

## Section VI

### The Innovators: Promising Practices at the National, State and Local Levels

*It has now rained every day for two weeks, and Tim has worked a total of twelve hours during that time. He is extremely frustrated and has wasted many hours and too much gas going from work site to work site trying to find someone needing help with inside construction work (e.g., drywall, floors, and cabinets). He has not been successful.*

*At home, Tina and the children feel the tension in the air. Tina has tried to talk to Tim about looking for a different type of job, one with benefits and regular hours, but it only seems to make him angrier. Tim likes working outside and is not ready to give up on owning his own business one day.*

*The refrigerator is close to empty. They have not had any meat for several days, but Tina has made a large bean stew that should last for a few more days. She now wishes she had not given up breastfeeding; formula is expensive. She has kept enough aside from her wages, however, to make sure that the children have milk. An appeal to a local food bank was exasperating. After being referred from one number to another to another, Tina was told she could bring her family for a free meal on Sunday evening at a church way across town. They did not go.*

*Although the Clarks expect that Tim will be back at work soon, they both worry about the possibility of more rain. What will they do? If Tim has to get another job, how will they make it until the first pay check? Will there be someone they can turn to for some help?*

This section provides an overview of several promising programs or service delivery mechanisms. Programs and practices were selected based on a focus that included integration of services through some process involving community input. Integrated services are defined as services delivered in a collaborative, interdisciplinary, and interagency manner. Some of the examples involve integrated services (i.e., an entity offers a variety of service options for families) and others are integrated systems of service delivery (i.e., different service systems, such as child welfare and health care, are working in concert to offer services to families through a single access point).

Section VI begins with a look at federal efforts to promote integration. Examples of integrated services and service systems in other states are also examined. Although Florida's efforts to integrate services continue to struggle, a few examples are examined for potential lessons. The chapter concludes with a consideration of what successful initiatives have in common.

## Promoting Integration at the Federal Level

In the 1997 passage of the Adoption and Safe Families Act, significant changes were made to the Family Preservation and Support Services Program, including renaming it Promoting Safe and Stable Families. The changes focused activities on ensuring the safety of children and promoting permanent placements for them. Activities included family support, family preservation, family reunification, and adoption promotion and support services. Designed to help families stay together and support timely reunification where temporary removal was necessary, the established system emphasized community input, planning, and integration. This program provides an example of integrated service delivery.

Key stakeholders in the process were identified to be part of the planning and implementation process. These stakeholders include:

- ❖ State and local public agencies, nonprofit private agencies, and community-based organizations with experience in administering service programs for children and families (including family support and family preservation).
- ❖ Front-line staff from both public and private agencies.
- ❖ Representatives of communities, Native American tribes, and other areas where the need for family support and family preservation are high.
- ❖ Parents (especially parents who are participating or who have participated in family support and family preservation programs) and other consumers of services, including foster parents, adoptive parents, and families with children with disabilities.
- ❖ Representatives of professional and advocacy organizations (including foundations and national resource centers with the expertise to assist states and communities), individual practitioners working with children and families, and lawyers for children.
- ❖ State and local agencies administering federal and federally assisted programs, in the areas of child welfare, health, mental health, substance abuse treatment, juvenile justice, education, early childhood development, child care, nutrition, housing, income support, and job training.
- ❖ Juvenile court judges and personnel.
- ❖ State budget officers.
- ❖ Key legislators.
- ❖ Members of the business and civic communities with interest in child and family issues.<sup>360,361</sup>

These requirements, in combination with considerable funding flexibility, insured that communities would have a voice in the system of child welfare service delivery and provided the infrastructure to encourage integration of services between state and local agencies. One important but missing interagency agreement is with health. Service regions may develop collaborations with health services, but they are not required.

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<sup>360</sup> Team Florida Partnership, 2002

<sup>361</sup> Woods, 1996

The *Blueprint for Change* released by the National Institute of Mental Health (NIMH) also addresses the need for service integration. In recognition of the complexity of family life, the enormous burden of mental disorders, and the intergenerational consequences, NIMH has assessed current research and human resource needs and presented recommendations for research activities and infrastructure support to facilitate implementation of research-based interventions.<sup>362</sup> The report acknowledges the complexities of childhood mental illness and proposes that integration of basic research with intervention development and service delivery is the key to overcoming the obstacles. Two critical action steps that address linkages include:

- 1) Linkages between neuroscience, genetics, epidemiology, behavioral science, and social sciences must be made, and the resulting interdisciplinary knowledge must be translated into effective new interventions.
- 2) Scientifically proven interventions must be available through clinics, schools, and other places where children and their parents can easily access them. Partnerships between scientists, families, service providers, and other stakeholders will be required.

As with similar reports in the past, it is anticipated that the *Blueprint for Change* will guide research and funding priorities for NIMH over the next several years.

## **States' Initiatives**

Several states have implemented service integration models. In this section, policies and programs in California, Colorado, Georgia, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Minnesota, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, and Vermont are highlighted. Much of the of the information in this section is gleaned from earlier work by The Policy Group.<sup>363</sup>

### **California**

In 1998, Proposition 10 created the California Children and Families Commission overseeing a comprehensive and integrated system of information and services to promote early childhood development and school readiness. Approved by voters and funded through a 50 cent-per-pack tax on cigarettes and other tobacco products, Proposition 10 is expected to generate approximately \$700 million annually. Funding is being used for:

- ❖ community health care (i.e., prenatal and postnatal maternal and infant nutrition services, immunizations, and domestic violence prevention and treatment), family services, and quality child care customized to meet local

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<sup>362</sup> National Advisory Mental Health Council Workgroup, 2002

<sup>363</sup> Ghazvini & Foster, 2001b

- needs as determined by County Commissions in each of California's 58 counties
- ❖ educating Californians via a statewide public education campaign, Caring About Quality
  - ❖ assistance to pregnant women and parents of young children who want to quit smoking
  - ❖ research and evaluation

Local county commissions, consisting of five to nine members, are charged with developing and implementing plans to promote improved early childhood development, health care, child care, and family functioning. Results have been impressive. County commissions have increased wages and benefits for child care providers, offered financial assistance for education and training of providers, funded home visits for parents of newborns and other young children, linked child care and health services, provided grants for new equipment in child care programs, improved the quality of child care programs through quality enhancement grants, and provided direct family support and parent education.<sup>364</sup>

## Colorado

Bright Beginnings in Colorado is a statewide public/private partnership established in 1996 to support local training and service delivery efforts. Bright Beginnings works in conjunction with the Children's Cabinet to coordinate state planning and programs. In addition, the Child Care Quality Improvement Campaign focuses on efforts to improve quality of care and includes development of a voluntary rating system (based on accreditation by the National Association for the Education of Young Children, ratings on the Early Childhood Environmental Rating Scale or the Infant/Toddler Environmental Rating Scale, and the professional credentials of staff) and a mentoring program.

