

Integrating the Human Service System:

Final Evaluation of the New York State Integrated County Planning Initiative

Prepared for:

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EXECUTIVE SUMMARY

Introduction

This report is a culmination of five years of evaluating the implementation of the Integrated County Planning (ICP) initiative, a multi-county demonstration project designed to coordinate planning within the human service delivery system across New York State. At the State level, ICP is funded and administered by the Office of Children and Family Services (OCFS) but also involves the partnership of a number of State agencies – Office of Mental Health, Council on Children and Families, Division of Probation and Correctional Alternatives, Department of Health, Education Department, Office on Mental Retardation and Developmental Disabilities, and the Office of Alcoholism and Substance Abuse Services. At the local level, ICP supported 16 counties with five-year grants of \$65,000 annually, New York City with a five year grant of \$200,000 annually, and an additional 15 counties with one-year grants of \$10,000.

The overall goal of ICP is to improve outcomes for children, youth and families by integrating planning around seven key concepts:

- Locally controlled interagency planning coordination
- Stakeholder involvement
- Human development continuum approach
- Community asset building
- Outcome based orientation
- Family-centered perspective
- Resource allocation prioritization

The original RFP offered the Chief Executive Officer of each county funding to experiment with the development of a coordinated, more comprehensive planning process for human services. The local experience was intended to provide OCFS with useful input for designing new planning requirements and more flexible funding mechanisms.

Description of the Evaluation

The evaluation was conducted by the Center for Human Services Research of the University at Albany. Data collection and analysis focused on implementation processes and the achievement of intermediate goals related to county planning. The evaluation is intended to inform future efforts to integrate planning by presenting model practices and the lessons learned.

The research team used a multi-faceted approach that involved a combination of data collection methods including document review, surveying, in-depth interviews, focus groups, and observation.

County Accomplishments and Challenges

ICP counties had many accomplishments. All counties organized core coordinating teams with a broad cross section of membership. Overall, the team members felt they were effective in developing a shared vision and advancing local planning in their counties. Their effectiveness

was partially attributed to the strong leadership of ICP Coordinators. While counties grappled with sustaining community involvement in ICP, they were creative in their efforts to inform and engage local stakeholders. ICP counties had particular success in developing sophisticated needs assessments, a critical first step in integrating county planning. ICP also fostered efficient county administrative practices such as cross-system resource inventories, common grant applications, and cross departmental spending reviews. Commitment to integrated planning continues in some places. Since the conclusion of the evaluation in Fall 2004, the evaluation team learned that many ICP counties have used local resources to continue integrated planning in various capacities, indicating a continuing commitment to ICP principles.

State Level Accomplishments and Challenges

State ICP leaders exerted a lot of effort to promote ICP. Regional forums were convened, a statewide ICP listserv was created, and periodic trainings and networking conferences were conducted. Counties rated these efforts and the leadership provided by the State Project Coordinator very positively. More effort, however, needs to be devoted to strengthening the interagency group, developing the internal workgroup, establishing meaningful plan document requirements with an integrated review process, and clarifying the role of regional offices.

Conceptual Issues

Broadly speaking, ICP had two basic goals: (1) to promote collaborative, interagency county planning and (2) to merge the planning requirements and resulting local planning documents of OCFS. While ICP ultimately resulted in broad accomplishments on a county level, there were a number of unresolved conceptual issues. These included specifying the role of state planning documents in relation to county level planning, providing a clear definition of target populations, balancing State leadership with local control, and involving a broad spectrum of local stakeholders with sustained commitment to community planning.

Recommendations and Lessons Learned

This section offers a series of recommendations and provides a set of ingredients for successful collaboration which resulted from data collection over five years.

Political Support

The literature suggests that involving political leaders and persons controlling resources are factors in successful collaboratives (Harbin et al., 1991; Kagen & Neville, 1993). In 2004, state legislation was passed that authorizes a combined plan (formerly the Consolidated Services Plan and County Comprehensive Plan) by 2008, an indication of executive and legislative support for the initiative. At the county level, when the Chief Elected Official was involved in ICP, county agency representatives felt more compelled to be active and to show a stronger level of commitment.

Strong Team Structure

Researchers identify a strong interagency structure as an ingredient for successful integration (Kahn & Kammerman, 1992; Agranoff, 1985). Teams that we evaluated from other states, including Georgia, Vermont, West Virginia, and Indiana, were comprised of leaders of the member agencies at the commissioner or director levels. The involvement of commissioners and directors from state agencies outside of OCFS on the ICP Interagency Steering Committee was minimal. With strong leadership, the Interagency Steering Committee has great potential to influence integrated planning at the county level. On the county level, the ICP steering committees were generally comprised of commissioners or upper level management.

Data and Needs Assessments

Developing outcome measures and data indicators is a crucial first step in county planning. Uniform goals and objectives for all counties, such as the New York State Touchstones data system, would allow for the sharing of information among the localities and provide an opportunity to identify strengths and weaknesses across the State. In conducting needs assessments, counties should initially rely on published data sources before collecting new data. Many surveys cannot and should not be viewed as the only means to conduct a needs assessment. Counties should consider hiring or assigning a data specialist to maintain, update, and interpret data.

Leadership and Project Coordination

A lack of leadership is a primary reason for failure in many integration efforts (Yessian, 1995; O’Looney, 1997). In general, the State Project Coordinators as well as county coordinators received very positive ratings from their respective teams. County teams attributed strong leadership to much of the success they experienced.

The interviews and the literature discuss several factors that are linked to successful leadership. First, sufficient resources need to be devoted to begin coordinated planning. Whether the coordinator is an independent contractor or a county employee, a point-person is an important factor in the success of a collaborative initiative such as ICP. It is also important to hire a leader who is viewed as neutral, i.e., someone who is not tied to any of the partners.

Communication

Open and frequent communication is vital to the success of integration at every level (Mattessich & Monsey, 1992). New York State developed a good communication system among ICP counties; efforts which should be furthered. Other states we studied had well developed methods for state and county communication. These methods included web pages which posted meeting and event schedules relevant to collaborative efforts, local on-line access to data to measure goals and objectives, and electronic newsletters. Many states also established formal structures to meet the training and technical assistance needs of the counties. The Office of Children and Family Services organized several successful statewide meetings of the ICP counties should continue.

Integrating ICP: Regional Offices and Other Collaboratives

Integrating the regional offices into the team is also essential for effective communication with counties and implementation of the initiative at the local level. The role of regional offices was not consistent throughout the life of this project.

ICP is one of many collaborative efforts among county agencies. The people who sit at the ICP planning table also sit at many other tables. The ICP interagency structure should analyze the collaborative groups operating within counties to determine their purposes and activities and the possibility for partnership among or consolidation of agencies.

State Planning Documents

All parties affiliated with ICP, both at the county and state levels, agreed that the OCFS plan review process needed improvement. On a broader level, the Interagency Steering Committee may consider establishing the same submission deadline for county plans across state agencies. Having some plans due at the same time would enable counties to save resources by coordinating public hearings across systems, where appropriate, and streamlining the needs assessment process. As a result, the needs assessment process would be more coordinated and its reports more comprehensive by addressing the overlapping needs of the county population as a whole.

CHAPTER 1: INTRODUCTION

This report is a culmination of five years of evaluating the implementation of the Integrated County Planning (ICP) initiative, a multi-county demonstration project designed to coordinate planning within the human service delivery system across New York State. We begin this introductory chapter with a conceptual treatment of integrative planning and place ICP in historical context. A discussion of the development of the initiative and a description of the evaluation methodology follows. Subsequent chapters explore implementation at the county and state levels and overall conceptual issues that developed during the course of the demonstration project. Finally, in Chapter 5, we conclude with a discussion of best practices and lessons learned.

Background on Integrated Planning

ICP was designed as a human service planning initiative across a variety of service sectors. The size and complexity of the human service system, however, presents many challenges to this daunting task. Despite the array of obstacles encountered, various efforts to integrate human services planning have persisted over the past thirty years at both the state and national level. While many of these efforts involved service delivery in addition to service planning, we present them here to offer an historical perspective to aid our understanding of collaboration and to place New York State's initiative into a broader context.

The movement to integrate human services began in the 1960's with federal legislation to improve the lives of the poor.¹ Realizing that the problems of poverty encompass many human service agencies, the federal government encouraged its agencies and counterparts at the state level to work towards a comprehensive system. Early in the 1970's, the U.S. Department of Health, Education and Welfare (HEW) was a leading force in reforms that would break down categorical barriers and integrate services across program areas. The term service integration began to appear in policy discussions at this time.

Building on the consensus that human services are too fragmented to meet the multiple needs of people, the integration movement continued throughout the late 1970's and the 1980's, though much of the federal funding became limited (Voydanoff, 1995). The leadership devolved to the state and local levels and the emphasis shifted from comprehensive programming to programs that concentrated on specific target groups such as the aged, runaway youth, developmentally disabled, and juvenile offenders.

In more recent years, foundations have played an increasingly active role in funding and evaluating comprehensive system-reform initiatives. Targeting poor urban neighborhoods that suffered from deteriorating social conditions, these initiatives took different structures and formats but shared two common principles: community building and comprehensiveness (Fulbright-Anderson et al., 1998). The experience of one such initiative, New Futures,² has much to offer the participants in ICP. Aimed to prepare disadvantaged urban youth for successful lives

¹ Most researchers cite the enactment of the Economic Opportunity Act of 1964 as the starting point for the integration movement (Agranoff, 1991; DHHS, 1991; Kagan and Neville, 1993).

² New Futures was a five-year initiative funded and evaluated by the Annie E. Casey Foundation.

as adults, the initiative encouraged its participating communities to develop “a fundamental restructuring of the way these communities planned, financed, and delivered” services to at-risk youth (AECF, 1995).

A key lesson learned from New Futures was that “in some low-income communities, service-system and institutional-change initiatives, by themselves, cannot transform poor educational, social and health outcomes for vulnerable children and families” (AECF, 1995 p. vii). Any efforts to improve outcomes of children and families have to be truly multi-faceted, including economic and social-capital initiatives.

More recently, the Annie E. Casey Foundation has advanced another community revitalization initiative names Making Connections. Similar to ICP, Making Connections organizes local teams to strengthen families and communities. In contrast to ICP, however, the focus is on “tough or isolated communities” rather than county-wide, with a stronger economic development focus. There are a set of six core results that are used to frame the work at each site. They are:

- Families have increased earnings and income
- Families have increased levels of assets
- Children are healthy and ready to succeed in school
- Families, youth, and neighborhoods increase their civic participation
- Families and neighborhoods have strong informal supports and networks
- Families have access to quality services and supports that work for them

The Pew Charitable Trusts have also supported a number of community revitalization initiatives over the past 12 years. There are four major programs: Civic Change Project, Pew Civic Entrepreneurship Initiative, Wanted: Solutions for America, and Leadership Plenty. Through the experiences with these initiatives, Pew proclaimed that a community can prosper only if it is thinking simultaneously and over the long term of five separate but interrelated issues. These are: the well being of children and families, the availability of living wage jobs, the importance of safe and affordable places to live, access to capital of all types (financial, social and human), and presence of strong networks of leaders in every part of the community.

Defining Integration³

The meaning of service system integration has varied over time and across disciplines. Definitions range from a narrow meaning of “doing a better job of coordinating across human service programs and organizations” to a broader one of “the fundamental restructuring of human services organizations to improve service delivery at the neighborhood, community, county, and regional levels” (Austin, 1997). Former HEW Secretary Elliot Richardson’s definition in 1971 is commonly cited to describe service integration:

³ For a complete review of literature on human services integration, please refer to Appendix B.

“Service integration refers primarily to ways of organizing the delivery of services to people at the local level. Service integration is not a new program superimposed over existing programs; rather, it is a process aimed at developing an integrated framework within which ongoing programs can be rationalized and enriched to do a better job of making services available within existing commitments and resources” (DHHS, 1991).”

One important strategy suggested by scholars over the years of evaluating service integration efforts is to conceptualize the type of integration being pursued (Agranoff & Pattakos, 1979; Kagan & Neville, 1993; Yessian, 1995). We have found the following four domains of integration helpful in our understanding of ICP.⁴

1. Client-Centered Domain: The main goal is to improve the service system’s responsiveness to the multiple needs of clients. This may involve joint efforts by two or more service providers to conduct client outreach, intake, assessment, referral, or follow-up; to provide case coordination through a case manager or case conference approach; or to bring services closer physically through co-location of services or transportation of clients from one service facility to another.
2. Program Domain: Linkages here involve meshing activities of separate agencies to seek program efficiencies rather than to achieve program responsiveness to client needs. Examples include fiscal linkages such as joint funding; personnel linkages such as joint use of staff or common training; program linkages, such as joint development of evaluation instruments; and support linkages such as combined record keeping.
3. Policy Domain: This type of integration encompasses the categorical boundaries of various human service programs. It focuses on issues rather than programs. It involves weaving together information from various sources, often through councils or task forces, to assess needs, establish priorities, plan services, and monitor activities.
4. Organizational Domain: Service integration in this domain calls for the consolidation of formerly independent agencies or even the formation of entirely new agencies with broadly based responsibilities. This domain was most visible in the 1970's when umbrella human service agencies were often viewed as a way of exerting a more unified direction over the fragmented human service field.

While most service integration initiatives span across the various domains because they involve different levels of coordination, ICP is best characterized by the policy domain. The original ICP Request for Proposals (RFP), calls for developing a process “that goes beyond coordination of professional services and programs” (OCFS, 1998). The planning activities commonly involve the type of activities associated with the policy domain: needs assessments, prioritization of issues and goals, and identification and selection of strategies. Also, the project involves a partnership of various human service agencies at the state and local levels serving children, youth, and families.

⁴ Though other researchers identify these domains in a similar fashion, this section liberally borrows from Yessian’s 1995 article.

The policy level of integration has the most potential for change since the participants have control over resources and authorities. However, the literature indicates that this domain is the most risky of the four because of its sensitivity to pressure from constituents and the differing interests of participating agencies.

History of Integrated Projects in New York State

ICP is not the first attempt in New York State to integrate services across various human service agencies. These integration initiatives had their unique project names and involved different agencies depending upon the target populations and program objectives. However, all attempts shared the goal to achieve better outcomes for children, youth, and families. Some attempts succeeded, resulting in the passage of legislation and the institutionalization of programs. Others attempts can only be traced through reports and memoranda left behind. In order to provide a better understanding of ICP, a few of the most relevant collaborative projects will be examined.⁵ We emphasize collaboratives that fall primarily in the policy domain.

The researchers consider one of the earliest attempts by New York State to develop a coordinated human service agenda to be the formation of the New York State Council (The Council) on Children and Families; established by legislation in 1977. The Council sits in the Executive Department and is charged with facilitating coordination of services to children and families. It is comprised of 13 member agencies.⁶

Over the past two decades, the Council has led a number of initiatives to integrate human services. In 1981, the Council directed a two-year project designed to ameliorate concerns over disjointed and inefficient services to the court-related youth population. Three state agencies were involved in this project – the Department of Social Services, the Department of Probation, and the Division for Youth. This effort culminated in legislation establishing the PINS (diversion program, often cited as one of the earliest and most successful attempts to integrate service delivery in the state. Part of the PINS diversion effort involved an analysis of the different planning requirements of the three state agencies. This effort was documented in the report, “Coordinated Planning: An Approach to Improving Services for Court-Related Youth,” published in 1983.

In 1988, the Interagency Task Force on Children and Youth was established to integrate children’s services. The Task Force consisted of commissioners of various agencies and a few members of the legislature. Local planning for children, youth and families was one of the five areas addressed by the Task Force. Recommendations were outlined in the report, “There ARE Better Ways to Serve Children.” Based on the recommendations, the Governor submitted the Integrated Services Planning legislation (Program Bill #90) in 1989 to permit counties to present

⁵ The number of collaborative projects operating in New York State is enormous. The authors selected some of the more important and groundbreaking efforts that specifically relate to planning. However, this list is not all-inclusive.

⁶ The Council currently consists of the following members: Office of Temporary Assistance and Disability Assistance, Office of Children and Family Services, Department of Health, Department of Labor, Office of the Advocate for Persons with Disabilities, Office for the Aging, Office of Alcoholism and Substance Abuse Services, Division of Criminal Justice Services, State Education Department, Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Division of Probation and Correctional Alternatives, and Commission on Quality Care for the Mentally Disabled.

a single, three-year integrated plan for children and family services that would replace at least eight existing plans. However, the legislation never passed. While this effort did not culminate in passing legislation, recommendations for actions to integrate planning were carefully conceived and well articulated in the report.

In the 1990's New York State continued to promote a number of collaborative initiatives: some designed around target populations, some around designated geographical areas, and others by a particular policy issues or social problem. One example of a community based collaborative was the Neighborhood Based Initiative (NBI). NBI was authorized in legislation in 1990 with the objective of human service integration and rebuilding communities at six sites. Unlike other service integration initiatives, NBI emphasized the importance of economic development critical to the overall outcomes of children and families.

In the early 1990's, the Office of Mental Health (OMH) launched a collaborative partnership with other state agencies, the Coordinated Children's Service Initiative (CCSI), which focused on a specific targeted population – families with children with serious emotional disabilities. The goal of CCSI was to promote a family-driven, strength-based approach to reduce out of home placements. Since 1993, the State has funded county CCSI programs in three phases, supporting a total of 33 counties. While CCSI was focused more on coordinating service delivery at the client level than coordinating services planning, each county was required to organize a policy-setting committee of senior agency staff to address regulatory barriers to integrated service delivery. Recent studies (CHSR, 1998; CGR 2003) that examined the implementation and effects of the CCSI program portray it in a positive light. In some ICP demonstration counties, CCSI served as a springboard for ICP as local agencies were encouraged by the positive outcomes of CCSI.

