a result, there has been a large reduction in the use of residential care and inpatient hospitalization, improvement in behavior problems and overall functioning, high levels of parent satisfaction, and a reduction in cost per child served (Friedman, 2002).*

³¹ Hayes, 2002

³² Thompson et al., 2001

³³ Duerr-Berrick & Edelstein, 2001

³⁴ Flynn, Hayes, Uyeda, & Halfon, 2002

³⁵ Orland, Danegger, & Foley, 1995

Family Supportive Policies

Family supportive policies enable families to shape and choose appropriate activities and services for their children and themselves over time and stages of development. They provide a basis for facilitating ways home, school, and community partnerships can balance the needs for stability and change of children and families. Family supportive policies recognize the importance of natural supports (i.e., extended family, friends, neighbors, faith communities and co-workers) and facilitate the availability of primary (e.g., early care and education, flexible workplace policies, neighborhood recreational activities, health care providers, parent skill-building opportunities), secondary (e.g., economic assistance, parenting supports, early intervention, home visiting, housing assistance), and tertiary (e.g., shelters, foster care and adoption, substance abuse treatment, domestic violence services) supports on an “as needed” basis.

Although service providers frequently concentrate on the provision of one type of service, agencies and organizations can embrace family supportive policies. Integrated service delivery enables service providers to share information and resources in ways that can meet multiple family needs. A strong screening and assessment system that recognizes family strengths and natural supports and can identify multiple stressors is essential to family support in an integrated network.

Continuity and Ease of Transitions

“Continuity and ease of transitions” refers to connections among families and service providers and between different service settings. Continuity is an essential element of a holistic approach to assisting families. It ensures that families have consistent service providers within an organization and that services provided by one entity complement services provided by another. In addition, continuity assures that services provided at a later point in development build on services delivered at an earlier time, affording further support for optimal growth and development.

The relationships that develop between families and service providers are key ingredients to successful intervention. If families have to interact with a different person every time they attempt to access services, frustrations and potential disconnections are more likely and family resolution of issues becomes less likely. For children, these connections can be even more important. As children move from setting to setting each day, the settings and individuals involved may be connected or disjointed and the linkages strong or weak. For example, research has confirmed the importance of early attachments. If an infant’s caregiver changes, there are threats to social and emotional development. Staff turnover rates, policies that move children from one classroom to another classroom every six months to a year, and lack of successful family involvement efforts in early care and education settings undermine continuity of care for young children. In sum, when there are good relationships among the adults who play roles in the children’s lives, development is most effectively supported.

Another aspect of continuity is the connections between service providers as they serve the same family in and over time. Good relationships promote the exchange of information from early care and education to school, from one doctor to another, from screening entity to therapy provider, and from one therapist to another. The potential for resolving issues early on, avoiding the need for more costly specialized services, is greater within systems that provide a “no wrong door” holistic needs-based approach to service identification and provision.

*The **Health Passport Project** (HPP) sponsored by the Western Governors’ Association and conducted in Bismarck, North Dakota; Cheyenne, Wyoming; and Reno, Nevada, provides a versatile, multipurpose electronic card designed to streamline access to and delivery of a variety of public and private services and benefits. Improving the health of individuals and their families is the goal of the project. Public and private health care providers, nutrition programs, and Head Start educators participate in the project.*

The Health Passport card contains demographic, medical, and benefit information. Health providers can read data from or write to the Health Passport card. It allows Women, Infant, and Children (WIC) benefits to be written to and read from the card enabling the client to shop at any participating store. Freestanding kiosk machines placed in the community enable cardholders to view benefits, appointments, health information, and other program information through a touch screen. It also allows reports, such as immunization certificates, to be printed in hard copy.

At the time of evaluation, the project was in operation less than one year, and thus, evaluations were incomplete. To date, it is unclear whether HPP saved money and time due to the start-up costs and the short time since implementation. Nonetheless, promising opportunities for cost savings have been identified. It is also too soon to tell if HPP improved the quality of care by providing timely and accurate clinical information. Parental capacity to manage family health was found to be improved and customer satisfaction was high. Staff found it easy to use, retailers liked the accuracy and convenience, and clients indicated it helped with obtaining and tracking health information. A key benefit of HPP, according to the service providers was the interaction and collaboration between multiple partners (Pindus, Koralek, Bernstein, Shelfer, & Owens, 2001).

Accountability

A growing national orientation on results reflects the need of policymakers, program developers, and community leaders to demonstrate that initiatives offered to families and children have their intended impact. Politicians need compelling evidence that initiatives work in order to provide initial and continued support.³⁶ A clear theory of change with indicators and performance measures to track progress enables communities to monitor whether programs are effective in terms of costs.

Simply selecting outcomes and indicators or generating a list of performance measures fails to anchor the selected measures in a context that can facilitate interpretation and use of the resulting information. An approach that incorporates the development of logic models and program theory development establishes mechanisms to inform service delivery through evaluation.³⁷ Evaluating efforts is more than simply collecting and analyzing data; it also includes using findings to continuously improve program activities.^{38,39}

It is also important to consider the amount of time initiatives take to produce results. Evaluation should be an ongoing process and use a variety of approaches to collect and analyze data from many sources.⁴⁰ It is important to acknowledge that different efforts work in tandem and that no one service is solely responsible for global results. Building relationships between community stakeholders and researchers increases opportunities for learning and improvement of services and service delivery.

The Juvenile Welfare Board (JWB) of Pinellas County, one of Florida's Children's Services Councils, has a strong commitment to evaluation. For more information about Florida's Children's Services Councils, please see Section VI. The Center often contracts, through an RFP (Request for Proposal) process, with other professional researchers and evaluators to examine the effectiveness of community-based initiatives serving children and families. JWB has also developed outcome objectives for all of its funded agencies that enable the organization to determine the effectiveness of the children and family services it funds (Juvenile Welfare Board of Pinellas County, 2002).

³⁶ Mintrom, 2001

³⁷ Hernandez, 2000

³⁸ Bryant & Hayes, 2002

³⁹ Annie E. Casey Foundation, 1997

⁴⁰ Annie E. Casey Foundation, 1997

Summary

Progress in service integration depends on an evolving knowledge base that informs policy direction, assists with midcourse correction, and guides public investments. Research and evaluation are needed to help identify promising practices, the connection between service integration, interventions, interim benchmarks, and the long-term outcomes of public investments.

In order to make the well-being of children and families a priority in the State of Florida, extensive efforts are needed to create a state vision and a commitment to working toward the realization of this vision. To this end, The Policy Group for Florida's Families and Children seeks to facilitate improvements and/or change across local, state, and federal systems that will support the integration of child health, early care and education, and parent skill-building.

Extensive study of the system change process by noted national researchers and organizations has revealed nine critical components for implementation of comprehensive initiatives. These critical components are:

1. Broad-based participation and involvement at the local level,
2. A longer view of change,
3. A coherent framework for implementing a comprehensive initiative,
4. High-level leadership,
5. Strategic communications,
6. Partnerships between specialized supports and services (e.g., government-sponsored systems and programs) and primary supports and services (e.g., community-sponsored organizations and programs),
7. Multi-partisan commitment,
8. A balance between regulation and accountability, and
9. Incorporation of research, evaluation and accountability.