In 1997, the General Assembly established the Consolidated Child Care Pilots to support early care and education, health and mental health, and parenting services. Local councils may use state prekindergarten, Head Start, Child Care and Development Block Grant, and Temporary Assistance to Needy Families funds to create a seamless system of early care and education, health and mental health, and parenting services for working parents. In addition, state surplus funds, when available, are used to make small competitive grants available to the pilots. Pilot sites have expanded the availability of infant and toddler care, prekindergarten for three-year-olds, licensed providers, and full-day, full-year child care. Improved collaboration and coordination has also resulted in linkages between early care and education and health, mental health, and family support programs.<sup>365</sup>

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<sup>364</sup> Miller, Melaville, & Blank, 2002

<sup>365</sup> Miller et al., 2002

## Georgia

In 1995, Georgia became the first state to offer voluntary pre-school to all four-year-olds. The program is funded entirely from the state's lottery, and parents have an option of preschool settings. Instead of providing services through a single system (e.g., a public school prekindergarten program), the state decided to build on and coordinate the services as currently provided. Therefore, parents can choose to place their children in Head Start, public school-based programs, private center-based settings, family child care homes, or group-home settings. The Office of School Readiness, an independent state agency, has streamlined administration and created a customer-service orientation. Georgia has received national attention and accolades for this remarkable program.

Family Connection, created in 1997, is a statewide network of 155 counties that have made a commitment to community-level service integration in order to improve results for children and families. At the state-level, the Family Policy Council (a quasi-governmental entity) includes representatives from the Georgia Departments of Children and Youth Services, Education, Human Resources, and Medical Assistance, and the Governor's Office of Planning and Budget. Community collaboratives are eligible for start-up grants (\$25,000 per site the first year, \$50,000 for a few years, now \$25,000 once again). After extensive planning, 23 Family Connection local collaboratives have designed Community Partnerships and are funded to achieve specified results. Although initially designed to plan and oversee service integration, Community Partnerships are, in some cases, now delivering actual services.

Savannah, Georgia participated in the Casey "New Futures" Project, designed to build community capacity. The Family to Family program was created in a high-risk neighborhood. The organization saw its role as strengthening natural social networks. Utilizing women who made it their business to know what was happening in the neighborhood (often called "busybodies"), the organization created a Resource Mother program to help younger mothers when they need it. The Resource Mothers help identify needed services and supports, and the organization works to provide the requested linkages. The mentoring program has dramatically reduced foster care placements without a concomitant increase in child abuse rates.<sup>366</sup>

## Indiana

Indiana's Building Bright Beginnings Initiative established a state advisory council consisting of representatives from nine state government agencies. The initiative is designed to support responsible parenting, health, quality early care and education, and community mobilization. In addition to a multi-media campaign regarding quality early care and education and the establishment of the Indiana Child Care Fund to support quality improvement, a Community Mobilization Task Force has developed a statewide plan to engage communities in promoting and improving early childhood programs.

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<sup>366</sup> Walsh, 2000

## Iowa

Iowa's Community Empowerment Areas Initiative, enacted in 1998, is a state-local partnership program focused on the development and implementation of comprehensive school readiness plans. Plans can include supports for early care and education, parent support and education activities such as home visiting, child development services, and health and safety services. Funding comes from state general revenue and federal TANF dollars transferred to the Child Care Development Block Grant.

The State Empowerment Board includes 12 citizens, 3 state senators, 3 state representatives, and the directors of the state departments of Education, Human Services, Human Rights, and Public Health. Membership on local councils includes citizens, elected officials, and representatives of human services, health, education, religion, and business. Accomplishments include increased provision of odd-hour and accredited early care and education, enhanced linkages between early care and education providers, and increased home visiting programs such as Parents as Teachers.

## Kansas

In 2001, Smart Start Kansas was implemented. Modeled after North Carolina's successful program, Smart Start Kansas is funded with tobacco settlement funds. Funds are used to support programs and services that improve access to high quality and affordable early care and education, health care, and other family services.

The Kansas Children's Cabinet oversees the program. The nine voting members of the cabinet include the Insurance Commissioner, a county district judge, the state attorney general, the ranking members of the legislature, and several citizens. The non-voting members are a State Supreme Court justice; the secretaries of the state departments of Education, Social and Rehabilitative Services, and Health and Environment; a university professor; and representatives of the state Juvenile Justice Authority. Membership on local councils is also specified and equally diverse. Although too new to report results, plans focus on expanding the supply and quality of early care and education, integration of health services with early care and education programs, parent skill-building, and family literacy activities.<sup>367</sup>

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<sup>367</sup> Miller et al., 2002

## Kentucky

Kentucky's KIDS NOW, passed in 1999, is a state-local partnership to improve early childhood services by encouraging collaboration and comprehensive services, including child care, health, and family support programs. Tobacco settlement funds are used to finance the initiative. Authority for the program resides in the governor's Office of Early Childhood. State board membership includes the secretaries of the state departments of Education, Arts and Humanities Cabinet, Cabinet for Human Services, and Cabinet for Children and Families. Private sector and citizen members make up the rest of the board. Local board membership is also specified and diverse. Forty-seven counties are identified as high priority communities, making them eligible for additional technical assistance. Given its recent implementation, no outcomes are available yet.