In 1993, the former New York State Division for Youth (DFY) was given the authority to coordinate the state's planning efforts for all non-mandated services for young people. The agency's County Comprehensive Plan was recommended as the model to organize this new undertaking. A Statewide Comprehensive Planning Workgroup was formed with DFY as a lead agency to coordinate planning for non-mandated services for youth. This effort produced several useful documents including "Data Indicators and Information for Needs Assessment" and "Guidelines and Procedures for County Comprehensive Planning for Children and Youth." The workgroup attempted to implement a process whereby all state agencies that required a local plan for children and youth would instead accept a consolidated plan in lieu of, or as a partial fulfillment of the individual local plans.

With the advent of Governor George E. Pataki's administration in 1995, small-scale integration projects continued in New York State. The Division for Youth convened a series of regional summits in the fall of 1995. The regional summits were "the first step... to build a comprehensive Youth Development Policy in New York State" (DFY, 1997). This series of summits was followed by a DFY-sponsored statewide Conference on Youth in the spring of 1996. Findings from the summits and the conference culminated in the report, "Blueprint for Action on Youth Development." The report promoted a single county-level planning process:

In collaboration with all other state agencies with charter responsibilities for serving children, the Division for Youth will establish a demonstration project to create a single, more pro-active county-level planning process for children, youth, and families.

This idea for a single county-level planning process shares many of the ICP key concepts. For example, one of the Blueprint's recommendations is state policy should be directed toward helping all youth acquire "developmental assets,"⁷ rather than focus solely on at-risk youth. Further, the report emphasizes adopting "strategies that are human development-based, family-centered, and result-oriented" (p.3).

Governor Pataki established a new agency, the Office of Children and Family Services (OCFS), formed through a merger of the former Division for Youth and the children and family services component of the former Department of Social Services. OCFS was created to integrate and improve services for New York's children, youth and vulnerable populations. Interest in developing an integrated planning process and document was reinvigorated as a result of this merger. Following its creation, OCFS convened Regional Roundtables from May through August 1997 to introduce the new office to local service providers and staff and to obtain policy and programmatic input from key stakeholders. In a follow-up letter to local stakeholders, OCFS Commissioner John A. Johnson proposed integrated county planning as one of ten priorities for the new agency. This commitment resulted in OCFS obtaining State funding to support the ICP project that is the subject of this evaluation.

Project Description

In January 1998, OCFS sent out the ICP Request for Proposals to the chief elected official in each county with additional copies mailed to the county commissioners of social services, mental health, and health and to directors of Youth Bureaus. The intent of OCFS was to select ten or more counties based on their readiness for the project. At the time the Request for Proposals were issued, OCFS planned to fund New York City at a later date through a separate RFP process.⁸

The ICP initiative was a five-year demonstration project to develop "an integrated planning process to improve outcomes for all children, youth and families." As stated in the Request for Proposals, selected counties were to collaborate with OCFS "on a new policy direction – to demonstrate the benefits of establishing an integrated, county-level, planning process to build healthy communities, healthy families and healthy children" (OCFS, 1998). Counties were encouraged to partner with community-based human service agencies and non-profit organizations, such as United Way.

In order to be selected for the demonstration project, counties had to operationalize "ICP Key Concepts" listed in Table 1.1.

The Request for Proposals yielded a larger response than originally anticipated – 46 out of 57 counties submitted applications. Because of the overwhelming response, \$1 million was added to support a greater number of applicants. It was eventually decided to fund 15 counties for five years at \$65,000 annually and an additional 15 counties for one year at \$10,000.

There was a three-level review process. First, teams comprised of regional staff from OMH, OASAS, DOH, and OCFS reviewed the proposals as a group and submitted comments to

⁷ Developmental Assets are a series of attributes for youth development identified by Search Institute and promoted by the state in the ICP RFP. This will be discussed later in this report.

⁸ By the end of the summer of 1999 the contract between OCFS and New York City was finalized.

Table 1.1
ICP Key Concepts

Locally Controlled Interagency Planning Process Coordination: This key concept has two goals – one is to integrate the planning processes of the former DFY and DSS plans; the other is to incorporate the ‘planning process requirements’ of other human service agencies.

Stakeholder Involvement in Planning: Youth, parents, other consumers and service providers should be involved in identifying local needs and resources and in planning and implementing strategies and programs.

Human Development Continuum: Two goals have to be met in addressing this concept – the first is to include a focus on *all* children and youth in the county to acquire “developmental assets;” the second is to meet the needs of at-risk and vulnerable children, youth, adults and families.

Community Asset Building: The proposed planning process should involve strategies to mobilize public interest and involvement, including school-community linkage.

Outcome-Based/Results Oriented: This concept requires counties to develop a set of goals, objectives and measures of success for their county over the five-year period.

Family-Centered: Over the course of the initiative, counties should develop strategies and services that enhance family strengths.

Prioritized Resource Allocation: Through the planning process, counties need to identify priorities that will be used in allocating funding and other resources.

the State Central Team comprised of the respective State agencies. Three teams from state agencies were organized for the second level of the review process to review proposals from large counties, medium-sized counties, and small counties. The top-ranking six counties from each group were asked to deliver oral presentations to the central teams, who were joined by the Council on Children and Families, the State Education Department, and parent representatives. The oral presentations were videotaped and had a significant influence on the final selection of successful applicants.

In June 1998, OCFS made the final awards and gave the option to the chief executive officers of the counties to select the contact person and the lead agency for implementing the project. Table 1.2 lists each of the 16 five-year demonstration counties by its population category and the lead agency

Table 1.2 Five Year ICP Counties

County	Population Category	Lead Agency
Broome	Large	Dept of Social Services
Cattaraugus	Medium	County Executive Office
Dutchess	Large	Youth Bureau
Genesee-Orleans	Small	Youth Bureau
Herkimer	Small	Youth Bureau
Lewis	Small	Board of Legislators
Monroe	Large	Dept of Social Services
New York City	Large	Dept of Youth and Community Development
Oswego	Medium	Youth Bureau
Rensselaer	Medium	Mental Health Unified Services
Rockland	Large	Dept of Social Services
Schenectady	Medium	Family and Community Network
Sullivan	Small	Youth Bureau
Ulster	Medium	Dept of Social Services
Westchester	Large	Youth Bureau
Wyoming	Small	Youth Bureau

Population Categories: Small = total population less than 75,000;
 Medium = total population between 75,000 to 200,000
 Large = total population over 200,000.

Evaluation of ICP

This evaluation study was conducted by the Center for Human Services Research of the University at Albany. Data collection and analysis focused on implementation processes and the achievement of intermediate goals related to county planning. The purpose was not to compare and analyze each county’s performance. Rather, the evaluators examined how the stated goals and objectives of ICP were met, what was implemented at the county level, and what state efforts were made to assist the demonstration counties. The evaluation is intended to inform future efforts to integrate planning by presenting model practices and the lessons learned from ICP.

Data Sources

To obtain a complete understanding of the program, the research team used a multi-faceted approach combining the data collection methods described below.

Document Review: The study included a review of available records and documents from the State and the counties including reports, agency memoranda, project proposals, and other materials that provide a description of the ICP team structure and processes operating at the various sites.

Literature Review: The research team conducted a number of reviews of scholarly literature to provide a context for understanding ICP and to offer information to counties and the State in order to advance their efforts to integrate planning. Specifically, the research team conducted

reviews of the history of integrated planning, ingredients that foster integrative planning, and efforts to integrate planning in other states.

Survey: The research team administered three separate surveys to representatives of the one-year ICP counties, coordinators of the ICP five-year counties, and members of the ICP county stakeholder groups.

Observations: The research team visited the 15 five-year demonstration counties several times throughout the evaluation. During many of the visits, researchers observed ICP-related meetings. Additionally, the team attended both OCFS internal and ICP interagency meetings at the State level.

Interviews and Focus Groups

The primary source of data for this report came from qualitative interviews and focus groups at the state and county level. On the county level, following the first year of program implementation, individual interviews were conducted with ICP Coordinators and other members of the ICP local stakeholder group.⁹

The Research team also conducted a series of focus groups at the county level. A series of regional forums was conducted in the early stages of implementation to explore a number of issues in-depth previously raised at the state and local levels. The forums were comprised of two or three representatives from each of the 3-4 counties. Focus groups with local ICP stakeholder group members were conducted in the final stages of the evaluation. The focus groups explored highlights of ICP projects, implementation challenges, key concept areas, team functioning, coordinator effectiveness, and the role of the state and regional offices.

State level individual interviews were conducted with representatives from different State agencies who were part of the ICP interagency team and with OCFS staff who comprised the ICP internal workgroup. These interviews were conducted in the early and later stages of ICP. The interagency interviews included representatives from the Office of Mental Health, Council on Children and Families, State Education Department, Office of Alcohol and Substance Abuse Services, Department of Health, Office on Mental Retardation and Developmental Disabilities, and the Office for Aging.¹⁰

Data Analysis and Reporting

To ensure objective analysis and balanced reporting, standard data reduction techniques (Krueger & Casey, 2000) were utilized to reduce the volumes of qualitative interview and focus group data into major themes. First, each interview or focus group discussion was transcribed, using both handwritten notes and tapes. Then responses were summarized into major categories.

A report on the Year 1 Process Evaluation, “Working Toward a Unified Human Services System: The First Year Evaluation of the New York State Integrated County Planning Initiative”, was sent to OCFS in January 2000 for review and comment. Revisions were incorporated into

⁹ County stakeholder interviews included county agency representatives, local government administrators, school superintendents, and representatives from county and city government.

¹⁰ Numerous attempts to interview personnel from The Division of Criminal Justice Services and the Office of Temporary and Disability Assistance were unsuccessful.

several drafts and a final report was delivered in September 2000. While some of the recommendations were adopted by OCFS, the report has remained an OCFS internal document.

This document is a synthesis of five years data collection, analysis and reporting. A number of documents were produced during the five years:

- “Working Towards a Unified Human Services System: The First Year Evaluation of the New York State Integrated County Planning Initiative,” September 2000
- “A Review of Literature of Human Services Integration,” December 2000 (Appendix A)
- “ICP Regional Forums”, Spring 2001 (Appendix B)
- “Review of Initiatives that Foster Human Service Collaboration at the State and Local Levels,” April 2002 (Appendix C)
- “ICP Coordinator Survey Results”, June 2002.

CHAPTER 2: COUNTY LEVEL ACCOMPLISHMENTS AND CHALLENGES

As part of the final evaluation phase, ICP teams were asked to identify their top accomplishments or project highlights as well as the challenges they faced over the course of the demonstration project. We discuss the achievements and challenges in this chapter.

The Core Coordinating Team

To understand ICP is to know the ICP core coordinating team, the primary committee that each county organized to provide overall direction for the initiative. Without exception, ICP teams mentioned the fact that they still existed after five years – “we’re still here” – as one of their top achievements. Overall, when teams were asked to rate their individual ICP planning teams, the overwhelming majority (96.6%) agreed that “in general, our [ICP] team is successful.” This section will describe the ICP teams, discuss factors associated with well-functioning teams, and challenges to coordinated planning.

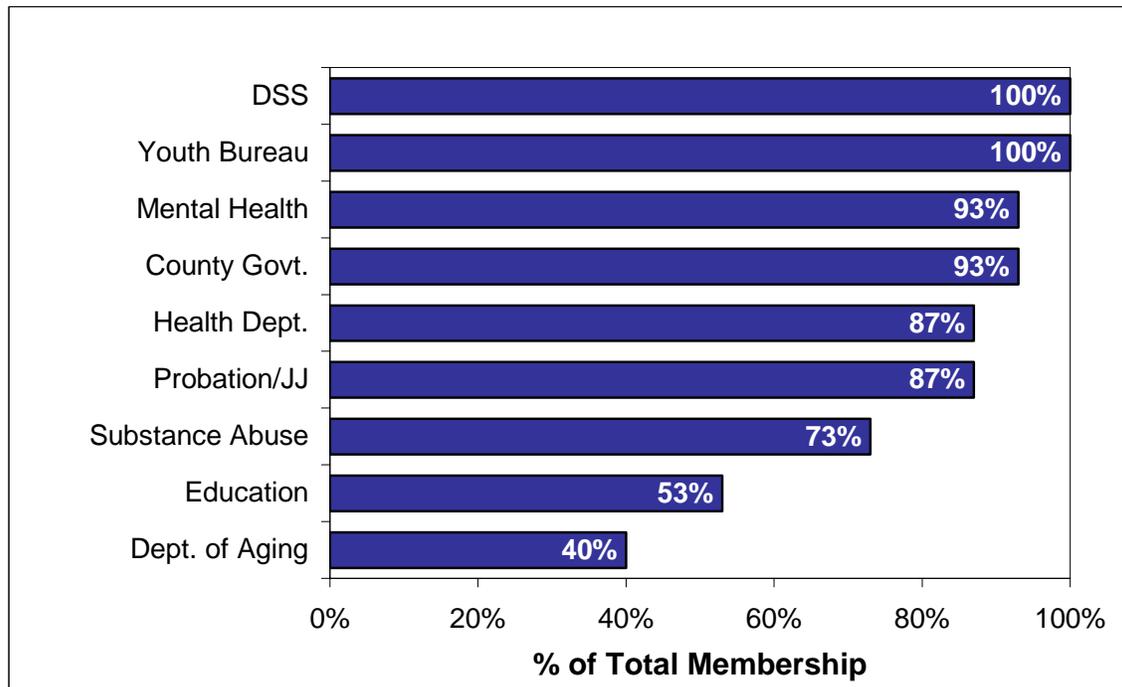
County Agency Membership

Despite differences in the configuration of ICP, all of the sites established a central planning team comprised of senior level county staff from agencies that provide children’s services. As seen in Figure 2.1, the Departments of Social Services and Youth Bureaus were represented on all ICP county teams. The Departments of Mental Health, Health, Probation, and Substance Abuse, and County Government were also well represented. Schools were members on only one-half (53%) of the teams and the Department of Aging was on 40% of the teams.

County Government and the Team

County government participation had a strong influence on ICP. On the positive side, in counties where County Executives were actively involved in ICP, they enthusiastically supported the planning initiative helping ICP teams establish and sustain themselves over time. The literature suggests that involving political leaders and persons controlling resources are key ingredients for an effective, collaborative project (Harbin et al., 1991; Kagen et al., 1990). Agency commissioners and directors who report to the County Executive are more compelled to be involved when county leaders participate. Examples of strong support included counties issuing directives to department heads to get on board and assigning the County Executive or his or her designee to sit at the ICP planning table. Clearly, when the political and social climate was actively supportive, ICP flourished.

Figure 2.1 ICP Core Committee Profile County Agency Representation



County administrations changed in some sites during the ICP demonstration period. This affected the level of support for ICP to varying degrees. One county went through a transition from a very supportive county executive and board of supervisors to a board that was not only unsupportive, but also uncommitted to human services and overtly discouraging of ICP efforts. The county’s ICP team is now spending its time and energy trying to win over the new governing board so that the integrated planning efforts accomplished earlier in the project can move forward. This team’s ability to adapt its strategy and to educate and sway its local government leaders into a more supportive stance will ultimately determine the longer term outcome of the ICP initiative in this county.

School Involvement on the Team

Most counties experienced significant challenges in getting schools to participate regularly and meaningfully on their planning teams. In fact, when asked “Who is missing from the ICP table?” schools were among the first to be cited across most counties. The structure of the school system makes it very difficult to include local schools in a county level planning process. Counties are comprised of many school districts, often crossing county lines. There is no one individual who can truly represent the education system on a county level. Indeed, school involvement seemed to be easier to arrange in smaller counties with fewer districts. The lack of involvement by local schools is a dilemma for ICP. One of the initiative’s key concepts is to “include a focus on all children and youth in the county,” and the education system is the only system that is legally obligated to provide services to all children in the community.

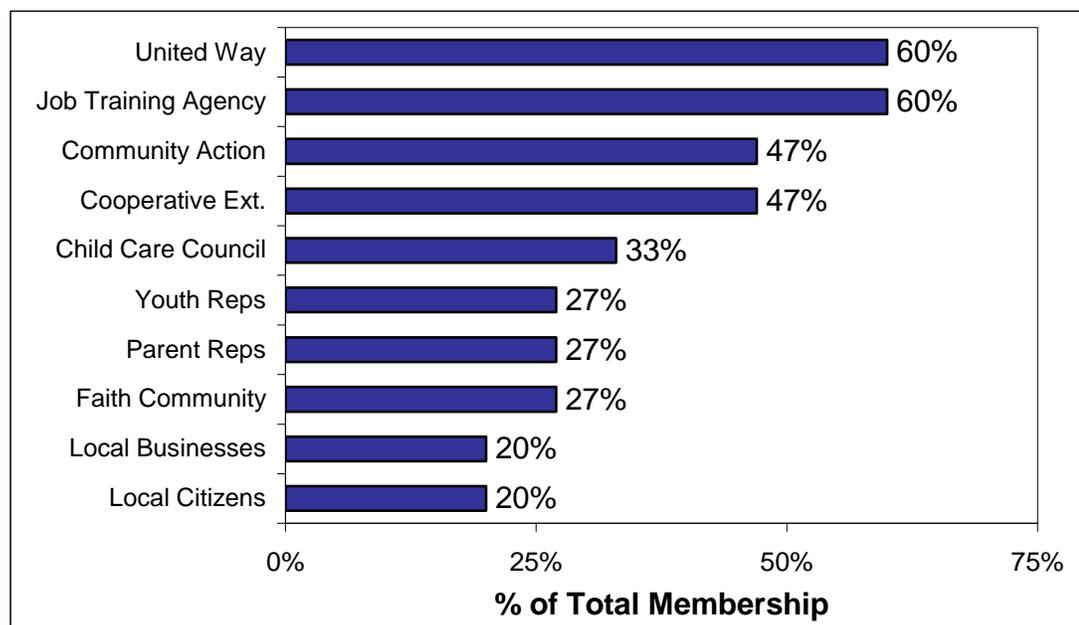
While the counties agree on the importance of working together with the school system, it has been a challenge.

Despite these difficulties, a few counties were successful in bringing local schools to the ICP table. In such counties, superintendents were often key players on the ICP planning team. While not represented on many core committees, schools played an important role in administering student surveys to collect data used by ICP teams.

Community Representation on the Team

In terms of community representation on planning teams, United Way, job-training agencies, community action teams, and Cooperative Extension offices participated on about half of the core ICP committees (Figure 2.2). Reflecting a debate over the size and membership of county planning teams, relatively few teams had youth, parents, or local citizens as official team members. It should be noted that not having certain players on the official planning team does not indicate that relationships were not established with these players. ICP teams had different styles and approaches to involve community agencies, as we discuss below.

Figure 2.2 ICP Core Committee Profile Community Representatives



A few counties felt strongly all interested stakeholders should be invited to the planning table in order to accurately assess community needs and to generate buy-in to the planning process and plan document. Other counties felt that the planning team should be intentionally small with the core team of government agencies coalesced around a clear, unified message. Otherwise, they argued, the process is too diffuse and disorganized, and teams become too large and unwieldy. One county, in particular, that started broadly wished they had started smaller and more focused for this very reason. The literature supports the second approach as the chances of success are more likely to occur by starting smaller and building on incremental gains (Mattesich & Monsey, 1992). Indeed, 68% of team members strongly agreed that their teams were small

enough to ensure effective communication and decision-making. Only one county limited membership in the first year exclusively to DSS and the Youth Bureau.

Team Structure

Counties approached their team structure in various ways ranging from much formalized structures with a lead planning committee and well-defined subcommittees to less formal planning groups. Sometimes subcommittees were organized by tasks. For example, a few counties established planning document review groups, data collection groups, and community mobilization groups. Other counties organized subcommittees by population group such as youth advisory panels or parent groups. This arrangement met the need to gain perspectives outside of the agency realm. Our research indicates that all but one team had reached a point where they were satisfied with their structure and felt effective in moving the work of ICP forward.

Another factor leading to the success in many counties was having decision-makers at the planning table. In many cases, these decision makers were commissioners, but this was not a necessity. Counties that did not have decision makers at the table reported this absence hindered their progress. For example, one committee member described this hindrance to process as,

“We’re sitting around the table and we do as much as we can together, but when push comes to shove and I’m in my commissioner’s office, I don’t have any say over the final decisions. It’s a fact of life and we work around it as best we can, but that’s real.”

Team Processes

Communication

Successful collaborations have open and frequent communication and established formal and informal communication links (Mattessich & Monsey, 1992). In some counties, establishing communication between county departments was a significant and challenging first step. For a very few counties, getting departments simply to come to the table to begin to open the lines of communication took considerable time and effort. Coordinators spent time team building and establishing trust within the group so that sensitive issues, such as budgets and funding streams, could eventually be discussed openly.

Some counties initially spent considerable time convening county agency representatives to share information, establish priorities, and reconcile different positions among the stakeholders. One coordinator described group processing this way:

“We addressed the larger questions first – what do we do? why do we do it? who do we do it to? ... what role does government play in providing human services? should government do it themselves? should they contract out? We have had great discussions on these larger issues. These discussions are critical before you start out to do planning. We developed a unified front first.”

Indeed, efforts to develop a single planning process across various human service agencies require a very hard look at some very complex issues. While most planning teams had reached some level of consensus on most of the basic issues, there were instances where additional discussion was needed. Early on, social service departments in particular had difficulty accepting some of the ICP principles. The social service departments operate under

the imperative of mandates that cannot be compromised, no matter how much planning is done. These departments were also unconvinced that the State would provide them with the necessary flexibility in funding to actually implement locally inspired plans.

Most counties spent the early stages of the ICP project learning about each other's agency missions, services, funding streams, and other organizational structures. Counties reported that this helped to eliminate misperceptions, to establish understanding and trust, and to begin the process of collaboration. In one county, it was reported that once an ICP team learned of another agency's funding streams, they came to understand why that agency was not able to blend their funding with other agencies. Prior to this understanding, they thought this agency was simply "holding out."

In some counties, there was a relatively formalized process of cross-training upper-level administrators. In other counties, the process was a bit more informal. One county reported plans to cross-train direct-care staff to foster a better understanding of other departments and to meet staff with whom they may communicate about specific clients they share. Other counties hope that the communication and cooperation modeled at the administrative level will trickle down to the front-line staff.

The ICP teams spent considerable time clarifying goals and resolving basic ideological differences among agencies. Without this, an interagency initiative is bound to fail. We suggest that these types of goal clarifying and team building activities be implemented in the state level committees.

The majority of counties established a regular meeting schedule and most met monthly. Correspondence, for the most part, was coordinated through the ICP coordinators. A few counties used ICP funds to establish a shared intranet across county departments. These counties reported dramatic improvements in the efficiency and effectiveness of communication. This is a very costly but worthwhile endeavor.

Additionally, many ICP projects developed websites, at varying levels of sophistication. The most advanced sites not only provided current information on ICP status and events, but also posted grant opportunities and on-line application forms.

Supportive Environment

Whether the planning table is surrounded by high-level administrators, front-line providers, community representatives, or some combination, a factor for success highlighted by Mattessich & Monsey (1992) and reported by counties is the level of respect, understanding, and trust among team members. Suggesting a positive environment, the overwhelming majority (96.6%) of team members agreed that "the team atmosphere is conducive to working towards our goal" and the majority felt team members are free to express their views (74.4% strongly agreed, 22.2% agreed).

In terms of respecting cultural and stylistic differences, 82.6% of respondents agreed that these differences are appreciated and utilized on the team, while 3.5% disagreed, and a notable 13.9% were neutral on this point. Additionally, the majority of core committee members reported that team members have the opportunity to participate in team discussions and key team decisions.

Shared Vision

About 96% of team members agreed their teams had developed a shared vision, mission, and goals.

An analysis of focus group data revealed that 11 (68.8%) of the counties specifically mentioned the development of a “common language” or “shared goals.” For some counties, the evolution into a common language or shared vision was a formal process. Strategies included developing mission statements and by-laws, engaging in facilitated strategic planning meetings, or infusing asset or risk-protective factor language throughout the process.

All counties felt they successfully broke down barriers that historically impinged on agencies’ ability to contemplate cross-systems planning. One county team member observed,

“Solutions are different when they are created in an integrated way as compared to creating solutions in isolation. For example, the detention placement problem would have been solved either by Detention Services or by Family Court. The longstanding antagonistic relationship would have continued and a true solution and improvement in the detention placement problem would not have been found. Now what happens is that Detention and Family Court work together and, with the help of the coordinator, they can see the full picture of what is available and how to go about finding a placement for a youth when all beds are full. Knowing all about the problems makes them part of the solution.”

County players think differently about clients as a result of ICP. Comments reflecting this attitudinal change include:

“We can see the big picture now. It’s not just my agency and what I can do for a family, but what other agencies might be able to do. For example, I might deal with PINS in one way, but [my colleague] sits across the table and works with kids who want jobs or need jobs – how does employment and training fit into that? How can we use that service? We never thought like that before. We used to think “singly”. Maybe OFA or an older person wants to mentor young children. The possibilities are endless.”

“Before, if a problem came up, they’d sit at the table and wonder if it’s ‘my’ department’s problem and whether it’s ‘my’ money I’ll have to use. Now, we bring a problem to the table and figure out together how to solve it. There’s a new perspective: ‘Are my kids your kids?’”

Counties also think more globally about each other’s resources as a result of ICP.

“If we get an RFP, maybe we can’t do it, but maybe you [pointing to another agency] can. This reduces conflicting requests and increases collaboration among agencies. We write letters of support for each other.”

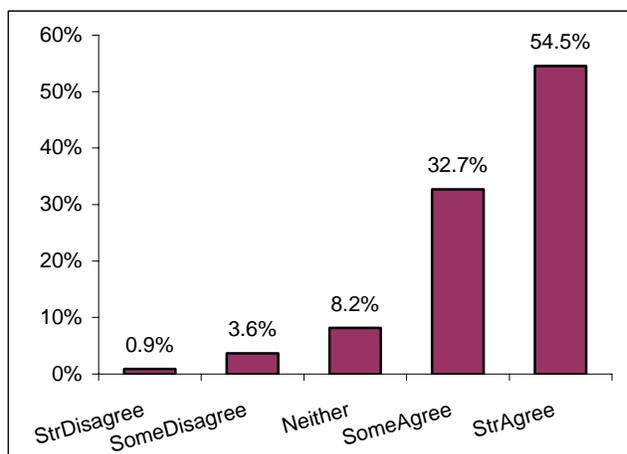
“We’ve had a shift in alliances. Before ICP, our strongest allegiance was to our own departments. Now, we’re accountable to more departments as well as the community. I feel a real accountability and responsibility to many more people and programs than I did before ICP.”

ICP Coordinators

A significant amount of ICP funds went towards supporting coordinators. Without exception, all counties attributed much of the success and effectiveness of their ICP initiatives to their coordinators. According to the county planning teams, the ICP coordinators were essential to team building, maintaining focus, and sustaining momentum on the project. Most coordinators possessed strong leadership qualities and personalities that kept teams coming to the table and moving forward. Teams also reported that the coordinators possessed strong team-building and group facilitation skills.

Teams recognized the importance of organizational and administrative skills. Coordinators were required to schedule meetings, secure locations, prepare agendas, write minutes, and handle other administrative tasks. Despite being mundane, these tasks are nonetheless essential and teams felt strongly that without a coordinator to handle them, their teams would falter.

Figure 2.3
Coordinator has Technical and Team Management Skills



Team members also credited their coordinators with keeping the project focused and moving forward. While maintaining focus at the county level, several teams noted that their coordinators were adept at both putting their county projects into a larger political context, and also translating information between the county and state.

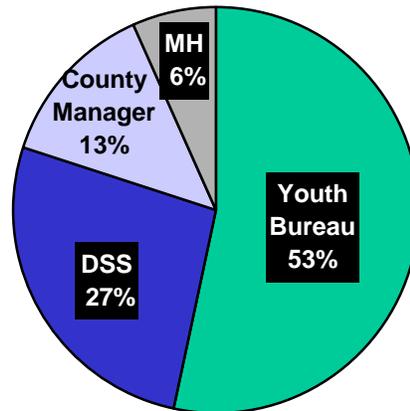
Many team members indicated that their coordinators had strong technical skills and team management skills (Figure 2.3).¹¹ Several coordinators handled ICP and county data, with one county describing its coordinator as “The Data Guru.”

Clearly, effective project coordination is key to the success of any collaborative effort. In the view of ICP teams, their projects were coordinated by knowledgeable, competent, skilled, and effective individuals.

The hiring arrangements for ICP coordinators were handled differently among the counties (Figure 2.4). More than half of coordinators worked for Youth Bureaus, one-quarter through the local departments of social services, 13% were in the County manager’s office and the remaining 6% through mental health agencies. Three counties hired independent consultants.

¹¹ Percentages in some tables may not sum to 100% due to rounding.

Figure 2.4 ICP Coordinator Affiliations



An important feature of coordinators, noted by teams was that coordinators should maintain a position of neutrality. A coordinator who is not affiliated with any of the participating county agencies has the advantage of a more neutral position without seeming to favor one perspective over another.

Further consideration should be given to the level of the coordinator in relation to the team members. For example, can a middle manager effectively facilitate a team of commissioners? In counties where this was the case, the personal characteristics and style of the coordinator offset this potential liability. In some counties, an independent consultant was hired thereby removing this factor from the equation.

Community Involvement in Planning

Community was defined in many ways – local service providers, consumers of agency services, neighborhood associations, religious institutions, and school districts. The fact that the state allowed counties flexibility in defining “community” led to some confusion and lack of clarity.

There were two primary reasons to involve the “community” – to assess needs and to develop a “community vision.” Counties mobilized communities to share information about ICP and to develop a vision and direction. They conducted community-based forums, retreats, and town meetings. For need assessments, counties found that approaches such as focus groups and advisory councils provided rich and valuable data.

One county had a well-developed decentralized structure to solicit community participation. Based on the structure developed for CCSI, a series of neighborhood-based interagency groups had been established throughout the county to plan for at-risk youth. When ICP came along, this structure was adapted by organizing neighborhood groups to also plan for “all” children and youth. The research team believes this is a model approach. A well-developed structure provides stability and is less vulnerable to changes in the political climate. This approach also promotes coordination by incorporating new initiatives as they arise into the

established structure. The challenge is maintaining the momentum of community involvement in the long run.

There are several important issues relating to community mobilization. In many cases participants were not truly representative of the entire county. For example, one “community” meeting attended by the research team was comprised almost exclusively of workers from community-based organizations. This committee composition raises two concerns - Were these individuals representing the locality, their clients, or their places of employment? And is it possible to achieve one community vision in counties comprised of diverse neighborhoods? Some participants simply felt community mobilization was beyond the scope of county government.

Visibility

Some ICP initiatives were more visible in their counties than others. Counties used various techniques to gain visibility. Several counties awarded mini-grants to local providers who were then required to give a presentation at an ICP meeting. This served to publicize the ICP initiative and foster community buy-in.

Other techniques included ICP kick-off events such as a “Kids Expo.” One county provided incoming students with academic planners with one of the 40 Search Institute assets listed at the top of each week; businesses displayed the 40 assets poster; and faith leaders incorporated assets into their sermons. Other strategies included:

- Media coverage including local cable access programming on ICP
- Updated websites of ICP initiatives and county data
- Widely distributed County Status Reports or “Report Cards”
- Annual summits, retreats, and conferences
- Health Fairs and display tables at county fairs
- Issue-specific coalitions (e.g., underage drinking, teen pregnancy, youth violence)
- Newsletters
- Incorporation of assets into church sermons
- Displays of asset signs in business windows and in schools

Not only did these efforts promote the ICP initiative, but they infused the ICP-generated asset theme throughout the community. Creating a unique name, such as “X County CARES”, “Pathways,” or “Community Asset Builders” may enhance the visibility and recognition of ICP as well.

Working with Other Collaborations

All counties had participated in other collaborations to varying degrees (Table 2.1). Some of these partnerships were formalized around demonstration projects or other initiatives. For example, twelve of the ICP counties were also CCSI¹² counties, 8 were SICA¹³, and 7 had ACT for Youth grants.¹⁴

Table 2.1

Existing Collaboratives			
ICP Counties	CCSI	SICA	ACT for Youth
Broome	X	X ^a	
Cattaraugus			X
Dutchess	X	X ^a	X
Genesee-Orleans		X ^b	
Herkimer	X		
Lewis			
Monroe	X		
Oswego	X	X	
Rensselaer	X		X
Rockland	X		
Schenectady	X		X
Sullivan	X		X
Ulster	X	X	X
Westchester	X	X ^a	
Wyoming		X	
NYC	X	X ^a	X ^c

^aSub-county partnerships. ^bGenesee County. ^cBrooklyn, Bronx, Yonkers.

In a few counties, the interagency county-level group (known as CCSI Tier 2) evolved into the ICP Committee. This approach makes a lot of sense. Oftentimes, interviewees would comment on the burden of belonging to a large number of collaborative efforts, so they would seek out any way possible to consolidate these efforts. This is particularly important since these groups are usually established to eliminate duplicative activities and inefficiencies in service provision. Alternatively, there were some counties that saw this overlap as an opportunity to infuse ICP principles throughout the county.

¹² CCSI, Coordinated Children’s Service Initiative, is a multi-agency effort to reduce out-of-home placements of children with emotional disabilities by creating locally coordinated systems of care. CCSI was conceived and planned by a team of State administrators and local providers convened by the NYS Office of Mental Health. Since 1993, the State has funded county CCSI programs in 33 counties.

¹³ SICA, State Incentive Cooperative Agreement, was a multi-year demonstration project by the NYS Office on Alcoholism and Substance Abuse Services and funded by the federal Center for Substance Abuse Prevention, to support 14 sites using the science-based Communities That Care Five-Phase Training approach to define and organize their local prevention service delivery systems through collaborative multiple system partnerships.

¹⁴ ACT for Youth, Assets Coming Together for Youth, is a NYS Department of Health framework to promote community-level collaborations that build and support healthy youth behaviors.

One interviewee explained that “CCSI is the laboratory for ICP.” That is, CCSI provides a collaborative structure to address needs at the individual case level; ICP encourages collaboration across systems at the county level.

“ICP is different from other integrated initiatives. It’s bigger. CCSI focuses on special needs of seriously emotionally disturbed children. Mental Health/SPOA is also built around special populations. ICP is broader and digs deeper into what’s going on. Youth development: what are the needs of everyone?”

Needs Assessments

Over the course of ICP, counties became much more sophisticated in using data to conduct needs assessments and track changes of county indicators over time. Teams were quick to identify the importance and usefulness of the various types of data that they either collected or analyzed from existing sources. Coordinators who managed the data reported that their office had become a clearinghouse where county departments and community agencies could call for up-to-date data. This clearinghouse had the dual benefit of enhancing the efficiency of preparing grant applications and raising the visibility and credibility of ICP at the same time.

In terms of data collection, a few counties designed and administered their own surveys – one surveyed human service providers, another conducted a household survey, and another administered a DSS client survey. While these surveys are useful in providing fresh data, their insights are limited. In general, the work involved in collecting original data is very complex and labor-intensive and should be planned very carefully to provide any meaningful data. While the researchers understand counties’ desire for original data, especially at the sub-county level, administering surveys should not be the only method, or even the preferred method, for assessing community need. At the most, surveys should remain a small part in the comprehensive needs assessment of the county that supplements existing data available state and federal agencies. However, surveys can focus on assessing assets and protective factors that are often missing in other data files.

Rather than administering their own surveys, some counties used data from surveys that were already being administered in local schools such as the Teen Assessment Project (TAP) survey administered through Cornell Cooperative Extension and the Health Department’s behavioral assessment surveillance survey. By building on what already exists in the community, counties can save time and money while gaining the advantage of observing trends over time.

The research team found that while the preferred approach to performing a comprehensive needs assessment is to utilize existing data available from various state and federal agencies, only a few counties used this approach initially. Often, agencies have data specific to their programs, but it does not provide a comprehensive profile of the county. Obtaining a comprehensive profile is a painstaking and tedious process. Obviously, it requires someone who has a good understanding of data indicators and statistics. Counties that have been successfully undertaking this task often have well trained staff.