## Massachusetts

Community Partnerships for Children, established in 1993 by the Massachusetts legislature, focuses on improved early childhood services. Funds (\$56.8 million in state general revenue and \$47.2 million from TANF funds) may be used to improve the affordability, accessibility, and quality of early care and education; social, health, and nutrition services; and family education and literacy programs.

The Massachusetts Early Childhood Advisory Council to the Department of Education oversees the initiative. Parents, early childhood providers, and community agency representatives make up the local councils. Achievements include increased professional development for early care and education providers, increased supply of early care and education, facility renovations and construction, and increased comprehensive services including family support, behavioral and mental health programs, and health and dental care through early care and education programs.

## Minnesota

In 1996, the Minnesota Department of Children, Families, and Learning was created, and all education and other programs addressing family breakdown, violence and poverty were housed together. By bringing together all these programs, the state level models "one-stop shops" for local communities and encourages education and social service professionals to work together to meet the needs of children and families. The Department's plan for improving and integrating early care and education services, *No Better Time: Starting Early for School Success*, identifies outcomes focused on readiness in children, schools' readiness for children, and family and community supports. In addition, *Learning Readiness*, supports flexible child development programming for three and four-year-olds to ensure school readiness. Services vary but include prekindergarten, home visits, summer programs, and links to family literacy.

Minnesota also has the largest and oldest parent education and family support program in the country. Started in 1974, the Early Childhood Family Education (ECFE) is a voluntary public school program open to all families in the state of Minnesota with children birth to kindergarten. The goal is to strengthen families by enhancing parental skills in the provision of healthy environments. It provides different types and intensities of services to meet unique family needs and families choose services appropriate to their needs. Parents oversee each of the local public school programs. Participating parents typically attend once a week for two hours. Programs include parent discussion groups, guided play and learning time for children, and planned activities for the home. Home visits, health and developmental screenings, information on community resources, special events, and libraries of books and toys are also available.

Funding for ECFE is provided by the Office of Community Education that oversees a statewide funding formula that provides guaranteed equalized revenue based on a school district's under age 5 population. In 1998-99, the base funding was \$113.50 per child 0-4 years of age in the school district. Any Minnesota school district that provides a community education program may receive funding for ECFE. Individual school districts also provide in-kind services and supplement funding through private dollars. Approximately 45 percent of Minnesota's children or 311,000 children and parents participated in ECFE. Employed parents constitute over 60 percent of all participants. A 1996 evaluation found that parents demonstrate greater knowledge of child development and parenting skills as a result of the program.<sup>368</sup>

Furthermore, Minnesota has an innovative program to license family educators. Minnesota's State Board of Teaching has adopted regulations for the licensing of teachers of parent and family education. Seventeen colleges and universities agreed on the core content of licensure requirements: a baccalaureate degree, completion of Board of Teaching preparation programs offered through college and university coursework, and required coursework in four areas – family development, parent-child relationships, child development, and adult development.<sup>369</sup>

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<sup>368</sup> Zepeda & Morales, 2001

<sup>369</sup> Zepeda & Morales, 2001

## North Carolina

North Carolina is a leader in innovative and successful programs that promote quality early care and education. Smart Start was passed by the North Carolina General Assembly in 1993 under the leadership of Governor James B. Hunt. Initially administered by the Division of Child Development in the Department of Health and Human Services, oversight is now provided by a not-for-profit, the North Carolina Partnership for Children. It is a public-private initiative designed to help all children in North Carolina enter school healthy and ready to succeed. Local communities are responsible for making decisions and plans related to:

- ❖ High quality early care and education that is affordable and accessible
- ❖ Health services and screenings
- ❖ Family support services and resources

The North Carolina Partnership for Children (NCPC) provides technical assistance to local Smart Start partnerships regarding program development, administration, organizational development, communications, fiscal management, technology, contract management, and fundraising. During the first two years of the initiative, local partnerships of community leaders were engaged in intensive training on collaboration and strategic planning. Three-day planning meetings were held four times a year, and participants were encouraged to envision a new and different system of service delivery. Local partnerships have the authority to make decisions regarding funding priorities and to hold local service providers accountable for outcomes. Local partnership boards are made up of community leaders, child care providers, parents, teachers, human service professionals, religious leaders, and business people.

Smart Start began with funding of \$20 million in 1993-94. That amount had been increased to \$216 million by 1999-2000. At least 10 percent of the total budget must be provided by private sources, and that requirement has been exceeded every year. All major banks in North Carolina have signed on as corporate sponsors. Funding is provided to 81 local partnerships serving all 100 North Carolina counties.

Research and evaluation has been a crucial component of the work of NCPC. With strong ties to the Frank Porter Graham Center at University of North Carolina, Chapel Hill, NCPC has established a process for evaluating state and local initiatives. All initiatives are tied to research and evaluation. Parent surveys, staff surveys, qualitative and quantitative research is conducted. Long-term follow-up has been planned and is on-going.

Results from their research and evaluation efforts indicate that higher quality child care has been provided to 294,000 children due to Smart Start, and more than 48,000 new child care spaces have been created. In addition, more than 297,000 children have received early intervention and preventative health screenings with Smart Start funding, and more than 158,000 parents have received education and resources through home visits, health checks, family literacy services, and materials provided to families of newborns.

Furthermore, studies have found that children participating in quality improvement Smart Start programs have better cognitive and language skills and fewer behavior problems than children in centers that do not participate. More child care facilities are enrolling children with special needs, and Smart Start has been successful at improving collaboration and coordination between local services and agencies. In addition, Smart Start children are more likely to be immunized on time and to have a regular source of health care. Smart Start has also improved teacher education, retention, and wages.<sup>370</sup>

NCPC also worked to establish a new licensing system, passed by the General Assembly in 1999. The five star rating system provides incentives for programs to improve the quality of care and be assigned a greater number of stars (e.g., higher subsidy reimbursement rates, grants). The license, which must be posted for parents to see, indicates the level of quality by darkening those stars corresponding to the level of quality of the program. The Early Childhood Environment Rating Scale, the Infant/Toddler Environment Rating Scale, and the Family Child Care Rating Scale are used by trained assessors, along with information regarding staff training and education, to determine the number of stars assigned.