Early on in ICP implementation, many ICP counties needed training in locating, retrieving, and analyzing data. Counties were also seeking assistance in obtaining sub-county level data to obtain a comprehensive picture of local needs. ICP leadership responded to this by offering workshops and specialized training sessions on needs assessment and outcome

measurement. All counties, as well as state officials, felt the needs assessment process had dramatically improved as a result of ICP and was a major success of the demonstration project.

Touchstones

Many of the counties indicated that they would use Touchstones as the framework for the development of a series of outcome measures to begin a needs assessment. Touchstones is a project of the NYS Council on Children and Families (the Council). It emerged from the desire of NYS agency commissioners and directors who comprise the Council “to develop a common set of goals, objectives, and outcome measures that cut across all service sectors and allows agencies with diverse missions to come together to improve conditions for children and families” (CCF, 1998). The intent is to develop an effective system for measuring the status of children and families and for charting progress toward improving their well being. Touchstones is a valuable tool that can form the basis for conducting a comprehensive county needs assessment. Some sites also plan to use Touchstones to identify where service gaps exist in the county. The companion piece to Touchstones is “Kids Count,” a data book of county-level measures that is available on-line (<http://www.nyskwic.org>).

Interestingly, two of the ICP counties that have conducted more sophisticated needs assessments did not use the Touchstones framework at all. Both counties got assistance from the United Way to create very comprehensive community profiles. These needs assessments were done prior to ICP but provide powerful tools to assist in the development of a unified human services planning. The United Way of Northeastern New York, through its Partners for Children Initiative, has developed an outcome tool known as Assessing Children and Families' Well Being. Like Touchstones, this tool can also be used as a framework for local counties to adapt and develop a needs assessment.

There may be some advantage for counties to adopt a common framework to develop outcome measures and data indicators. This would allow localities to share information and provide an opportunity to identify strengths and weaknesses across the State.

Assets Survey by the Search Institute

Many counties administered the assets survey developed by the Search Institute for middle school and high school students. The Search Institute has identified 40 external and internal developmental assets believed to be critical to a young person's successful growth. The Search Institute's survey measures the number of assets possessed by an individual youth.

Counties perceived the Search Institute model to be a particularly effective tool to mobilize community support. One county, for example, rallied the community around Search concepts, identifying its ICP initiative as “Community Asset Builders.” The Search Institute model is very appealing to many people because it provides an alternative model based on strength-based approaches.

Despite the model's appeal to community members, the survey has its limitations.¹⁵ First, as the Search Institute's own research team admits "the survey is not intended or designed for" use as a pre-post instrument in communities (Scales, 1999). In other words, ICP counties should not use the survey results either as baseline data or as outcome data.¹⁶ Second, causal relationships cannot be established between the number of assets and the behavioral pattern of youth. The correlational tendency between the two is not the same as cause and effect.¹⁷ Third, the Search Institute survey has been found not to be valid or reliable when administered to inner city, racially diverse populations (Price and Drake, 1999; Price, Drake and Kucharewski, 1999). Finally, the survey targets certain age groups and collects information only at the individual level. Some counties were unclear on how to translate the data into interventions that improve outcomes for children, youth, and families. This prompted OCFS to provide a 2-day training and technical assistance on the interpretation of Search survey data.

Additionally, the counties that administered the Search survey found that it consumes a great deal of resources – both time and money.

Given the research limitations and significant investment of time and resources, counties are cautioned to be careful in conducting the Search survey. At best, the asset survey should be a small part of a comprehensive needs assessment. While the utility of the Search survey is limited, this should not preclude counties from focusing on assets as a community development framework.

Communities That Care

Several counties chose to conduct a needs assessment using the Communities That Care¹⁸ (CTC) model. CTC provides research-based tools to help communities promote the positive development of children and youth and prevent adolescent substance abuse, delinquency, teen pregnancy, school dropout and violence. The CTC Youth Survey is used widely, both nationally and internationally, and has been approved by the Federal Office for Management and Budget for use in federally-funded needs assessment activities.

As part of an overall community prevention planning system, CTC offers a Youth Survey to measure a comprehensive set of risk and protective factors that affect a community's adolescent population. Administered to students in grades 6-12, the survey identifies factors that impact academic performance and positive youth development. Data are reported on the aggregate level, which can be used more effectively for community-level planning.

To be sure, there is no single model that can provide all the answers for all children and youth. A few counties used both Search Institute and CTC surveys to varying levels of success. One county integrated the surveys and felt that having both sets of data – Search's assets and CTC's risks and protective factors – made presentations to the community more comprehensive

¹⁵ For a discussion on the methodological weaknesses inherent in the Search approach, the reader is directed to "Asset building: rhetoric versus reality – cautionary note," by James H. Price and Joseph A. Drake in *Journal of School Health*, August 1999, Volume 69, Issue 6, pp 215.

¹⁶ Although OCFS never advised the counties to use the survey in this way, some counties perceived the instrument as a pre-post measure.

¹⁷ Once again, the Search Institute Research team admits this problem. See Scales 1999.

¹⁸ Channing-Bete Company, <http://www.channing-bete.com/positiveyouth/pages/CTCYS/CTCYS.html>.

and understandable to a wide audience. Others had some difficulty in understanding how the two approaches could work together. A workshop to address this assessment issue was offered at an ICP Training Conference. Those who attended this workshop found it very helpful.

New York City Data System

New York City used ICP funds to develop a sophisticated information management system to assist with planning. Four ICP partners contributed to the database – Department of Youth and Community Development, Administration for Children’s Services, Department of Juvenile Justice, and the Human Resource Administration. There is also some data from Queens Public Library, Department of Education and Department of City Planning. The database is basically a resource allocation information system that can be sorted by geographic area (community district), sponsor, type of program, target population, agency and type of funding. Because the system is not client-based, there were not overwhelming confidentiality issues. The system has geo-mapping capabilities and has links to other relevant NYC data systems (e.g., Board of Education report cards).

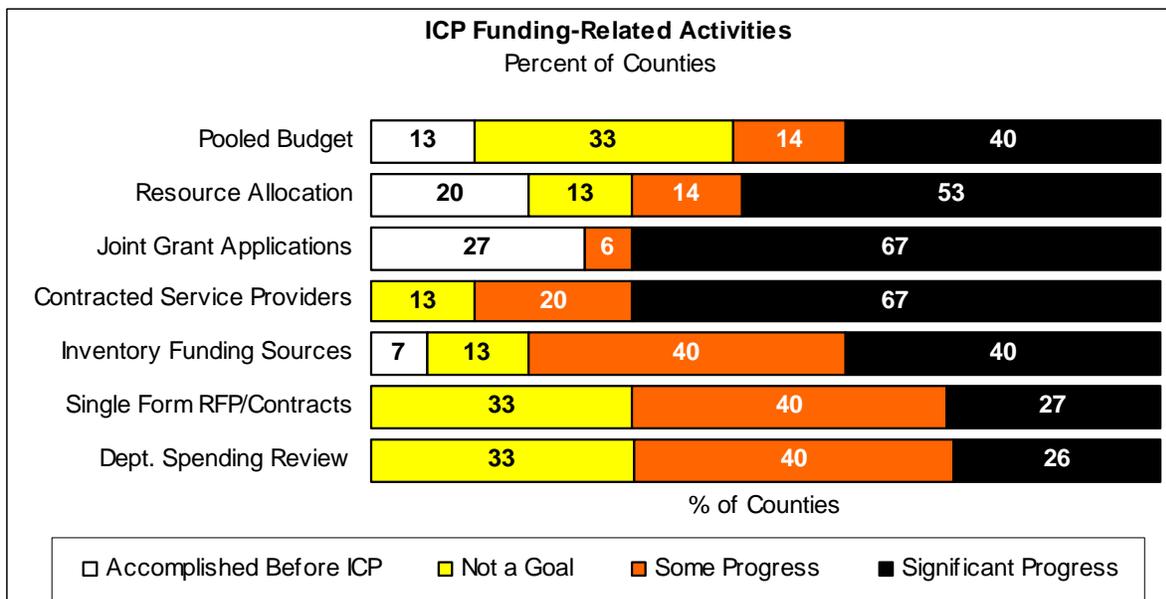
Administrative Efficiencies

ICP fostered efficient county administrative practices such as cross-system resource inventories, common grant applications and county contracts, shared priorities, and blended funding.

Resource Inventories and Assessment Activities

Most teams used the ICP planning opportunity to gain a better understanding of available resources and funding streams. About two-thirds of the counties developed sophisticated systems to catalog programs, services, and funding in the county. Documents produced by a number of counties offered an “at a glance” summary of all local services, providers, and expenditures. This practice helped counties identify where needs are being met and where there are gaps in services. While some counties had accomplished some of these tasks prior to the implementation of ICP, others reported progress towards these goals as part of their ICP initiative (Figure 2.5).

Figure 2.5 ICP Inventory and Assessment Activities

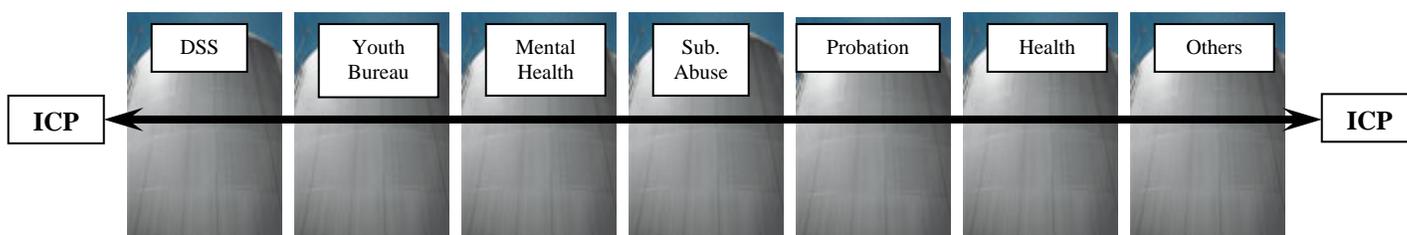


Through this in-depth resource inventorying, many counties uncovered multiple contracts with the same local agencies across departments. One coordinator noted:

“As a former human services director, I knew how easy it was to manipulate the county to get funds. I could get support from different county departments without each other knowing they are funding the same program. Programs could be receiving 100% county funding. Through the ICP process we will be able to document what agencies are doing this. It has helped our county to know which agencies are receiving funds from other county departments. Does the county want to fund this program 100%? Should we help them find other funds? What are their outcomes? Can another agency do the same thing cheaper?”

Funding

ICP effectively got counties to think across funding systems. Using the State’s verbiage, counties “knocked down the silos”, i.e., the traditional way of funding programs through single funding streams.



“ICP took us out of our own silos, our safety nets. It opened doors. We think differently.”

Counties developed innovative strategies to facilitate blended funding. Two counties combined funds to support cross-agency staffing, e.g., a mental health worker is located on site at the county probation department. Another county reported that,

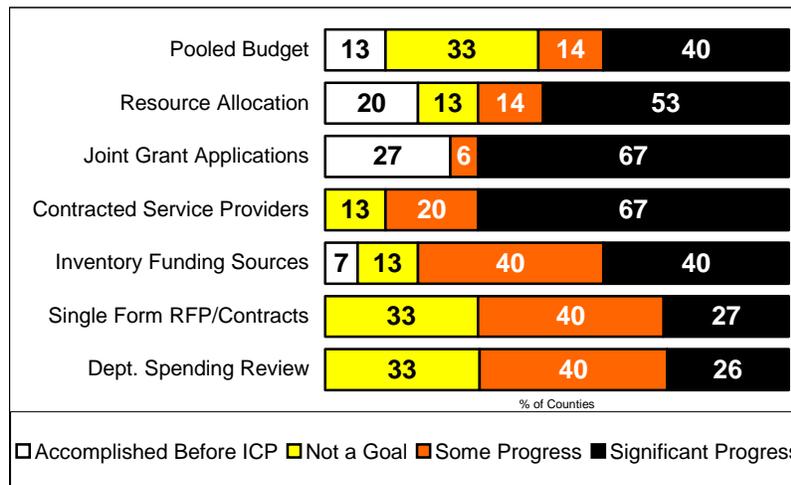
“One of the successes of ICP in [our] county is the funding of projects. People are using money available through their respective departments so that county money is the last source of funding. The PINS program and other programs that have come from ICP are examples of this. The bare minimal balance is covered by the county after we’ve all maximized our contributions, including sharing funding.”

One county’s strategy to get to this point was:

“We get the money right out there on the table – who can pay for what and how. We get a clear sense of where all the funding is coming from. We can put the pie out on the table and divvy it up to create very comprehensive services. It’s money from everybody’s little piece of the world.”

As displayed in Figure 2.6, the ICP process contributed towards the development of innovative strategies and new ways of approaching budgeting, contracting, and overall resource allocation. For example, 80% of the ICP counties were making progress in inventorying the various program funding sources in the county, and an additional 66% were conducting a departmental spending review in order to inform their budget process. Two-thirds of counties had made progress towards improving resource allocation as a result of integrated planning. ICP also provided a means to streamline the contract process for a number of counties. Many counties developed common contract language and applications that can be used across departments.

Figure 2.6
ICP Funding-Related Activities



Many counties reported that a major positive outcome of ICP is the development of a more collaborative grant writing process. This brings resources into the county in a more collaborative way, with the expectation that services will be delivered collaboratively. About 73% of the counties reported submitting joint grant applications as a result of ICP involvement.

During the final evaluation phase, ICP teams reported that given the current fiscally constrained climate, it is a particularly good time for coming together and implement strategies to improve efficiencies. It simply is not in anyone’s best interest for an individual agency to compete with another agency for limited resources. Additionally, more and more funding sources – government as well as foundations – are requiring cross-agency collaborative efforts, and are looking for existing collaborations in grant applications. A positive outcome of ICP collaborative efforts is good positioning of teams for grant submissions.

Sustaining the Initiative

Sustaining the planning team process requires an ongoing commitment to the process. The success of ICP to mobilize communities and sustain interest is exemplified in the following quote,

“We couldn’t stop ICP meetings even if we wanted to – they’re meaningful and useful. We’ve gone beyond survey results and become a vehicle for discussion of youth development. If you want to talk about youth development, this is where you come.”

Additionally, keeping a collaborative going requires commitment not only among its members, but also a designated person to coordinate:

“[Without a coordinator], the collaboration and communication will probably continue informally (for example, in the hallway), but will probably dissolve over time especially as new players come on board. You really need a coordinator to keep it pulled together, to remind everyone about the importance of collaborating.”

Several counties expressed concern that ICP would be among a list of demonstration projects started by the State with no foresight or planning for its continuation. There were perceptions that ICP was just another time-limited experiment with no intention of continuation.

“They’re interested but obviously ICP is not within the top 5 priorities. It’s another example of the State’s lack of long-term vision – they do small, pilot studies or demonstration projects that never go anywhere. There’s no integrated funding, no integrated or shared database, nothing statutory. Funding just stops and the ideas fade away and then the State comes up with ‘something new’, ‘the latest and greatest. The ‘something new’ might, in fact, be something old that has been tried and forgotten already! In [our] county, instead of starting fresh all the time, we build upon or expand upon existing models based on lessons learned”.

Indeed, counties were in the throes of planning for the continuation of their ICP projects while significantly concerned about additional funding from OCFS. While counties were encouraged to think about long-range planning beyond the scope of the demonstration funding period, some believed that there should have been a more specific requirement in the plan guidelines to address sustainability. Surprisingly few counties undertook any measures to sustain funding for ICP beyond the five year State funding commitment.

All counties were concerned about the future of their efforts beyond the demonstration funding period. Needs assessments and surveys are costly, especially the Search Institute and the Communities That Care surveys used so widely by ICP counties. Counties reported the importance of these data on their overall planning processes and were concerned over how to continue to administer them without ICP funding and with increasing fiscal constraints on county budgets.

Both county teams and state leaders indicated their concern that planning per se would be in jeopardy in the fiscally challenging times ahead.

“Planning is always the first off the table.”

“In these fiscal times, it’s hard to support planning over direct service. This is a hard sell at the county level. The state should support planning and help sell it at the local level.”

On the other hand, fiscally challenging times can have the beneficial effect of forcing people to work together.

“The current fiscal crisis requires [us] to come together to solve problems, find solutions. [ICP] is like a think-tank.”

Given the reported effectiveness of their coordinators, counties were also concerned with how to maintain their coordinators after the demonstration funding period. While all counties indicated that there was sufficient interest and commitment to continuing the concept of ICP, it

was surprising the number of counties that – at the time of the final interviews – were not engaged in sustainability planning, preferring instead to “hope for the best” and counted on the continuation of OCFS funding.

There were, however, some counties that were proactively planning for the future beyond the demonstration period funding. One county was in the process of discussing merging funding to maintain the ICP coordinator position, and one county’s DSS was planning to continue to fund the ICP coordinator using a mix of funding streams. Another county was beginning to engage in a concept mapping process regarding its mission and sustainability. Since the conclusion of the evaluation in Fall 2004, the evaluation team has learned that many ICP counties have used local resources to continue integrated planning in various capacities, indicating a commitment to ICP principles at the local level.

Concluding Comments

Clearly, ICP counties had many accomplishments. They all organized core coordinating teams with a broad cross-section of membership. Overall, the team members felt they were effective in developing a shared vision and advancing local planning in their counties. Their effectiveness was partially attributed to the strong leadership of ICP coordinators. While counties grappled with sustaining community involvement in ICP, they were creative in their efforts to inform and engage local stakeholders. ICP counties had particular success in developing sophisticated needs assessments, a critical first step in integrating county planning. ICP also fostered efficient county administrative practices such as cross-system resource inventories, common grant applications, and cross departmental spending reviews.

CHAPTER 3: STATE LEVEL ACCOMPLISHMENTS AND CHALLENGES

Support of Counties

In the early stages of ICP, the county coordinators and team members felt they received little support from the State. However, this support quickly changed after OCFS assigned a half-time ICP Project Coordinator in 1999. Regional forums were convened, a statewide ICP listserv was created, and periodic trainings and networking conferences were conducted. High-ranking state officials rated the State Project Coordinator very positively:

“[The State Project Coordinator] is the key -- his personality is perfect for his job...He's a wonderful resource. He is thoughtful, he pays attention and really listens, is organized, has experience at the County and State levels. He is able to bridge disciplines. He doesn't take umbrage from bad shots.”

County ICP teams also rated the support and information provided by the State ICP Project Coordinator as outstanding. This support included the many statewide training conferences hosted by the State. Teams particularly liked the workshops on outcomes measurement as well as the opportunities to network with other ICP counties. ICP Coordinators reported appreciating the listserv of project announcements, grant opportunities, and articles and other relevant resources. There were, however, some complaints on the volume of “FYI” e-mails sent from Central Office.

While the Project Coordinator received positive reports on his support and information sharing, there were some counties that felt that they would have liked more ongoing feedback on their progress and activities.

The local teams recommended that the State work with them to develop collaborative announcements or press releases on the programs and outcomes resulting from ICP initiatives. This would have the added benefit of giving the state more visibility as well.

The Project Coordinator traveled to various regions throughout the state to solicit input on revisions to the plan guidelines. ICP teams reported appreciating these opportunities to provide input and feedback. However there was some skepticism regarding the extent to which counties' comments would be incorporated into the final version. Counties were assured that every effort would be made to address their issues. While it would be unrealistic to expect that all comments would be incorporated, county input was considered at follow-up Internal Workgroup meetings. The final plan guidelines were being distributed at the time this report was written, so counties' satisfaction with them was not able to be assessed.

OCFS Internal Workgroup

Early in the development of ICP, a workgroup comprised of OCFS staff from various units was convened to form an internal workgroup. According to documents and state officials, the two primary goals of this internal workgroup were to establish better communication between units and to handle administrative issues related to the plan guidelines and plan approvals.

The core workgroup, which met about every month, included representatives from youth development, policy analysis, field operations, child care, domestic violence, and adult services.

Once the Workforce Development unit was established, it joined the group and was a participating member during the last year of ICP. The adult services unit was not initially involved in the internal workgroup. State officials explained that the late involvement was primarily due to an early focus on youth and families, despite the ICP key concept, which required counties to address the human development continuum.

Internal workgroup members agreed that the purpose of the workgroup was to enhance communication and to address the plan review and approval process. However, commitment to the workgroup and its goals was mixed. Some members stated that they attended meetings because “my boss told me to go.” Others may have been more committed but were equally unclear about their specific role on the workgroup.

Reviews were also mixed on how well the group functioned. While members appreciated the project coordinator’s openness to ideas, some reported being frustrated with the meetings that lacked a clear focus and efficient movement forward toward goals.

Plan Review Process

If there was one critical issue upon which both the counties and the State would agree, it was the need to improve the plan review process. Counties were exceedingly frustrated by the State’s fragmented review of their plans. Indeed, the administrative component of county plans was literally split apart from the strategic portions for review. The administrative components were then separated out by topic area and reviewed by individual units. Who reviewed the strategic components remains a question. Counties wondered why they were going to great lengths to create an integrated planning document that was only to be split apart once it got to the state reviewers.

There was equal frustration about what was being reviewed and under what criteria. This stemmed from the tension between creativity and regulation. Counties felt that there were two opposing messages coming from the State:

“We were told for two years to ‘be creative’ but then we had to fit into a strict plan. We wrote 13 drafts trying to guess at what the State wanted. It was so awful we hired a consultant. We felt there was a hidden agenda that we had to try to guess.”

OCFS acknowledged the deficiencies in the review process. The internal workgroup devoted a considerable amount of time in the later years to addressing this issue. Consideration was being given to re-establishing regional review boards. At the time of this writing, the workgroup was finalizing the review process in preparation for regional trainings on the plan guidelines and review process. The child care and domestic violence plans were slated to remain with separate reviews due to the complexity of their respective regulations. Additionally, given that there is no regional staff for adult services, this portion of the plan gets reviewed at the Central Office.

While the internal workgroup had some shortcomings, it brought key people together to work on common tasks which improved understanding across units, as well as, internal communication. The internal workgroup needs to re-examine its purpose. Consideration should be given to developing new procedures to facilitate more productive meetings to move the group forward and to keep participants on task.

A more efficient and productive state internal workgroup would have likely improved the implementation of ICP at the county level earlier in the project.

Regional Offices

There was a lack of clarity on the regional office role and function in the ICP initiative. Regional office staff were conflicted. As one regional staff member explained early on,

“I hesitate to make this a high priority. It is not clear what this office can accomplish. There is not much clarity. We’re laying back and trying to respond to where the counties are. We have a good relationship with them but our role is unclear. We know what’s going on but we’re not a real force in those discussions.”

Furthermore, the regional offices felt the central office overlooked them:

“My personal issue is that the central office designed the ICP and made tools available to counties. For example, the 40 developmental assets – the regional offices never received training on that ... We’ve been asking what developmental assets are. Conceptually, I want to know why these are important and be able to explain this to counties. We need to send out the same messages ... In designing ICP, OCFS should have planned training sessions for regional staff and central staff on what we need to know in order to provide support to the counties.”

While attempts were made by the central office to reach out to regional offices later in the project, the role of regional offices was never fully articulated. There were some misgivings that regional offices were not fully incorporated into the project more effectively, from RFP development through project implementation. According to internal and official OCFS documents related to ICP, OCFS initially envisioned a larger role for the regional offices. This would have been consistent with the historical role of regional offices in supporting and directing counties. As we heard from one state official,

“Previously the regional offices were more involved and directed the [planning] process. The regional offices came in and looked at the MAPS report and State identified issues that needed to be addressed with a more direct approach. Sometimes they were right and sometimes they were off. The thing we did right before was getting numbers to measure things. The process was totally up to the regional staff to approve. They had a strong role. With the reorganization the whole thing got lost.”

In hindsight, state officials acknowledged that mistakes were made with regard to the role of regional offices in the design and implementation of ICP:

“Regional offices are critical to the process and need to be involved. They need to have ownership in the project and should have been involved in the development of this project... We learned an important lesson, that these folks are critical and should have had more ownership in the development of this thing. What message does this give to the counties? It’s confusing to the counties.”

Similar to the state-level merger, DSS (Child Welfare) and DFY (Office of Youth Development) regional offices were initially merged into a single department, but were later separated. According to a State official, the expectations were for regional offices to retain separate functions – Office of Youth Development regional staff would provide support and assistance to youth bureaus on their CCP’s, and regional Child Welfare staff would provide

support and assistance to local departments on their CSP's. This co-location but non-integration of DSS and OYD regional staff created a great deal of confusion and adjustments that are still not fully resolved. Staff brought with them the culture of their respective agencies. As explained by a State official, DFY regional staff have historically worked closely with county and community agencies, whereas DSS regional staff worked more closely with local districts and central office staff who focused more on compliance issues. Additionally, Youth Bureaus are used to being more regionally-controlled, whereas local DSS offices are more centrally-controlled. The lack of integration of approaches and cultural differences, along with the lack of clarity on the role of regional offices in the ICP project, hindered the overall success of ICP.

While the level of support varied across regions, several counties were frustrated their regional office representatives were unfamiliar with ICP and therefore could offer little or no support. In defense of regional staff, many people we interviewed – both regional and central office staff and county coordinators – recognized the workload of regional staff. And there were a few regional staff who were devoted to ICP and who provided valuable support to counties in their efforts to integrate planning.

Regional office staff need to be meaningfully integrated into ICP to provide direction and support to foster local planning. They know their service area needs and are already responsible for reviewing portions of county plans.

“The regional offices should be a resource for the locals to assess strengths and weaknesses and help the district get resources that it needs...The regional offices want to look at the meaningful parts of the plan and not just the superficial compliance sections.”

Interagency Steering Committee

While funded and administered by OCFS, ICP involves a number of other state agencies – the Department of Health, the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services, the Division of Probation and Correctional Alternatives, and the Council on Children and Families. These agencies were invited early on to come together to discuss issues related to the ICP initiative. They comprised the core Interagency Steering Committee (ISC).

Just as county ICP teams identified players missing from their planning tables, the ISC identified agencies that were not fully represented on their team.

“It was hard to get the right people at the table at the right time. Some of the reps never had contact with the counties.”

The State Education Department (SED) was not made a full partner on the committee at the onset, but was invited to the steering committee meetings in July 2001, three years into the project. Since the education system does not have a countywide organizing body, ICP planners were unclear how education involvement would play out locally. However, there is good reason to involve SED since a key ICP concept is to plan for all children, youth, and families. The education system is the only institution that is obligated by law to serve all children. In retrospect, OCFS acknowledged that SED should have been included as a full partner from the beginning.

Although the Office for Aging (OFA) participated in the ICP Planners Forum, the agency did not regularly participate in ISC meetings. OFA's lack of engagement in the ISC may reflect

the lack of clarity on the upper age range of ICP's target population thereby leaving OFA without a clear role in the project.

Early in the project, the ISC met regularly and meetings were well attended. The purpose seemed clear to participants that they were there to share experiences of their respective planning processes. This information was to be used by OCFS to help guide the development and implementation of ICP. However, over time, the ICP project participants lost clarity on the goals of the group. There were some, in fact, who felt that their input was not being utilized effectively. As a result, meetings became less frequent and participation waned. It would stand to reason they had difficulty imagining what the future of the ISC would be beyond the ICP funding period. At the time of this writing, ICP leadership had plans to reconvene the ISC with the goal of sending a unified message to counties to continue to work collaboratively.

The interagency partners provided different interpretations of the overall goals of ICP. Some believed that ICP was intended to produce a unified state planning document; others believed that it was merely designed to produce a unified OCFS document. OCFS has argued that components of state agency planning processes, like the needs assessment, can be coordinated among all the state partners. However, most of the state agencies reported a lack of commitment to and interest in combining these processes.

The lack of ownership of the ICP project among the state agencies had a negative impact on local planning. The state partners failed to express to their regional and local counterparts their desire to pursue the integrated planning agenda. Counties look to their respective state agencies for guidance, support, and modeling. If a state agency was not actively involved on the ISC or at least knowledgeable of ICP, counties reported that this had a dampening effect on local agency involvement.

“The State Education Department needs to be part of the process. If they can't get a state agency to the state table, how and why can they expect this at the county level? There's no statewide modeling.”

Additionally, most counties indicated a sense of frustration over the State's inability or lack of effort to integrate its own planning across departments.

“The State needs to ‘practice what they preach’. Planning and collaboration at the county level needs to be modeled at the state level. This has not, however, held back the county in doing its planning; it's just a mixed message from the State. We've done a good job in spite of the state level lack of coordination”.

“We're there, but the state isn't. If they collaborated they might develop additional ideas or reconfigure their funding to support programs that are developed through this ICP process. Right now, it's still separate money. Figuring out how to bring it all together is a real challenge at the local level.”

“We understand that the state is dealing with huge systems and that it's hard to coordinate let alone integrate, but we're frustrated that there doesn't appear to be much movement towards coordination.”

The fact that the ISC did not reach its full potential was not lost on counties. Past failures to integrate plans were partially the result of the lack of support from all the involved state agencies. The State needs to do what many counties did – spend time discussing the pressing issues and resolving differences.

While the ISC may not have been as successful as originally planned, one state official pointed out some positive outcomes of the group,

“We wound up with different outcomes for the group than we originally thought. We wanted to make inroads in the planning process vs. a planning document. We were not as focused on planning per se. As a result of the workgroup, however, State agencies have gotten better about sharing information and getting others involved, like in shared RFPs. With JD/PINS (Person in Need of Supervision), Probation is our partner. We’ve worked with other agencies on a project-specific basis rather than a global basis. Also, youth development and family strengths have been infused within the child welfare and juvenile justice sides of the agency.”

The literature makes it clear that for a project to succeed, collaborating partners must believe that the benefits of collaboration will offset costs such as autonomy and turf (Agranoff & Lindsey, 1983; Means et al., 1991). The present planning documents are designed to fulfill the need for agency accountability. The state collaborative partners feared sacrificing their supervisory and regulatory power through combining planning processes.

Concluding Comments

State ICP leaders exerted a lot of effort to promote ICP. Regional forums were convened, a statewide ICP listserv was created, and periodic trainings and networking conferences were conducted. Members of the interagency team rated the State Project Coordinator very positively. County ICP teams also valued the support and information provided by the State Project Coordinator. The teams were particularly enthusiastic about the many statewide training conferences hosted by the State. More effort, however, needs to be devoted to strengthening the interagency group, developing the internal workgroup, establishing meaningful plan document requirements with an integrated review process, and clarifying the role of regional offices.

CHAPTER 4: CONCEPTUAL ISSUES

Overview

Research on human service integration emphasizes the importance of clearly articulated goals and objectives for the success of any cross-system initiative (Agranoff & Lindsay, 1983; Harrison et al., 1990; Yessian, 1995). One review states that “goals lacking in clarity and attainability will diminish enthusiasm for the collaboration” (Mattessich & Monsey, 1992). The early evaluation of the State of Georgia’s Family Connection, a statewide human service initiative to improve outcomes of children and families, also recognized that the lack of clear definitions and identifiable starting points were serious barriers (O’Looney, 1997).

Broadly speaking, ICP had two basic goals: (1) to promote collaborative, interagency county planning and (2) to merge the planning documents of OCFS. While ICP ultimately resulted in broad accomplishments on a county level, there were a number of unresolved conceptual issues. This chapter will explore these conceptual issues. Collaborative planning is an extremely difficult process and it is the intent of the research team to discuss these issues to inform others who are considering conducting similar work.

Planning vs. The Plan

Over the course of the demonstration project the emphasis of ICP shifted alternately between experimenting with county-level planning involving a broad stakeholder group, to producing a merged planning document for OCFS. This shift back and forth was particularly confusing in the early stages of ICP, but the evaluators found lingering confusion among county ICP teams over “planning vs. the plan” in the later stages of the project as well.

Most state agencies involved in the provision of human services require written documents or plans, from their local counterparts... These plans vary from agency to agency in purpose and format. Initially, there was some misunderstanding among ICP counties that the demonstration project would culminate in one plan among many state agencies, but this was never the intention of OCFS.

OCFS did contract Welfare Research Inc. (WRI) to administer a survey of 10 New York State agencies and convene a Planners Forum to share information regarding the different local plans required of the agencies. The agencies reported the basis of the required plans, the nature of support provided to the counties in the development of the plans, and the required components of the plans. The analysis of the agency data resulted in a comprehensive inventory of planning information. WRI found that the plans cover different time periods, focus on different target populations, and discuss a wide range of service mixes. Some plans are heavily based upon state and federal statutes and others are not. Overall, the plans are typically agency-specific management plans designed to trigger funding and/or demonstrate regulatory compliance.

When ICP was launched, OCFS was in its infancy as a result of the merger of the services division of the NYS Department of Social Services (DSS) and the NYS Division for Youth (DFY). Prior to the merger, DSS and DFY each had their own required plans –the

Consolidated Services Plan for DSS and the County Comprehensive Plan for DFY.¹⁹ It was obvious that neither plan could be identified as “consolidated” nor “comprehensive.” According to State officials, one of the long term goals of ICP was to combine these required plans. In 2004, state legislation was passed to combine the CSP and CCP by 2008.

The importance of the merged document as an ICP goal was not fully understood by the counties in the early stages of ICP. Many key players at the county level felt identifying ICP too closely with a merged CSP/CCP plan would discourage the participation of other agencies in the initiative. Additionally, many counties felt that the OCFS plan guidelines were overly prescribed and did not reflect the actual work of the ICP teams. In some cases, counties submitted the “OCFS plan” which met the reporting requirements, but also had a second version that was their “real plan.”

OCFS spent considerable time in merging the CSP and CCP state plans and developing plan guidelines that would meet the statutory requirements and be useful to the counties. This merger was extremely difficult because the CSP and CCP required by DFY and DSS respectively were very different in purpose, design, and scope. In the end, there were still two plan documents indistinguishable by agency (Youth Bureaus vs. Social Services) but differentiated by purpose – administrative and strategic. NYS OCFS continues to try to reach the goal of legislative approval for a merged plan.

County planning, which is much broader than document reform, is where counties preferred to focus. For the most part, agency planning does not focus on the general needs of the county but on addressing specific “problem” areas such as child maltreatment, substance abuse, or mental health problems. ICP provided the counties a rare opportunity to work on local planning that encompassed the broader scope of all the human services needs of the county.

Community Involvement

Community involvement is critically important to ICP. While many state agency plans specify a requirement to solicit community participation, the interviewees from many county agencies indicated little meaningful public involvement in their planning processes in the past. Often counties made sincere attempts to involve a broader audience, but were frustrated by low turnout. Further, it was reported that communities have little interest in a merged state planning document or in the coordination of various planning processes by county agencies. As one Coordinator told us, “planning is boring and it’s hard to get people excited by it.”

¹⁹ The local planning requirements of the NYS Division for Youth are implemented by county and municipal Youth Bureaus through the County Comprehensive Youth Services Plan. In 1974, Section 420 of the NYS Executive Law was enacted to stimulate the development of new programs by linking increased state reimbursement with the preparation of the County Comprehensive Youth Services Plan.

The Consolidated Services Plan is prepared in response to statewide goals and objectives to meet federal requirements. The plan of the NYS Department of Social Services was originally developed in compliance with Title XX and Title IV-B of the Social Security Act. With the passage of the Adoption Assistance and Child Welfare Act of 1980, new child welfare planning requirements were added that are largely met by parallel NYS legislation, the Child Welfare Reform Act. In 1981 DSS received a federal waiver to allow for an integration of state and federal planning requirements and submitted its first three-year statewide Consolidated Services Plan. (CCF, 1983)

Significant progress was noted across ICP counties in the area of incorporating community input into the planning process. However, many challenges remain. Securing representation from a broad spectrum of local stakeholders and maintaining their involvement in community planning are two of the difficulties counties faced. While most interviewees agreed community involvement in planning is important, a few indicated community mobilization was beyond the scope of county government.