North Carolina is also the creator of the Teacher Education and Compensation Helps (T.E.A.C.H.) Program, a scholarship program that addresses retention and compensation. Through its National Technical Assistance Center, T.E.A.C.H. has been implemented in over 20 other states, including Florida. The Child Care WAGE\$ Project is another program that is receiving national attention. Begun by a local partnership site and expanded into a statewide program, WAGE\$ provides education-based salary supplements to low-paid teachers and family child care providers (making less than \$14.45 per hour) and directors (making less than \$15 an hour).

## Ohio

Ohio established a Family and Children First Initiative in 1992. At the state level, a Families and Children First Council (made up of 8 state agency heads) focuses on improving access to, and delivery of, education, health, and social services for children and families. Accompanying local councils are in all 88 counties throughout the state. Family advocates promote family involvement on the councils. These entities are charged to focus on all ages of children and families in the context of three basic goals: access to early care and education for every family that wishes it, improved child health, and increased family stability. The state-level council and agency staff provide training and technical assistance to the local councils. Some state funds are available to support local coordination efforts; however, the focus is on efficiency and coordination. The newest effort is to develop a Children's Budget, identifying all budget items for children's services and attaching those items to outcome measures.

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<sup>370</sup> North Carolina Partnership for Children, 2002

*Early Start* links families with infants and toddlers at risk of abuse, neglect or developmental delays to health, education and social services. It includes home visiting and parenting education. TANF and state funds are utilized for this program, and it serves all TANF families. *Welcome Home* is a home visiting program for first-time and teen parents of newborns. This program is available to all first-time parents. All participants receive one home visit by a registered nurse who provides health and development information and makes community referrals as needed. *Help Me Grow* provides wellness guides and coupon books promoting preventive health care for pregnant women and families with young children. It also operates a "help line" and is sustained with state funding.

### Oklahoma

In Tulsa, Oklahoma, a community development corporation has focused on developing service linkages and integration. Their strategies include adopting national child development and family support program models, strengthening the skills and opportunities for those who work directly with children and their families, and helping families meet both economic and parenting goals. In this process, they have utilized Head Start, Early Head Start, First Start, and Even Start to coordinate an array of services for young families. Utilizing the promising HIPPY parenting program and Head Start performance standards (with federal waivers), the community development corporation created an innovative home-visiting program they named HIP-Start.

In addition, a family child care housing rehabilitation program has been established that is connected to an array of supports. Low-income families, including those wanting to establish a family child care business, can work toward purchasing a home through the home ownership program, enroll in a small business development program, participate in an individual development account (IDA) program, receive help to accumulate savings toward home ownership, access tax preparation assistance, and participate in case management services. Participants are tied to Head Start, Early Head Start, and First Start programs.

### Oregon

In 1988, the state of Oregon developed a 20-year strategic plan and identified 259 benchmarks to measure progress. The state organizes reform efforts and directs funds toward achievement of these goals. Yearly reports are provided to the people of Oregon on progress that has been made on each goal, and a Progress Board was established in 2001 legislation to ensure steady progress toward the benchmarks. Established within an independent state agency, the board is made up of legislative, agency, and private representatives and provides guidelines for agency performance measures, makes recommendations regarding cross-agency coordination, assists local communities in planning, and reports to the legislature and governor.

The goal of the State Commission on Children and Families, established in 1993, is to foster interagency collaboration among programs and services for children from birth to age 18 and their families. The Commission, with membership appointed by the governor, sets guidelines for planning, coordination, and service delivery and provides training, technical assistance, and staff funding for local county commissions. Local commissions must develop a coordinated Community Plan, which includes an early childhood plan for children prenatally to age 8.

The State Commission's budget in FY2000 was \$37 million and all but 8 percent was released to counties including a \$4 million early childhood grant stream, *Great Start*. The State Commission also promotes the use of state benchmarks to drive program planning, services, and outcomes.

*Great Start* provides flexible funds to County Commissions on Children and Families to fill gaps in services and preventive programs for families with children up to age 6. Services focus on health, mental health, child development, parent education and family support. The program is now in all 36 counties. *Babies First* is a home-visiting program that offers screening, health education, family support, parent information, referrals and follow-up case management. Nurses deliver services to families with at-risk infants and children up to age 4 in all 36 counties.

### **Pennsylvania**

Pennsylvania's child welfare system is state-supervised and county-administered. Local agencies are able to collaborate with community-based agencies and service organizations to design programs, services, and intervention strategies that are sensitive to local needs and values. County employees working in concert with local service providers deliver child welfare and juvenile justice services that include prevention services (e.g., Family Centers, I Am Your Child, Parent/Child Home Visitation, Family Service System Reform, and Children's Trust Fund prevention programs), protective services, in-home services, placement services, foster family care services, residential services, and adoption services. In addition, income maintenance, medical assistance, mental health and substance abuse services, mental retardation assistance, and social services are coordinated through the same offices.

The Office of Children, Youth and Families recognizes its successes with public/private sector collaboration as one of its greatest strengths and successes. Examples of local-level collaborations include:

- ❖ Community Boards, comprised of public and private agency staff, community members, and consumers, to identify barriers to service accessibility and delivery and to evaluate service effectiveness.
- ❖ *Communities that Care* promotes statewide collaboration between local agencies and communities to develop early childhood intervention and prevention programs to address teen pregnancies, drug and alcohol abuse, delinquency and adolescent problems.
- ❖ The Child and Adolescent Service System Program focuses on multi-disciplinary service coordination to assist children and youth with special needs.

- ❖ The Statewide Adoption Network (SWAN) facilitates a network of public and private adoption agency resources that have helped county agencies reduce the amount of time spent in placements and increase the number of adoptions of minority children.

Examples of state-level collaborations include:

- ❖ Development of the Pennsylvania Standards for Child Welfare Practice through collaboration between public and private agencies and service organizations.
- ❖ Development of the Visitation Manual that includes parent-child visitation standards, sample visitation plans and forms, and a training protocol for use of the manual.
- ❖ The Statewide Collaborative Board brings together state and local partners to identify and eliminate barriers within public and private child welfare systems.

As evidence of system success, program administrators point out that Pennsylvania has successfully met the national standards for safety outcomes (i.e., the recurrence of maltreatment rate was less than the national standard of 6.1% and the incidence of child abuse and neglect in foster care was substantially below the national standard of .57%) and has steadily increased the State's adoption rate since 1998.

### **Rhode Island**

*Starting Right* in Rhode Island has included a number of efforts to improve access to, affordability of, and quality of early care and education. This initiative has increased subsidy rates, expanded subsidies for working families, provided health insurance subsidies to the employees of licensed child care centers and certified family child care providers, extended subsidies for after-school care, augmented training resources and accreditation support, and provided funding for program expansion.

### **South Carolina**

The South Carolina legislature passed the First Steps to School Readiness legislation in 1999. Communities may use state general revenue (\$30 million in 2001) and private contributions (\$7 million in 2001) to increase comprehensive services to children in order to reduce risk for major physical, developmental, or learning problems. The state board is chaired by the governor and includes the state superintendent of education, eleven representatives of state agencies and organizations, and twenty citizens. Local partnerships include a variety of service provider representatives, members from government agencies, and parents. Thus far, funds have been used to increase professional development, accreditation, family literacy, parent skill-building, health screenings, family support services, and the supply of early care and education.

## Vermont

In the early 1990s, the Secretary of Vermont's Agency for Human Services developed a partnership with the Secretary of the Department of Education. Their goal was to develop a plan for more cooperative and effective delivery of services and devolution of decision-making to local community partnerships. In 1996, the Annie E. Casey Foundation began working with Vermont on its community partnership initiative. The community partnerships have now flourished and the system includes the following components:

The Early Childhood Steering Committee includes agency representatives, community partners, child care providers, and parent groups. The Committee works to provide a unified, comprehensive early childhood system and identifies and integrates the resources and services needed for the plan. This group is also responsible for developing statewide benchmarks and supporting local public/private partnerships.

There are two local level partnerships. Community Partnerships coordinate services and supports for families with children of all ages. The Early Childhood Councils coordinate services for children prenatally to age 8. One aspect of service delivery is parent-child centers. A network of regional centers serves as the hub of planning and service delivery for young children and families. The Early Childhood Steering Committee provides oversight. Success by Six helps to integrate programs and mobilize community participation. Core services include family support, home visiting, screenings training for early childhood staff, family literacy, welcome baby visits, parent-child interaction groups, parent education groups, and health linkages.

Parent-Child Center staff, state employees, state college staff, and other service providers offer service coordination and assistance to teen parents and other participating families. Services are available to all families. Reports relative to community progress on identified benchmarks and outcomes are produced and used by Parent-Child Center staff and other community leaders to plan services.

## Florida's Efforts at Integration of Services

### The Florida School Readiness Act

The passage of the Florida School Readiness Act in 1999 promised a more integrated school readiness system for Florida's young children. Provided with federal Child Care and Development Block Grant, state prekindergarten, migrant prekindergarten, Title I, and teen parent program funds, state and local partnerships were charged with creating a more efficient, coordinated system of early childhood programs. There were many specific requirements included in the legislation for local planning, activities, and outcomes. To date, achievements include the creation of a simplified point of entry for school readiness services and a unified waiting list for early care and education services in most coalitions. In addition, a few coalitions have successfully leveraged contributions from private entities and foundations<sup>371</sup>.

Although initially the center of national attention, concerns have been raised regarding some interpretations of the legislation and recent changes. The impact of many of these changes is yet to be determined. Concerns include:

- ❖ Although the initial legislation called for the lieutenant governor, Commissioner of Education, and several state agency heads to serve on the Partnership Board, representatives of these leaders typically participate.
- ❖ Authority over the Partnership was transferred from the governor's office to the Agency for Workforce Innovation in May, 2001. With the passage of the universal prekindergarten ballot initiative in November of 2002, there is discussion of another move for the Partnership.
- ❖ No new dollars were committed to the initiative.
- ❖ In 2001, the legislature repealed a series of statutes including standards for prekindergarten programs and a Gold Seal three-tiered rating system that tied reimbursements for subsidized child care providers to the quality of services provided. Counties now receive these funds and have some discretion over program standards and reimbursement rates. This discretion is severely limited, however, by requirements on the number of children that must be served and limited funding flexibility.
- ❖ The administrative responsibilities of overseeing a child care subsidy system, prekindergarten programs, and other programs have overwhelmed many local coalitions, particularly rural ones.
- ❖ Inadequate resources were initially dedicated to state-level staffing. In the first year, there were only three full-time and two temporary staff members. Many technical assistance needs of local coalitions were unmet<sup>372</sup>.

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<sup>371</sup> Miller et. al, 2002

<sup>372</sup> Miller et al., 2002

## Florida Children's Services Councils

Florida Statutes empower local voters to levy ad valorem taxes (e.g., property taxes) designated specifically for children's services. By Florida state statute, a children's services district may be created by a county. It must be officially created by action of the county government (board of county commissioners), have boundaries coterminous with the county's and have a governing board of 10 members. Five are permanent members defined in the statute: the superintendent of schools, one local school board member, the district administrator of the local Department of Children and Families (the state's social service agency), a juvenile court judge and one member of the board of county commissioners. The Governor appoints the other five board members for four-year terms. In Florida counties, a district board is called a children's board, a children's services council (CSC) or a juvenile welfare board.