Over time, however, counties became more creative in their approaches to community involvement. Various strategies were successful: administration of Communities That Care and Search Institute surveys to raise public awareness and mobilize communities, administration and dissemination of needs assessment reports, establishing stakeholder advisory groups, and convening countywide summits. These strategies provided meaningful public discourse for county planning.

Flexibility vs. State Directives

In developing ICP, OCFS intentionally built in considerable flexibility for counties to develop a creative, integrated planning process to address their unique needs. The state level ICP leadership hoped that by taking a hands-off approach and not imposing a state vision of planning, they would encourage county experimentation. In the end, the State held firm to this approach,

“Some additional direction on [the planning] process vs. [plan] content would have been helpful, but more clarity on key concept would not have been helpful. Counties had to struggle with things and work them out.”

Indeed, the “hands-off” approach did result in innovations occurring at the local level. Several counties used the flexibility to be creative in their approach to planning, delivering services, and funding.

The dilemma of balancing local control with state leadership is challenging, and counties had mixed reviews on the state’s approach. On the one hand, counties felt encouraged to be creative and pursue their own vision for integrated service planning. However, there was uncertainty about the State vision, and a few counties, particularly those that had little experience working across departments, would have preferred more state direction. A few counties floundered needlessly during the early implementation phase and could have benefited from more hands-on support and guidance from the state.

While the experimental approach has merit, it also requires greater State involvement when compared with other state-sponsored programs because the planning activities at the local level are dependent on State-level decision-making. As previously discussed, strong state leadership is key to successful collaborative projects. Integrated planning is not achievable unless the state and localities work together when planning.

Target Population Issues

There were two major issues related to the target population. One concerned the key concept of planning for all children and youth (vs. just at-risk youth). The other related to what age groups should be targeted in county planning. Choosing target populations proved to be one of the most challenging concepts for counties.

Addressing All Children and Youth

There was some debate among agencies whether ICP should focus on all children and youth or on at-risk populations. Some informants felt very strongly that the target for county services should be restricted to high-risk populations, as illustrated by the following comment:

“Planning for all children and youth is meaningless. Services provided by the county are for the at-risk population. It is not the job of county government to plan for everybody. Not everybody needs or wants our help. The business of counties is in the high-risk and high-end populations.”

This perspective can be partly attributed to the fact most county agencies involved in ICP are designed to serve at-risk populations – social services, mental health, substance abuse and probation. Some stakeholders were concerned the needs of those most at-risk would be overshadowed by an initiative designed for all children.

On the other hand, some counties felt it was highly appropriate to plan for all children and youth:

“All children are at risk of something at some point. Therefore, we should plan for all and focus on community assets.”

However, the practicalities of planning for all children within existing regulations and funding restrictions left some counties unable to do so and they were compelled to target activities to at-risk populations.

Outside of the Youth Bureau, agencies had little experience or expertise in planning for all children and youth. The target population for planning activities is a critical issue that is tied to the broader debate of prevention versus intervention. Lack of clarity on these issues negatively impacts ICP outcomes.

Age Issues

The counties debated whether to include adults in their ICP planning or to focus on children and youth. This question embodies a fundamental difference between youth bureaus that serve only children and youth and social services that serve all ages. The Consolidated Services Plan (of the former Department of Social Services) has an adult services component. The County Comprehensive Plan (of the former Division for Youth) deals with a population up to 21 years. The majority of counties struggled with including the adult population in their planning. In fact, very few counties had an Office for Aging representative as a consistent participant on their planning team. However, to conduct meaningful planning, State and local agencies will need to consider New York’s changing demographics to address the diverse needs of a growing adult and senior population.

This demographic struggle can be further explained by several other factors. First, early on counties were encouraged by the state to utilize the Search Institute’s Asset Survey or the Communities That Care survey for their needs assessments. Both surveys focus on children and youth, with Search specifically targeting the adolescent population in middle and high school. Second, the adolescent population is where previous coordinating efforts had been successful, such as the PINS diversion program. It is only natural that the counties would follow through on their previous successful paths. Third, children and youth are the populations, some counties felt, where coordination was most needed. As one county agency head put it, this is the

population on which the county spends a significant amount of its money and therefore is in need of the most attention. Finally, recent episodes of school violence have drawn increased attention to adolescents.²⁰ However, some county interviewees felt that ICP overly emphasized adolescents and should include a broader age range. According to one county interviewee:

“ICP focuses on adolescents. It should focus on all age groups. Some of us have pushed this issue. The state was focused on adolescents because of the Youth Bureau ... We haven’t been diligent about the full age group. And no one from the state has challenged us on this or raised it as an issue.”

Concluding Comments

Integrating human services planning on a state and county level is extremely difficult. Service systems have evolved to be separate entities that address issues in isolation with distinct funding streams and regulations. However, the systems do share common constituencies and can only achieve their shared goal of improving social conditions by planning and working together. The integrated planning experience of the state and counties pointed to a number of conceptual issues that required further exploration and clarification. These included identifying the role of state planning documents in relation to county level planning, the clear definition of target populations, balancing State leadership with local control, and involving a broad spectrum of local stakeholders with sustained commitment to community planning.

²⁰ The concern over youth violence may be over exaggerated. Recent statistics from the US Department of Justice indicates that the number of youth committing and falling victim to crime has been dropping since 1993.

CHAPTER 5: RECOMMENDATIONS AND LESSONS LEARNED

Introduction

This section offers a series of recommendations and provides a set of ingredients for successful collaboration resulted from data collection over five years including State level interviews, County level interviews and focus groups, a review of scholarly literature, and a review of other states integrative planning initiatives.

Political Support

The literature suggests that involving political leaders and persons who control resources are factors in successful collaboratives (Harbin et al., 1991; Kagen & Neville, 1993). It is also well recognized that the external environment strongly influences collaborative efforts. By involving key decision-makers in establishing priorities, a project gains credibility and stability.

Strong support from the highest levels of state government was identified as an essential ingredient to the success of many collaborative initiatives operating in other states. These states have strong backing from the Governor's office. In some cases, staff from the Governor's office serve on committees or are involved in selecting representatives for the collaborative group. Active support from the New York Governor's Office would help sustain ICP.

Many states formalize their planning initiatives through legislation. Legislation is an indication of strong support at the executive and legislative levels of government. While stakeholders may support the notion of collaboration, legislation mandates it. Legislation can specify who should sit at the state table. Not only can that have an impact on the agency's participation in the collaborative at the State level, it also has an influence on the local level. In 2004, state legislation was passed authorizing a combined plan (formerly the Consolidated Services Plan and County Comprehensive Plan) by 2008; an indication of executive and legislative support for the initiative. The level of agency involvement at the state level affects the level of involvement at the local level.

At the county level, when the Chief Elected Official was involved in ICP, County agency representatives felt more compelled to be active and showed a stronger level of commitment.

Strong Team Structure

Researchers identify a strong interagency structure as an ingredient for successful integration (Kahn & Kammerman, 1992; Agranoff, 1985). A well-developed structure provides stability and is less vulnerable to changes in the political climate. This approach also promotes coordination by incorporating new initiatives as they arise into the established structure.

Teams we evaluated from other states were comprised of the commissioners and directors. These state-level teams are similar in structure and mission to the NYS Governor's Council on Children and Families. The involvement of commissioners and directors from State agencies outside of OCFS on the ICP Interagency Steering Committee was minimal. With strong leadership, the Interagency Steering Committee has great potential to influence integrated planning at the county level. Additionally, there is a need to improve the functioning of the OCFS internal workgroup. Workgroup members were unclear on their roles in the group and the

overall purpose of the group. Clearly, a more efficient and productive state internal workgroup would likely have improved the implementation of ICP at the county level earlier in the project.

On the County level, the ICP steering committees were generally comprised of commissioners or upper level management. Many counties successfully implemented a subcommittee structure to involve more stakeholders and increase efficiency. These subcommittees generally were organized by sub-populations (i.e., Foster Care Enrichment Team) or specific tasks (Data Workgroup). Another successful approach was the development of a structure that organized decentralized (i.e., sub-county) interagency bodies to address needs and develop plans at the community level.

Our research identified other key features of strong teams highlighted below.

Start Small - More is not necessarily better. The evaluation findings suggest that ICP collaboratives should start small, i.e., starting with county agency leaders and then incorporating community members. Starting small serves multiple functions. First, it provides County leaders with an opportunity to learn about each others' departments. Second, it clarifies the goals and objectives of the team resulting in a unified message to the larger community.

Establish a Regular Meeting Schedule - Setting a regular meeting schedule can enhance interest in and commitment to an initiative.

Be Clear in Purpose - Teams at the County and State levels need to establish a clear purpose and then relay this purpose to members early in the process. Teams should also periodically review and recommit to their mission.

Review Progress Regularly - Planning is a long and often laborious task. Sustaining interest is a significant challenge. One key to keeping the team energized is to regularly review achievements and progress towards goals. It is easy to get bogged down in the minutia of planning, especially when dealing with budget items. Taking a step back to review the team's successes can serve to reinvigorate team members and recharge the team as a whole. ICP teams reviewed progress formally, through retreats and periodically at regular meetings.

Data and Needs Assessments

Three basic frameworks were established for developing outcomes and data indicators – Touchstones (NYS Council for Children and Families), Assessing Children and Families' Well Being (United Way of Northeast New York) and individual county-developed frameworks. The State should consider requiring uniform goals and objectives for all counties similar to the New York State Touchstones data system. This requirement would allow localities to spend their time analyzing data to measure achievement toward goals rather than developing the framework for objectives and indicators. A common data system would allow for the sharing of information among the localities and provide an opportunity to identify strengths and weaknesses across the state.

The State should continue to provide on-going technical assistance to counties on needs assessments and outcome measures. The counties were very enthusiastic about the training and technical assistance offered by the State. Since the counties vary in their expertise and experience, it would be most useful to customize the training sessions. The training cannot be covered in a one or two-hour session at conferences. It requires a long-term commitment.

In addition, counties need state assistance in developing their technological capacity. An assessment of technological needs should be conducted and assistance and resources offered.

On a county level, the first step in conducting needs assessments should be to rely on published data sources before collecting new data. Many surveys cannot and should not be viewed as the only means to conduct a needs assessment. No survey should be a substitute for the needs assessment. Understanding the needs of children, youth, and families in the county is a complex and often unexciting and painstaking process that requires locating and pulling various sources of data which may then be complemented by a survey.

Counties should consider hiring or assigning a data specialist to maintain, update, and interpret data. ICP counties that did this reported that the data specialist created a single contact for multiple agencies to obtain data and stay abreast of trends in the community. Where funding is limited, counties may consider pooling their resources to subcontract with the same consultant who can provide training and assist the counties in establishing outcomes and analyzing data.

As data become available through needs assessments, surveys or other sources, these data should be distributed throughout the community to inform citizens. Citizens and key stakeholders often are not aware of the extent of issues in their community. Issuing a county report card, for example, raises awareness and can stimulate action. Publishing to a county website is another effective distribution opportunity.

Leadership and Project Coordination

Research points out that lack of leadership is a primary reason for failure in many integration efforts (Yessian, 1995; O’Looney, 1997). In general, the State Project Coordinator as well as county coordinators received very positive ratings from their respective teams. Teams also attributed strong leadership to much of the success experienced with integration.

The interviews and the literature discuss several factors that are linked to successful leadership. First, sufficient resources need to be devoted to start coordinated planning. Organizing coordinated planning is demanding work that takes considerable time and effort. Whether the coordinator is an independent contractor or a county employee, a point-person is an important factor in the success of a collaborative initiative such as ICP.

It is also important to hire a leader who is viewed as neutral, someone not tied to any one partner. Research points out that every participant has to feel a sense of ownership in any successful interagency initiative (Mattessich & Monsey, 1992). The neutral coordinator is better able than an inside person to mediate conflicts between agencies, improve communications, and move the project forward.

Communication

Open and frequent communication is crucial to the success of integration at every level (Mattessich & Monsey, 1992). New York State developed a good communication system among ICP counties; a commitment which should be furthered. The ICP e-mail notice system established by the project coordinator in Year 2 was a highly effective mode of communication between the central office and counties.

Other states we studied had well developed methods for state and county communication. States developed web pages that provided information on future meetings relevant to the

collaborative efforts and listed the contact people affiliated with the collaborative efforts. Many states provided the localities with on-line access to data to measure goals and objectives. Other methods to foster communication include electronic newsletters and periodic mailings. Many states established formal structures to meet the training and technical assistance needs of the counties.

New York State organized several statewide meetings of the ICP counties which included many stakeholders. These meetings should be supplemented with quarterly meetings of ICP coordinators focused on specific issues and concerns. County coordinators reported appreciating the opportunities for networking with other coordinators during statewide meetings where they learned the most, but felt frustrated not enough time was allotted for such informal discussions. Due to the large size of the statewide meetings and schedule constraints, intense exploration of the more complex issues was insufficient.

Integrating ICP: Regional Offices and Other Collaboratives

Integrating the regional offices into the team is also essential for effective communication with counties and implementation of the initiative at the local level.

The role of regional offices was not clarified throughout the life of the ICP project. According to internal and official OCFS documents related to ICP, OCFS initially envisioned a larger role for the regional offices, but this never came to fruition. A larger regional role would have been consistent with the historical role of regional offices in supporting and directing counties. In hindsight, state officials acknowledged that regional offices should have been fully integrated into the design and implementation of ICP.

Regional office DFY and DSS staff were faced with their own challenges associated with working together. Unlike the state-level merger, DSS and DFY regional offices were not merged into a single department. This co-location but non-integration of DSS and DFY regional staff created confusion and unresolved issues.

Regional office staff need to be meaningfully integrated into ICP to provide direction and support in to foster local planning. These staff know their service areas and are already responsible for reviewing portions of county plans.

ICP is one of many collaborative efforts. The people who sit at the ICP planning table also sit at many other tables. In fact, county agency representatives were frustrated by the number of collaborative groups to which they belonged. The initiatives of ICP should be shared in every meeting in order to infuse ICP principles throughout the community. The ICP interagency structure should analyze the collaborative groups operating in the county, their purposes and activities, and the possibility for partnership or consolidation.

Community Involvement

A planning initiative that does not involve key community stakeholders in the process is bound to fail in accurately identifying needs, implementing strategies, or both.

Building upon existing structures is an efficient way to engage stakeholders. CCSI provides a structure to solicit community participation regarding at-risk youth. Several counties built upon this existing structure to solicit community input on ICP planning for all youth. The

research team believes this is a model approach. The challenge is maintaining the momentum of community involvement in the long run.

ICP counties were creative in their strategies to engage the community. Some used a data-driven approach – presenting needs assessment and survey data to community groups to solicit their input. ICP teams must make the data clear to ordinary citizens to enhance understanding about high-need issues. Community buy-in stems from awareness and concern. Being especially creative during community presentations is critical to getting community buy-in. Instead of presenting dry statistics, one ICP Coordinator talked about “blue flags” and “red flags” to describe areas where the county was above or below the state average on social indicators.

Engaging youth is particularly challenging. Again, ICP counties were creative. Knowing that transportation is an issue, one rural county held ICP meetings during the last class period of the school day so students could participate in the meetings and still get a ride home on the school bus. Several counties held Youth Summits to engage youth in problem identification and problem solving. These summits take considerable planning and should not be undertaken lightly. Counties who convened youth summits recommended being very specific with guidance counselors on the types of students to engage in summits, to get good cross-representation of views, and to be clear with students what is expected of them during the event and when they return to their home school.

State Planning Documents

All parties affiliated with ICP, both county and state level, agreed that the OCFS plan review process was in need of improvement. While counties are encouraged to engage in an integrated planning process and prepare a single document, the State in turn breaks apart the plan for review. While the State internal workgroup has devoted a significant amount of time on the review process significant issues remain unresolved.

County plans are due to their respective State agencies at different times throughout the year. This is not only a very inefficient process, but also runs counter to the integration of county planning efforts. The Interagency Steering Committee might consider establishing the same deadline for the submission of county plans to the state. Having all plans due on the same day would enable counties to schedule public hearings across systems resulting in a more comprehensive needs assessment addressing the myriad and overlapping needs of the county population as a whole. State agency review of plans submitted all at the same time would, by necessity, become more integrated.

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Appendix A
A Review of Literature
of Human Service Integration
December 2000

Presented by:



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Preface

At an early statewide ICP meeting, some counties indicated that it would be helpful to have a review of the literature on the factors that contribute to successful collaborations. In our effort to support the work of ICP, the evaluation team conducted the review and prepared this packet.

From our search, we discovered an excellent report published by the Amherst. H. Wilder Foundation, entitled *Collaboration: What Makes It Work -- A Review of Research Literature on Factors Influencing Successful Collaboration*. A copy of this report is enclosed in the packet.

In addition, we have included another document to supplement the Wilder Foundation's publication. This document is presented in two parts:

- The first section provides a brief review of selected literature focusing on the background, conceptualization, barriers and recommendations for collaboration
- The second section consists of an annotated bibliography, which summarizes a number of research articles and published reports on human service integration

If you would like a copy of any of the articles cited in the review or in the bibliography, please let us know.

We hope this packet is helpful to your efforts. If you need any additional information or we can be of any further help, please contact us.

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A Literature Review of Human Service Integration

Introduction

This document provides a brief review of selected research articles and reports on human service integration. It is intended to be a supplement to the enclosed report entitled, "*Collaboration: What Makes It Work -- A Review of Research Literature on Factors Influencing Successful Collaboration*" published by the Amherst H. Wilder Foundation.

Hundreds of academic articles and public documents on the subject of human service integration have become available in the last four decades. However, the literature specific to planning is limited. In this document, we place human service integration in a historical context, offer a conceptual treatment of the subject, and cite some barriers and recommendations. The intent of this review is not to be exhaustive, but to illuminate some important findings that are especially relevant to ICP counties. The annotated bibliography following this review will provide a more comprehensive overview of the field.