If the district board is to raise revenue through taxation, the board of county commissioners must put before the voters a referendum authorizing the district to collect property tax not to exceed 50 cents per \$1,000 of assessed valuation. If taxing authority is granted by majority vote in the referendum, the district must prepare an annual budget that includes the millage rate needed to raise the budgeted revenue. This budget is submitted to the board of county commissioners each year by July 1. The Florida statute specifically states that the county board (or any other local authority) may not modify the district board's submitted budget. The law also provides that after one year of operation of the board, the county may choose to fund the children's services budget from county revenue. There are 15 children's services councils across the state of Florida:

- ❖ 8 are independent special taxing districts, and
- ❖ 7 are dependent authorities (e.g., dependent upon local governmental entities for funding).

The first independent children's services council, the Juvenile Welfare Board, was established in 1946 by a local bill passed in the Florida Legislature in 1945. In 1986, the Florida Legislature passed the Juvenile Welfare Services Act that allows every county to create a special district for children's services with a governing board and the authority to levy taxes. These independent authorities are governed by Chapter 125 of the Florida Statutes and are controlled by their local communities. Annually, each independent district sets its own millage rate.

### ***The independent children's services councils are:***

#### **Broward County**

Cindy J. Arenberg, Esq., Director, Broward County CSC  
351 N. State Road 7, Suite 200, Plantation, FL 33317  
Phone: 954-377-1000 -- Fax: 954-377-1683  
Email: [carenberg@cscbroward.org](mailto:carenberg@cscbroward.org) -- Web: [www.cscbroward.org](http://www.cscbroward.org)

#### **Hillsborough County**

Luanne Panacek, Executive Director, Children's Board of Hillsborough County  
1205 E. 8<sup>th</sup> Ave., Tampa, FL 33605  
Phone: 813-229-2884 -- Fax: 813-228-8122  
Email: [lpancek@childrensboard.org](mailto:lpancek@childrensboard.org) -- Web: [www.childrensboard.org](http://www.childrensboard.org)

### **Martin County**

Harry A. Yates, Executive Director, CSC of Martin County  
2030 S.E. Ocean Blvd., Stuart, FL 34996  
Phone: 772-288-5758 -- Fax: 772-288-5799  
Email: hayates@csc.martin.fl.us -- Web: www.martin.fl.us/GOVT/csc/home.html

### **Miami-Dade County**

Modesto E. Abety, Interim Director, The Children's Trust  
111 NW First St., 22<sup>nd</sup> Floor, Suite 2210, Miami, FL 33128  
Phone: 305-375-5356 -- Fax: 305-375-3997  
Email: MOCSC@aol.com -- Web: www.thechildrenstrust.org

### **Okeechobee County**

Cathy Blair, CSC of Okeechobee  
P.O. Box 2972, 100 S.W. 5<sup>th</sup> Avenue, Okeechobee, FL 34973  
Phone: 863-462-5000 -- Fax: 863-462-5014  
Email: blair\_c@popmail.firn.edu

### **Palm Beach County**

Tana Ebbole, Executive Director, CSC of Palm Beach County  
1919 N. Flagler Dr., West Palm Beach, FL 33407  
Phone: 561-655-1010 -- Fax: 561-835-1956  
Email: tana@cscpb.org -- Web: www.cscpb.org

### **Pinellas County**

James E. Mills, Executive Director, Juvenile Welfare Board of Pinellas County  
6698 68<sup>th</sup> Ave. N., Suite A., Pinellas Park, FL 33781-5015  
Phone: 727-547-5600 -- Fax: 727-547-5610  
Email: jmills@jwbpinellas.org -- Web: www.jwbpinellas.org

### **St. Lucie County**

Kathryn Basile, Executive Director, CSC of St. Lucie County  
So. County Admin. Bldg., 250 N.W. Country Club Dr., Suite 240, Port St. Lucie, FL 34986  
Phone: 561-462-2143 -- Fax: 561-462-2134  
Email: kbasile@tctg.com -- Web: www.cscslc.org/

***The children's services councils that operate within the auspices of a local governmental entity are:***

### **Duval County**

Dorcas Tanner, Interim Executive Director, Jacksonville Children's Commission  
421 W. Church St., Suite 222, Jacksonville, FL 32202-4150  
Phone: 904-630-3647 -- Fax: 904-630-4983  
Email: tanner@coj.net, Web: www.jaxchildrenscommission.org/

### **Highlands County**

Kevin Roberts, Director, Human Services of Highlands County  
P.O. Box 1926, Sebring, FL 33871-1926  
Phone: 863-402-6628 -- Fax: 863-402-6625

### **Indian River County**

Joyce Johnson-Carlson, Indian River CSC  
1840 25<sup>th</sup> Street, Vero Beach, FL 32960-3365  
Phone: 561-567-8000, Ext 422 -- Fax: 561-978-1798

### **Lake County**

Emily A. Lee, Executive Director, CSC of Lake County  
315 Main St., Room #118, P.O. Box 7800, Tavares, FL 32778-7800  
Phone: 352-343-9405 -- Fax: 352-343-9896  
Web: www.co.lake.fl.us/citizens.htm

### **Manatee County**

Kathy Ketterer, Children's Services Coordinator  
P.O. Box 1000, 1112 Manatee Ave. W., 3<sup>rd</sup> Floor, Bradenton, FL 34205-1000  
Phone: 941-749-3030 -- Fax: 941-749-3040  
Web: [www.co.manatee.fl.us](http://www.co.manatee.fl.us)

### **Orange County**

Tyra Witsell, Manager, Orange County Citizens' Commission for Children  
1718 E. Michigan St., Orlando, FL 32806  
Phone: 407-836-7686 -- Fax: 407-836-6556  
Email: [tyra.witsell@co.orange.fl.us](mailto:tyra.witsell@co.orange.fl.us) -- Web: [www.orangecountyfl.net/Dept/hfs/ccc/](http://www.orangecountyfl.net/Dept/hfs/ccc/)

### **Volusia County**

Peggy Johnson, Coordinator, Volusia County Children and Families Advisory Board  
123 W. Indiana Ave., DeLand, FL 32720-4604  
Phone: 386-943-7039 -- Fax: 386-943-7011  
Email: [pcjohnson@co.volusia.fl.us](mailto:pcjohnson@co.volusia.fl.us) -- Web: [www.volusia.org/community\\_assistance/children.htm](http://www.volusia.org/community_assistance/children.htm)

The Whole Child Project in Palm Beach County, utilizing a case study of the county's own experiences, has developed a template for other counties on how to create a children's services council. The paper may be accessed on the Whole Child Project website at [www.wholechildproject.org](http://www.wholechildproject.org).

Designated funding for children's services provides the flexibility so very important to service integration, and many are successful at engaging the public in children's issues, leveraging additional dollars, and coordinating services for the children of their counties. To date, over \$230 million in revenues have been generated by these districts for the purpose of supporting children's initiatives. Unfortunately, there has not been any systematic evaluation of Florida's system of children's services councils that would provide evidence of effectiveness and impacts across all special districts.

## **Two of Florida's Prevention Systems**

Two categorically implemented systems within the Florida Department of Children and Families include the substance abuse prevention and the child abuse and neglect prevention systems. There is no overall strategy for the state across all programs. Although this lack of integrated systems was described in 1991 to the Florida Legislature, it remains the case today.<sup>373374</sup>

The Florida Prevention System is a comprehensive proposal for integrated service delivery designed as the prevention component of the Florida Drug Control Strategy. Funded by a federal State Incentive Grant and administered by the Substance Abuse Program Office, the vision outlined in The Florida Prevention System was developed by the Florida Youth Initiative, a cooperative effort between state agencies, local coalitions, community-based organizations, school districts, health departments, and program staff.<sup>375</sup> With recommendations regarding policy, resources, collaboration, and research and evaluation, the plan utilizes a resiliency framework to support an integrated system of services.

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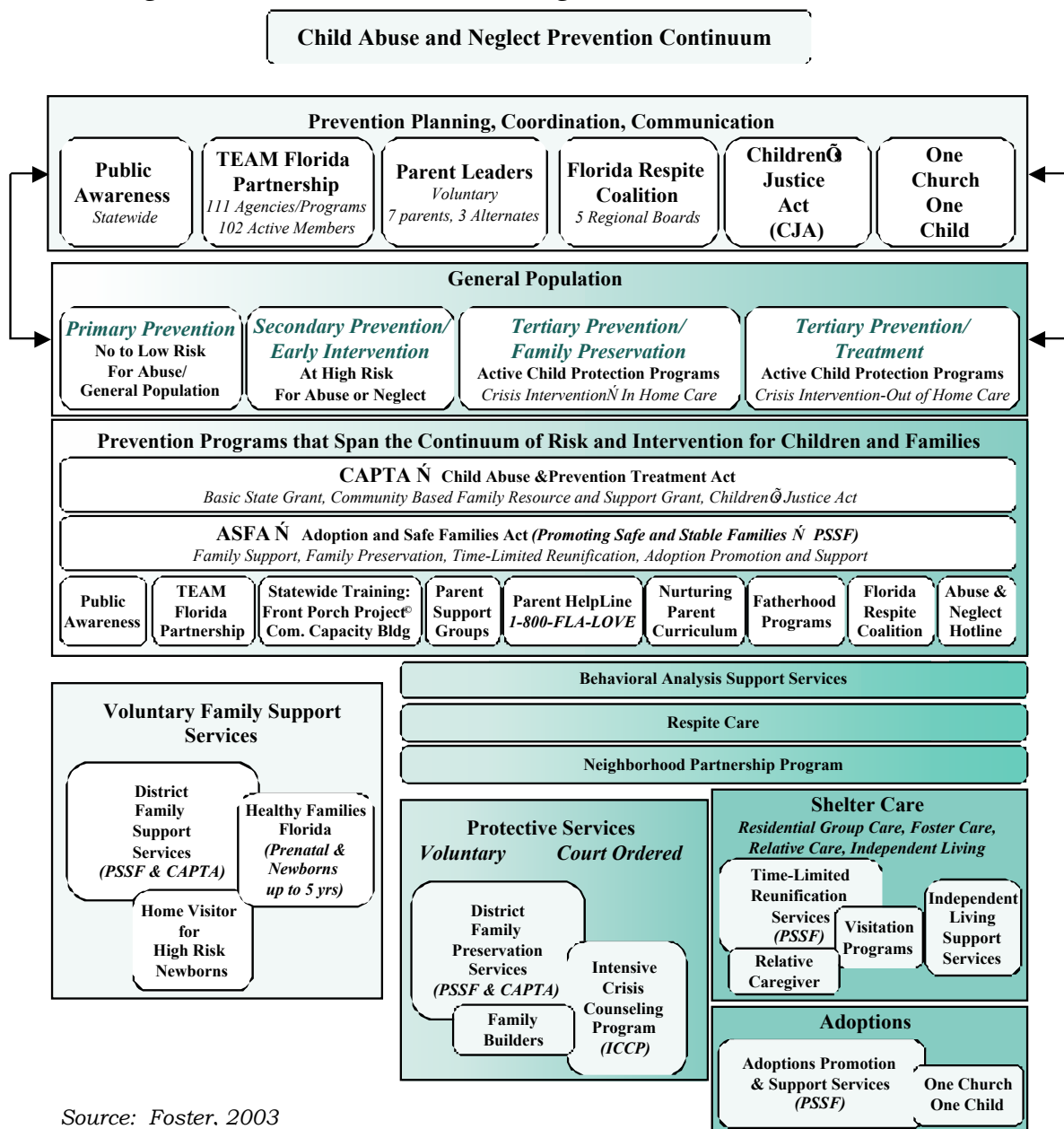
<sup>373</sup> Friedman, 1991

<sup>374</sup> Friedman, 2002

<sup>375</sup> Florida Youth Initiative, 2002

In the Office of Family Safety, the Child and Family Services Plan lays out similar strategies for the prevention of child abuse, abandonment and neglect. This plan was developed with extensive input from the districts and regions served by the Department of Children and Families and their cross organization local advisory councils along with recommendations from the TEAM Florida Partnership at the state level. The TEAM Florida Partnership is a network of child serving agencies, organizations, programs, advocates, consumers, legislative staff, Governor's staff and community facilitators. It is committed to providing collaborative leadership that improves policies, programs and community support for Florida's children and families. Figure 6 provides a schematic of the components of the abuse and neglect prevention continuum in Florida.