Historical Overview of Human Service Integration

Human service integration is the process of developing a comprehensive and seamless system to address the multiple needs of people. The size and complexity of the human service system, however, presents many challenges to this daunting task. Despite the array of obstacles encountered, various efforts to integrate human services have persisted over the past thirty years at both the state and national level.

The movement to integrate human services began in the 1960's with federal legislation to improve the lives of the poor.²¹ Realizing that the problems of poverty encompass many human service agencies, the federal government encouraged its agencies and counterparts at the state level to work towards a comprehensive system. Early in the 1970's, the US Department of Health, Education and Welfare (HEW) was a leading force in reforms that would break down categorical barriers and integrate services across program areas. At that time, the term *service integration* began to appear in policy discussions.

Building on the consensus that human services are too fragmented to meet the multiple needs of people, the movement continued throughout the late 1970's and the 1980's, though much of the federal funding became limited. (Voydanoff, 1995). The leadership devolved to the state and local levels and the emphasis shifted from comprehensive programming to programs that concentrated on specific target groups such as the elderly, runaway youth, developmentally disabled and juvenile offenders.

²¹ Most researchers cite the enactment of the Economic Opportunity Act of 1964 as the starting point for the integration movement (Agranoff, 1991; DHHS, 1991; Kagan and Neville, 1993).

In recent years, foundations have played an increasingly active role in funding and evaluating comprehensive system-reform initiatives. Targeting poor urban neighborhoods that suffered from deteriorating social conditions, these initiatives took different structures and formats but shared two common principles: community building and comprehensiveness (Fulbright-Anderson, et. al. 1998). The experience of one such initiative, New Futures,²² has much to offer the participants in ICP. Aimed to prepare disadvantaged urban youth for successful lives as adults, the initiative encouraged its participating communities to develop “a fundamental restructuring of the way these communities planned, financed, and delivered” services to at-risk youth (Anne E. Casey Foundation, 1995).

A key lesson learned from New Futures was that “in some low-income communities, service-system and institutional-change initiatives, by themselves, cannot transform poor educational, social, and health outcomes for vulnerable children and families” (Anne E. Casey Foundation, 1995 p. vii). Any efforts to improve outcomes of children and families have to be truly multi-faceted, including economic and social-capital initiatives. That is, service coordination, in and of itself, is insufficient to produce meaningful social change.

Conceptualizing Human Service Integration

The meaning of service integration has varied over time and across disciplines. The definitions range from a narrow meaning of “doing a better job of coordinating across human service programs and organizations” to a broader one of “the fundamental restructuring of human services organizations to improve service delivery at the neighborhood, community, county, and regional levels” (Austin, 1997). Former HEW Secretary Elliot Richardson’s definition in 1971 is commonly cited to describe service integration:

Service integration refers primarily to ways of organizing the delivery of services to people at the local level. Service integration is not a new program superimposed over existing programs; rather, it is a process aimed at developing an integrated framework within which ongoing programs can be rationalized and enriched to do a better job of making services available within existing commitments and resources. (DHHS, 1991)

One important strategy suggested by scholars over years of evaluating service integration efforts is to conceptualize the type of integration being pursued (Agranoff and Pattakos, 1979; Kagan and Neville, 1993; Yessian, 1995). We have found the following four domains of integration informative in our understanding of ICP.²³

Client-Centered Domain: The main goal is to improve the service system’s responsiveness to the multiple needs of clients. This may involve joint efforts by two or more service providers to conduct client outreach, intake, assessment, referral, or follow-up; to provide case coordination through a case manager or case conference approach; or

²² New Futures was a five-year initiative funded and evaluated by Annie E. Casey Foundation.

²³ Though other researchers identify these domains in a similar fashion, this section borrows liberally from Yessian’s 1995 article.

to bring services closer physically through co-location of services or transportation of clients from one service facility to another.

Program Domain: Linkages here involve meshing activities of separate agencies to seek program efficiencies rather than to achieve program responsiveness to client needs. Examples include fiscal linkages such as joint funding; personnel linkages such as joint use of staff or common training; program linkages, such as joint development of evaluation instruments; and support linkages such as combined record keeping.

Policy Domain: This type of integration encompasses the categorical boundaries of various human service programs. It focuses on issues rather than programs. It involves weaving together information from various sources, often through councils or task forces, to assess needs, establish priorities, plan services, and monitor activities.

Organizational Domain: Service integration in this domain calls for the consolidation of formerly independent agencies or even the formation of entirely new agencies with broadly based responsibilities. This domain was most visible in the 1970's when umbrella human service agencies were often viewed as a way of exerting a more unified direction over the fragmented human service field.

While most service integration initiatives span across the various domains because they involve different levels of coordination, ICP is best characterized by the policy domain. The original ICP Request for Proposals (RFP), calls for developing a process “that goes beyond coordination of professional services and programs” (OCFS, 1998). The planning activities commonly involve the type of activities associated with the policy domain: needs assessment, prioritization of issues and goals, and identification and selection of strategies. In addition, the project involves a partnership of various human service agencies at the state and local levels serving children, youth, and families.

The policy level of integration has the most potential for change since the participants have control over resources and authorities. However, the literature indicates that this domain is the most risky of the four because of its sensitivity to pressure from constituents and the differing interests of participating agencies.

Obstacles and Recommendations

The Wilder Foundation Report cites 19 factors that influence service integration. These factors, such as strong leadership and an appropriate cross section of members are primarily at a micro-level and can be very useful to ICP counties. At a more macro level, the Department of Health and Human Services published a twenty-year review of service integration in the early 1990's, that provides some valuable insights into the field. We will discuss this report here.

The DHHS report argues service integration efforts appear to have had little institutional impact on a highly fragmented human services system largely for two reasons – the multiplicity of regulations associated with human services programs and the different eligibility requirements

of different programs. In addition, the size and complexity of the human service system is recognized as a major obstacle to service integration.

Other barriers identified in the report include the following:

Professionalism, Specialization and Bureaucratization: Repeatedly, integrative projects have found that the highly professionalized, specialized, and bureaucratic nature of the human services environment generates a mind-set among established interests that is not receptive to integrative reforms.

Limited Influence of Integrators: The leaders of integrative initiatives have limited influence partly because their positions are unstable compared with their colleagues in specialized agencies.

Weak Constituency: There is a weak constituency for service integration. The strongest constituencies within the human services rally around specific target groups such as the disabled, the developmentally delayed, and the elderly.

Funding Limitations: Funding for service integration has only been available on a very limited and irregular basis. Once demonstration funding runs out, the integrative elements tend to recede or disappear altogether. The imperatives of specialization are more commanding and lasting than the imperatives of integration.

The report concludes with the following recommendations:

Recommendation 1: Given the enormity of the barriers they face, service integration efforts that seek major institutional reform should be initiated selectively, if at all. The chances of success appear to be much greater if policy makers pursue modest objectives, stressing incremental, near-term gains.

Recommendation 2: A service integration strategy likely to generate more near-term success is to focus on well-defined target groups and to pursue reform primarily within categorical program areas. This approach is grounded in the current realities of the human service system. This does not change some of the basic failings of the system but would receive more support from established constituencies and could generate momentum toward more far-reaching reform. Further, by virtue of being less complex, such a strategy would facilitate priority-setting and performance assessment.

Recommendation 3: Even a target-group, categorical program approach, however, is likely to require some degree of central authority and flexible funding to generate and sustain more integrated service delivery. In addition to flexible funding, it is necessary to provide some external stimulus and for the participating agencies to agree to some loss of sovereignty.

Recommendation 4: Emphasis needs to be placed on measuring results. Service integration projects should develop performance indicators and use them on an ongoing basis to assess the effectiveness of services being offered to clients and the efficiency and economy with which they are being provided.

Recommendation 5: The cultivation and maintenance of networks of individuals engaged in service integration efforts is vital to the success of these efforts. Service integration efforts occur at the periphery of the human services system, not at its core. They are a diverse and widely scattered set of initiatives. Emphasis needs to be placed on connecting those involved in these initiatives to disseminate valuable information, stimulate ideas, and foster effective strategies for the future.

Conclusion

Comprehensive human services planning often appears overwhelming to those who seek to serve those in need. Nonetheless, research points out that it is a challenging but not impossible task. Because it offers the best hope for simplification and manageability of the delivery of human services, comprehensive human services planning has been repeatedly pursued. If attention is given to the barriers and strategies mentioned above, it is possible to enhance collaboration for the benefit of all children, youth, adults, and families.

Annotated Bibliography

This bibliography is presented in three sections: (1) Collaboration: History and Definition, (2) Evaluations of Demonstration Projects, and (3) Published Reports Available to the Public.

I. Collaboration: History and Definition

Agranoff, R. (1985). Service Integration is Still Alive: Local Intergovernmental Bodies. *New England Journal of Human Services*, pp 16-24

In the 1970s, service integration was identified as a response to categorical growth and complexity in human services promoted by the federal and state governments. However, in the 1980s Agranoff argues, "integration is alive but has taken different and less visible forms." He states that Intergovernmental Bodies (IGB) are now the force behind integration efforts at the community level. The article states that localities, compared with the national and state levels, appear to be most successful at pursuing integration by attacking problems or clusters of issues.

Agranoff, R. (1991). Human Services Integration: Past and Present Challenges in Public Administration. *Public Administration Review*, 51(6), 533-542

Begun in the 1960s, efforts at human service integration seemed to have subsided during the late 1970s and early 1980s. In this article, Agranoff demonstrates that the service integration movement is alive and flourishing in a variety of forms throughout the country. The challenge that the human service integration movement poses for public administration is the need to adopt a new paradigm that replaces the old emphasis on single organizational structures with a "transorganizational management" perspective.

Austin, M. (1997). Service Integration: Introduction. *Administration in Social Work*, 21 (3/4), 1-7

As an introduction to a set of articles on service integration, this paper presents multiple definitions of service integration used by different people. For some, Austin argues that the integration of human service means, "doing a better job of coordinating across human service programs and organizations." Another view of service integration involves "the physical co-location of services networked together." Finally, service integration is defined as "the fundamental restructuring of human service organization to improve service delivery at the neighborhood, community, and regional levels."

Bolland, J. & Wilson, J. (1994). Three Faces of Coordination: A Model of Interorganizational Relations in Community Based Health and Human Services. *Health Services Research*, 29(3), 341-366

This article compares service coordination for the elderly in six counties of Alabama. Using network analysis procedures, researchers identified the network associated with each of three organizational functions (i.e., service delivery, administration, and planning) in each site, and assessed levels of coordination in each network. Levels of integrative coordination across sites for each organizational function is comparable. However, comparisons across sites show integrative coordination to be consistently highest for service delivery networks and lowest for planning networks.

Gilbert, N. and Specht H. (1977). Quantitative Aspects of Social Service Coordination Efforts: Is More Better? *Administration in Social Work*, 1:53-61

This study analyzes the relationship between the success of local service coordination efforts in the Model Cities Program and three quantitative factors: (a) the number of agencies involved in planning; (b) the number of agencies involved in implementation; and (c) the proportion of project funds committed by participating agencies. The findings indicate that there is an inverse relationship between the number of agencies involved in planning/implementation and the rating of success achieved in coordination. Thus, more is not always better. Further, the authors find a positive relationship between commitment of funds and coordination ratings.

Gray, Barbara. (1985). Conditions Facilitating Interorganizational Collaboration. *Human Relations*, 38:911-936

This study synthesizes research findings from organizational theory, policy analysis, and organization development, and proposes conditions that are essential to achieving collaboration. The author identifies a process model of collaboration, which is identified by three development phases: problem setting, direction setting, and structuring. Organizing collaborative efforts requires focusing on the interorganizational domain or set of interdependencies that link various stakeholders, rather than on the action of any single organization.

Hassett, S. and Austin, M. (1997). Service Integration: Something Old and Something New. *Administration in Social Work*, 21(3/4), 9-29

This article traces the definition and challenges of "service integration," variously known over time as "collaboration," "human service integration," and "one-stop shopping." While the common use of service integration terminology currently may seem to indicate a consensus in favor of a broad systemic reform, motivations and expectations for service integration differ significantly among different players in the service system. The authors conclude that a particular service model or outcome cannot define service integration, but instead it should be conceived of as an ongoing reform process. This process can reduce duplication, strengthen communities, and improve client outcomes.

Herrington, C. (1999). Evaluating Integrated Children's Services: The Politics of Research on Collaboration and Social Services Research. *Educational Policy*, 13(1), 47-59

This article examines how the differing political status among providers of student services works against professional collaboration. Some barriers to service integration identified by the authors are:

- Unwillingness to share professional turf and relinquish agency autonomy
- Administrative authority problems
- Funding, if resources are tied to one funding source.

The role of the school is key because shared services often occur on the school site, where children spend the most time. The authors further argue that all agencies and recipients or targets of the service must be involved in the planning process.

Knapp, M. (1995). How Shall We Study Comprehensive, Collaborative Services for Children and Families? *Educational Researcher*, 5-16

This article notes some of the reasons why there are difficulties with comprehensive collaborative services. They include the complexity and flexibility of services, many levels of systems, and multiple services within agencies. Consequently there is a convergence of different disciplines that do not normally communicate with each other.

Collaborative services takes many forms including: enhanced referral for those in need, coordinated management of cases, collocation of services, enhanced communication and information sharing, sharing of resources, reconceptualization of human services, joint planning and execution of services.

O'Looney, J. (1993). Beyond Privatization and Service Integration: Organizational Models for Service Delivery. *Social Service Review*, 501-534

With the renewed interest in domestic and welfare policies, the design of social services delivery systems is likely to take on greater importance in policy-making and planning circles. Two movements - one toward service integration and another toward privatization - currently dominate the debate over the redesign of human services delivery systems. The author predicts that in the future, public-private partnerships variously coupled organizational systems, and mixed competitive-noncompetitive environments will be the rule, rather than the exception.

O'Looney, J. (1997). Making Progress Towards Service Integration: Learning to Use Evaluation to Overcome Barriers. *Administration in Social Work*, 21(3/4), 31-65

This article is based on the Georgia's Family Connection experience. While federal statutes defining categorical programs and funding streams are most often cited as barriers to service integration efforts, these efforts can be stymied by factors at the state and local levels as well.

For successful collaboration, the following suggestions are made:

- Define starting points for service integration efforts.
- Identify specific service integration activities that are practical for the given community.
- Specify the time that will be needed to carry out the service integration efforts.
- Identify the potential costs and benefits of service integration.
- Clearly outline a process for self-assessment of the progress of meeting service integration goals.

Roberts, R.N. and Behl, D.D. (1996). Community-level Service Integration within Home Visiting Programs. *Topics in Early Childhood Special Education*, 16:302-22

Based on a national survey of 193 programs serving children eligible for Individuals with Disabilities Education Act (Part H), this study identifies strategies as well as barriers to successful service integration. A variety of successful strategies to facilitate integrated services were reported as being implemented at the community level, although there was limited coordination with hospitals, medical specialists, and mental health services. Insufficient funding for lower caseloads and compensation for service coordination efforts were perceived as the greatest barriers to system integration efforts.

Schrag, J. (1996). System Change Leading Better Integration of Services for Students with Special Needs. *School Psychology Review*, 25(4), 489-495

This article highlights key components of system change needed to improve service integration. They are:

- Incentive or trigger mechanisms usually from legislation, lawsuits or other types of pressures
- Shared vision of the strengths and weaknesses of current system
- Strong leadership to take hold of shared vision and move it to the formation of system change
- Bottoms-up change and synergy between governmental levels
- Supportive programmatic policies/procedures and training
- Flexible funding strategies/incentives.

Skaff, L.F. (1988). Child Maltreatment Coordinating Committees for Effective Service Delivery. *Child Welfare*, 67(3) 217-230

This article reports a study of the most common mechanism of multidisciplinary approaches to service coordination: the community coordinating committee. The evidence suggests that the most essential benefit of having this committee is the opportunity it provides for community agencies and professionals to communicate directly with one another, to exchange information, and to share their distinct perspectives. The author also suggests the following conditions for greater collaboration: setting neutrality, equality of power among all members, and openness of the committee.

Task Force on Children and Youth, Albany, New York (1989). *There ARE Better Ways to Serve Children*

This report culminates the work of the Task Force on Children and Youth established by Governor Cuomo with a mission of proposing actions that would more effectively meet the need of the vulnerable children in New York State.

The Task Force identified three key areas to enhance the delivery of services: the need for collaboration and coordination, the need for state leadership on children's issues, and the need for trust and open, honest communication between all participants in the children's services system.

This publication provides a systematic review, presents well thought-out recommendations for change, and contains five papers produced by subcommittees of the Task Force. One of the five papers, "Local Planning for Children, Youth, and Families," identifies key issues in local planning, provides suggestions for the appropriate role of local planning and offers recommendations for change.

Voydanoff, P. (1995). Family Perspective on Services Integration. *Family Relations*, 44, 63-68

This article uses an ecological systems model and a family perspective framework to provide a rationale for policies that guide the development of integrated service delivery systems for families and individuals experiencing multiple interrelated problems. There can be two levels that integration takes place: the administrative and client level. Case management is the bridge or link between the policy provider's interests and the needs of the "whole" client.

Characteristics of successful service integration are:

- Programs that are comprehensive, flexible and responsive
- Efforts that deal with child as an individual, part of a family, and part of the community
- Initiatives targeted to the most in need
- Staff who are well trained and create accepting relationships with clients
- Managers who are committed and competent and are not afraid to take risks.

Yessian, M. R. (1995). Learning from Experience: Integrating Human Services. *Public Welfare*, 53:34-42

The author, who was involved in writing the 1991 DHHS report, recaptures lessons learned from the past 20 years of service integration attempts in this article. He advises those involved in integration to minimize references to general terms such as "integrate" and "coordinate" but construct more operational ones that specify the type of human service linkage sought. One such lesson is to conceptualize the type of linkages to be pursued. Four domains of linkage are as follows: Client-centered integration, program domain, the policy domain, and organizational structure.