**Figure 6. Child Abuse and Neglect Prevention Continuum**



Source: Foster, 2003

As shown in Figure 6, Child Abuse and Neglect Prevention Continuum, the State operates with four levels of prevention efforts:

- ❖ Primary Prevention refers to programs and services designed to promote the general welfare of children and families among all of Florida’s residents.
- ❖ Secondary Prevention (sometimes referred to as early intervention) is the identification of children who are in circumstances where there is a high risk that abuse will occur and assistance, as necessary and appropriate, to prevent abuse and neglect from occurring.
- ❖ Tertiary Prevention means those services provided after abuse or neglect has occurred. They are designed to prevent the recurrence of abuse or neglect. There are two types of tertiary prevention efforts in Florida
  - ✓ Family Preservation seeks to preserve the family through the provision of in-home care.
  - ✓ Treatment Services are those that require the removal of the child from the home (through foster care and potentially adoption and support) while determining if the child should or should not be reunited with his/her parent(s).

The Department of Children and Families proposed “Re-forming the Social Service Business Partnership” in February 2003.<sup>376</sup> As part of the proposal, the agency laid out action steps for the development of a unified prevention plan within the Department and across state agencies in order to create a prevention continuum of services. Two current programs that build on cross-organizational efforts and supports in the existing continuum of services that will most likely be expanded in Florida are the Neighborhood Partnership Project and Healthy Families Florida.

### **Neighborhood Partnership Project**

The Neighborhood Partnership Project is a secondary prevention and intervention program that is based on a model developed and championed by the Edna McConnell Clark Foundation. In 2002 –2003, the program was operating in 11 counties around Florida. Service areas are based upon targeted neighborhoods with high risk for abuse and neglect. These programs use strategies to create partnerships within targeted communities, linking child protective service agencies with extended lists of other community members, grassroots organizations, businesses and other area social service providers. Churches, full-service schools and drop-in community centers located in the targeted geographic areas serve as a hub or base for community involvement. Community residents are tapped, mentored and supported into becoming leaders who can address local community priorities and children and families’ issues.<sup>377</sup>

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<sup>376</sup> Department of Children and Families, 2003

<sup>377</sup> Department of Children and Families, 2000

## Healthy Families Florida

Healthy Families Florida is another state secondary prevention initiative with promising elements of integration. With 37 projects serving targeted areas in 49 counties, Healthy Families Florida works to address the complicated issues surrounding child abuse and neglect prevention. This program targets families with enough risk factors (see Section II) to be considered at a higher risk of child abuse and neglect. Participants benefit from home visits, parent skill-building opportunities, parent-child interaction supports, child development information, and linkages to health care. A partnership between Healthy Start and Healthy Families Florida has resulted in a joint screening tool and reduced duplication, and a cooperative agreement with the Head Start State Collaboration Office is now under development. The collaboration is expected to result in increased opportunities for resource sharing between programs and enhanced continuity of care for participating families. Although quite successful, the program is not available statewide.

## The Whole Child Project

The Whole Child Project of Manatee County is an effort to integrate community-wide services for families with young children. Although “young” in organizational years (in their third year of development), the effort has already been successful in bringing a broad array of community service providers to the table, involving parents, sharing information about children and families across agencies, completing joint strategic planning, and developing the groundwork for collaborative resource allocation. An internet-based family needs identification and resource matching instrument that includes a community capacity and evaluation component is a very innovative tool that the project is using.<sup>378</sup>

## Lessons Learned from Promising Practices

Initiatives that strive to integrate services and supports for children and families offer a promising approach to improving the quality and scope of service delivery. When well-planned, local efforts can meet the unique needs of diverse communities and build constituencies of support for child and family issues. Poorly planned efforts, however, can lower expectations and support and hurt families. Fortunately, there are elements of successful initiatives to guide future initiative development.<sup>379</sup>

Funding flexibility is one of the important lessons learned. Increases in funding may not be essential to making system change. Nonetheless, new funding is essential in order to address access to care and to improve the quality of care. Some of the most innovative services and programs begin during times of budget cuts, and status quo service delivery is most likely during times of funding stability and increases. Even with increased efficiencies, however, initiatives need

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<sup>378</sup> Berquist, Largent & Largent, 2001

<sup>379</sup> Miller et al., 2002

additional dollars to create systems that will ensure access to all families in need, and increasing quality of care requires funding for professional development, lowering caseloads, resource development, and new equipment. New funding can also provide the flexibility that communities need in order to integrate services. For example, the influx of new funding in California enabled local communities to quickly make an impact on local services.

The importance of a strong evaluation plan was a crucial lesson learned from many integration efforts. In too many cases, it is difficult to judge the efficacy of decisions and services because adequate evaluation has not occurred. All too often evaluation is inadequately funded, planned, implemented, and analyzed. Limitations of different types of data collection are not given careful forethought. New initiatives are at greater risk of defunding during changes in leadership without outcome data to validate the programs and services.

Without a clear vision and strong leadership, efforts frequently lose support and funding. Although some tensions regarding individual programs and funding are natural, it is important that a broad vision bring people together as a constituency. Influential and articulate leadership can help bring partners to the table and build broader support among important allies. Many states utilized a cabinet-type body to bring together state agency and legislative leaders.

Another lesson learned was that reasonable expectations must be set from the beginning. Unreasonable expectations set initiatives up for early failure that can have lasting consequences for future efforts and investments. One aspect of reasonableness is the adequate provision of technical assistance to local entities in order to facilitate success. In several cases, extensive technical assistance was provided regarding coalition building, community assessment, and capacity building. Appropriately measuring progress and effectively communicating results is also essential for sustainability of the effort