II. Evaluations of Demonstration Projects

Bickman, L., Heflinger, C., Pion, G., & Behar, L. (1992). Evaluation Planning for an Innovative Children's Mental Health System. *American Psychologist* 562-578.

This article and the accompanying citations listed below describe the innovation of a mental health system for children and adolescents called the "Fort Bragg Demonstration." A five-year study at Ft. Bragg and two comparison sites was carried out with the goal of providing a complete continuum of care to children receiving health care benefits through CHAMPUS, a government employee health insurance program.

Although access to care and the amount of care received increased under the system, no differences in clinical or functional outcomes were found between the groups. The results confirm that coordinating service delivery is easier to accomplish than coordinating planning (see Bolland and Wilson 1994). For example, staff members of different mental health agencies were more likely to utilize referral services than to coordinate activities across agencies

See Also:

Brickman, L. (1996). Reinterpreting the Fort Bragg Evaluation Findings: The Message Does Not Change. *Journal of Mental Health Administration* 23(1), 137-146

Bickman, L., Summerfelt, W. & Noser, K. (1997). Comparative Outcomes of Emotionally Disturbed Children and Adolescents in a System of Services and Usual Care. *Psychiatric Services* 48(12), 1543-1548

Bickman, L. (1997). Resolving Issues Raised by the Fort Bragg Evaluation: New Directions for Mental Health Services Research. *Clinical Psychology Review* 12, 853-865

Heflinger, C. (1996). Measuring Service System Coordination in Managed Mental Health Care for Children and Youth. *Evaluation and Program Planning* 19(2), 155-163.

Randolph, F., Blasinsky, M., Leginski, W., Parker, L., & Goldman, H. (1997). Creating Integrated Service Systems for Homeless People with Mental Illness: The ACCESS Program. *Psychiatric Services* 48(3), 369-373.

This article, and the accompanying citations listed, present the findings from the evaluation of eighteen demonstration sites in the Access to Community Care and Effective Services and Supports (ACCESS) program for homeless persons with serious mental illnesses. The US Department of Health and Human Services initiated the ACCESS program in 1993. The evaluation revealed several problems that were addressed by providing technical assistance to the states. States were helped to articulate a broader mission of addressing system-level barriers, develop an expanded plan, strengthen the authority of interagency councils, involve leaders at the state and agency levels, and develop joint funding strategies.

One of the main findings was that the interagency linkages largely consisted of client referrals and information exchanges, with very few funding relationships. Agencies have their own funding and support and therefore act autonomously.

The study by Rosenheck et al. (1998) explored that concept that greater integration and coordination between agencies within service systems is associated with improved outcomes of service. While the integration led to increased use of housing services and ultimately to stable housing among clients after one year, this pattern was not replicated in other areas. Access to other services – income support and substance abuse – was in fact decreased over this period. The authors argue that “the conceptualization of service integration as a homogeneous characteristic of a service network that affects the accessibility of many of the services available through that network” cannot be supported.

See Also:

Randolph, F. (1995). Improving Service Systems Through Systems Integration: The ACCESS Program. *American Rehabilitation* 36-38

Morrissey, J., Calloway, M., Johnsen, M. & Ullman, M. (1997). Service System Performance and Integration: A Baseline Profile of ACCESS Demonstration Sites. *Psychiatric Services* 48(3), 374-380

Rosenheck, R. et al. (1998). Service System Integration, Access to Services, and Housing Outcomes in a Program for Homeless Persons with Severe Mental Illness. *American Journal of Public Health* 88(11), 1610-1615.

III. Published Reports Available to the Public

Annie E. Casey Foundation. (1995). *The Path of Most Resistance: Reflections on Lessons Learned from New Futures*

This report summarizes lessons learned from New Futures, a five-year initiative to encourage a fundamental restructuring of the way the communities planned, financed, and delivered services to at-risk youth.

For free copies, contact the Annie E. Casey Foundation (410-547-6600) or www.aecf.org

Blank, M and Danzberger, J. *Developing Collaborative Community Governing Bodies: Implications for Federal Policy*. Institute for Educational Leadership

This paper provides an in-depth discussion of the complex development of collaborative groups, the key elements of collaborative community governing bodies, and how federal policy could nurture their development.

To order, call The Institute for Educational Leadership (202-822-8405), \$6.00 Prepaid.

Blank, M. and Melaville, A. (1993). *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services*. U.S. Government Printing Office

Blank and Melaville provide a comprehensive framework on the stages and milestones of a collaborative approach to systems reform. It has been widely disseminated and used as a tool for changing the ways systems are organized to support children, youth, and families.

For free copies contact U.S. Government Printing Office, 732 North Capital Street and H Street, NW Washington, DC 20401 (or call 202-219-2129).

Bruner, C. *Legislating Devolution*. Child and Family Policy Center

This publication explores the challenges that states and communities face as power and authority devolves to the local level. It identifies key issues that states must address, such as accountability, capacity building, in the devolution process.

To order, call Child and Family Policy Center (515-280-9027), \$4.00 prepaid.

Cooperative Extension, University of Wisconsin (1998). *Evaluating Collaboratives: Reaching the Potential*

This manual provides a compendium of ideas to assess the work of collaborative groups. Includes a number of self assessment tools.

To order, call Cooperative Extension Publications (608-262-3346) for publication G3658-8. Also available on-line at <http://www1.uwex.edu/ces/pubs/subcat>

National Assembly of National Voluntary Health and Social Welfare Organizations. (1997). *The New Community Collaboration Manual*

Nine detailed chapters look at how to start and maintain collaborations (including dealing with pitfalls and barriers), involve youth and business partners, work with the media, and use information technology. There's a step- by-step guide for organizing a town meeting or summit.

To order visit at <http://www.energizeinc.com/total/newc.html> The cost of the paperback book is \$13.95.

National Network for Collaboration. (1996). *Collaboration Framework: Addressing Community Capacity*

This 18-page booklet presents a model of collaboration, which includes a list of process factors and contextual factors. The first step of building collaboration is to define existing or potential relationships by the following five types of community linkages: Networking, cooperation for alliance, coordination or partnership, coalition, and collaboration. It claims that the framework can be used as a tool while developing and sustaining collaborations. In addition, this booklet can be used as a diagnostic tool to evaluate the continued development and expansion of the group.

For more information, contact <http://www.cyfernet.mes.umn> or call 701-231-7259, \$5.00.

Potapchuk, W., Crocker, J. and Schechter, W. *Systems Reform and Local Government: Improving Outcomes for Children, Families, and Neighborhoods. Program for Community Problem Solving*

This paper explores institutional and cultural barriers to effective collaboration in communities. It discusses systems reform and local government as well as sustainable communities and vital local economies.

To order, call Program for Community Problem Solving (202-783-2961).

Straus, D. and Straus, D. (1976). *How To Make Meetings Work*.

This book describes a proven method for making collaborative meetings productive, focusing on helping team members work together to generate ideas and solve problems. To order, call Jove Books (212- 951-8800) \$10.00 Prepaid.

W.K. Kellogg Foundation. (1998). *Safe Passages Through Adolescence: Communities Protecting the Health and Hopes of Youth*

This report provides the description as well as the outcomes of promising community-based approaches funded by the Kellogg foundation. Despite the geographical and demographic differences, all projects have many similarities including working across disciplines to invest in youth.

To order, call W.K. Kellogg Foundation (800- 819 - 9997) or via <http://www.wkkf.org>

Winer, M. and Ray, K. (1994). Collaboration Handbook: Creating, Sustaining and Enjoying the Journey. Amherst H. Wilder Foundation, St. Paul, MN.

This handbook provides case examples and instruments for effective collaboration among agencies. Designed as a workbook, it explains a step by step approach to collaboration.

Also, it provides a list of resources and worksheets.

To order, call Amherst H. Wilder Foundation (800- 274 - 6024) or via

<http://www.wilder.org> The cost of the handbook is \$30.

Appendix B
ICP Regional Forums
Spring 2001

Presented to:
New York State
Office of Children and Family Services

Presented by:



Center for Human Services Research
School of Social Welfare
State University of New York
University at Albany

APPENDIX B

ICP REGIONAL FORUMS

SPRING 2001

INTRODUCTION

Background

The Center for Human Services Research conducted four regional forums with ICP counties between January 2001 and March 1, 2001. The forums consisted of in-depth discussions of issues that were raised in the first year evaluation. The idea for the forums originated with ICP county representatives who expressed the desire to share experiences and discuss areas that they had in common with other ICP counties. The forums also provided the opportunity for the ICP Research Team to gather second year process data using a focus group methodology.

Participants

The groups were broken down by the following regions:

- Central NY: Broome, Oswego, Herkimer, and Lewis
- Capital District: Ulster, Rensselaer, and Schenectady
- Hudson Valley: Dutchess, Sullivan, Bureau, Westchester, and Rockland
- Western NY: Wyoming, Monroe, Genesee-Orleans and Cattaraugus counties.

Each group consisted of seven to thirteen individuals. A total of 39 stakeholders attended, representing the following groups:

- 13 (33%) from Youth Bureaus
- 11 (28%) from Departments of Social Services
- 8 (21%) from other county agencies (Departments of Health, Probation, and Mental Health)
- 5 (13%) from voluntary or contract agencies like the United Way or a community action program.
- 2 (5%) were independent consultants

Methodology

The Research Team facilitated each forum using a standardized protocol. The team took detailed handwritten notes and tape-recorded each session. Following the forums, considerable time was spent analyzing the remarks. First, each of the sessions was transcribed using the notes and tapes. After careful reading and discussion among members of the team, the responses were synthesized into major categories. The Research Team worked diligently to present a balanced picture of the forums and accurately report the many perspectives that were heard.

Forum Content

Each forum addressed the topics:

- **Interim Guidelines:** OCFS had developed an interim planning document that combined the existing requirements for the County Comprehensive Plan with the existing requirement for the Consolidated Services Plan. The plan was intended to be temporary until OCFS obtained input from the counties to guide its work in making substantive changes. The forum focused on the counties' experiences in preparing the interim plan and how these experiences differed from previous work in developing the County Comprehensive Plan and the Consolidated Services Plan.
- **County Practices:** The counties shared policy, administrative and structural reforms that have been implemented.
- **Stakeholder Involvement:** This discussion focused on ICP target populations as well as the involvement of different key stakeholders in the planning process.
- **Overall Evaluation:** Counties reflected on their overall experience with ICP.

FINDINGS

The Interim Guidelines

The Interim Guidelines stimulated heated discussions on the part of counties. Overall, the counties were extremely disappointed by the lack of change in requirements of the planning document. However, in some cases they reported beneficial outcomes. This section summarizes these responses.

The Regulations

Counties were frustrated that the document did not accurately reflect the integrated planning work that was done. The counties perceived that the ICP planning process was disconnected from the written document. Counties had spent over a year devoted to developing a broad based planning process that was distinct from the requirements in the Interim Guidelines.

Basically, the constraints associated with the regulations and requirements of the document do not necessarily coincide with local priorities or the activities of the ICP teams. ICP participants had some hope that there would have been a deeper connection between the process of county planning and state documentation requirements and that the plan would be more flexible. Instead, the participants observed that the planning requirements had not changed, and that the plans were constrained by "old" regulations. While the local planning process had moved forward, the State document requirements were still largely based on the "old" Youth Bureau and Social Services plans.

These issues led to some concern that the written product was not useful as a working document for ICP. The counties felt the plan fell short of their expectations and was largely a product to meet regulations rather than a useful document that met their needs.

While most counties were frustrated by the Interim Guidelines, at least two counties believed that they could overcome the obstacles posed by the requirements; once the basic planning requirements were met, these counties could elaborate on their local programs and priorities. This seemed to provide them with a satisfactory result. Others argued, however, that it took so much effort to meet the minimum requirements of the plan, that they had no time or incentive to add local programs and priorities.

The Dual Agency Document

The counties reported that ICP activities involved a broad based group of many agencies. They were therefore disappointed that the document focused only on Social Service and the Youth Bureau priorities. Although many counties described meetings well attended by a variety of planning partners who had input, Social Service and Youth Bureau representatives largely performed the actual writing. Some Youth Bureau representatives voiced concerns that the plan was focused primarily on Social Services goals, and did not adequately reflect youth development priorities.

There were, however, some efforts to combine the different “languages” used by different departments and agencies. Three counties described attempts to blend, interpret, or negotiate language issues before they could progress in writing their goals and outcomes.

The Writing Process

In many cases the documentation writing process had not changed from the previous process in preparing the County Comprehensive Plan and Consolidated Services Plan. That is, different pieces of the plan were parceled out to different individuals who wrote their section in isolation. In many cases the development of the plan was a solitary act that had little to do with the collaborative efforts that had resulted from ICP.

Others felt the plan could not be satisfactorily integrated and expressed dissatisfaction with the final product as being too hastily thrown together, lacking comprehensible language, and reflecting two parallel plans rather than one integrated one.

The Drafts

The counties felt that they needed more support from the State and greater clarity in producing the Interim Plan. In particular, the counties were troubled by the numerous guideline revisions. They suggested that the State office could have provided better support on an ongoing basis through this process by advocating changes in the planning requirements, providing more immediate feedback and information, and working with the counties more directly to provide guidance in developing the plan.

A “Speed Bump” in the Planning Process

The counties were concerned that completing the current plan diverted a substantial amount of time and effort away from the ICP team. Additional concerns related to this were that

the lack of broad agency representation in the plan negatively affected meeting attendance, and that existing programs that were not represented in the plan could be negatively affected.

The “Perfect” Plan

While the Counties were frustrated by the Interim Guidelines, they were hard pressed to present ideas for a “Perfect Plan.” Generally, there was no uniform response on what would constitute the ideal planning document. This lack of uniformity points to the complexity of the issue. Suggestions for plan revisions are summarized in this section.

The need to change and update the regulations were cited by several counties as integral to improving the plan. There were several suggestions related to this such as cutting the regulations to a bare minimum, basing them more closely on the actual legal requirements, focusing the guidelines on the areas of integration, and further specifying what areas are possible to integrate.

Some counties felt the plan would also be improved by streamlining it to focus on the integrated work being done in the counties. Suggestions in this area were to eliminate the Youth Bureau and Department of Social Services requirements, to write one plan that focused on ICP activities, and to include ICP partners, such as Mental Health, that were difficult to incorporate in the current planning document.

Because counties already write their own annual reports, it was further suggested that the ICP planning format might allow for the use of these reports. This would potentially reduce the load of paperwork and duplication by using already established formats. The counties could then add a section that described ICP activities for the year. Another possibility was for the counties to shift from a “planning” format to a “reporting” format: the state would produce the plan and the counties would monitor their own progress on the plan and respond to this in an annual report.

By contrast, several counties preferred greater control over developing their own plans. They cited a need to clearly articulate their own priorities, to start with a minimum of planning requirements, and for flexibility in the plans to address needs locally identified in the planning process.

Finally, there were those who were skeptical that changes in the planning documents would ever occur or that a meaningful document would be developed by the State. One county suggested that document reform simply did not matter. The document was just a piece of paper to meet requirements and was separate from any meaningful integrated work that was being done. Related to this, some believed that counties would continue to write separate agency plans and then could produce one overall document that demonstrated areas of integration.

One thing was clear in the discussions with counties. As long as the regulations stay the same, the planning document will not be truly useful for the county and State, one of the major goals of ICP.

County Practices

Despite the difficulties and obstacles identified in preparing the written document, most of the counties found beneficial aspects or positive results in the planning process.

Outcomes, Needs Assessments and Data Sharing

One county expressed pride in their local outcomes and the importance that their plan reflect this. Two counties found that the Touchstones Model was very useful in developing outcomes.

Several counties discussed the needs assessment process as resulting in many positive changes. These counties had established countywide databases that were helpful in identifying needs, requesting and allocating funds, and mobilizing participation by planning partners. In some cases the databases were either online or going to be put online, enabling quicker trend analyses and grant writing materials. This allowed for quicker turn-around times to respond to RFPs. They also noted that their data systems allowed them to use an evidence-based approach in their planning, which despite some persistent flaws, will ultimately be helpful in decision making around programs and funding.

Counties are still struggling with issues related to data sharing among agencies. In addition, it was noted that the many collaborative projects emanating from the State require different surveys, which has been a hardship for the schools to administer.

Developing Collaborative Ties

Many counties discussed how the planning process had fostered new and closer working relationships among partners, agencies, and departments, and had developed a more unified vision for planning. ICP also allowed some agencies to develop a deeper understanding of primary prevention and focus more broadly on prevention issues. In general, they felt that collaboration was a positive direction to take. The act of gathering the ICP partners around a table fostered discussion, and inter-agency support. The collaborative efforts also created a sense of shared ownership and responsibility. For many counties, ICP changed the way they operated to allow for a broad based vision and articulation of local needs.

Administrative Reforms

Many counties had instituted new administrative practices including common grant applications among different county departments, a website to access county forms, resource inventories and budget reforms.

SICA and ICP

Several of the counties participating in ICP are also involved in SICA. The counties identified both advantages and problems associated with managing both projects. Several counties felt that the two projects complimented each other well. Generally they felt that SICA

provided them with access to greater resources, such as funding, staff, and support, which could be utilized across both projects. It was also noted by one county that SICA strengthened community level efforts, by providing newer data.

Some of the limitations expressed in operating both ICP and SICA grants simultaneously were the increased amount of meetings, SICA data being unavailable or not easily translated (from CTC to CA) or integrated, lack of collaboration around RFP's, and finding the SICA approach to be limiting.

What was clear was that SICA provided many more resources than ICP that allowed the counties to accomplish coordinated work that would not have been possible with ICP alone.

Stakeholder Involvement

Who Is the Community?

There was some variation in the ways that counties conceptualized community – residents of the county, clients or consumers of services, agency employees, service providers, administrators, officials, and those characterized as “top support”. The community was also defined by one county as being simply “the people who show up,” to their efforts that enlisted community involvement. Many Youth Bureau representatives seemed to focus on adolescents as the key stakeholders and involved them in meetings and events.

Efforts to Mobilize the Community

The methods used for community involvement seemed to cluster in three areas: (1) working with existing community structures such as councils or consortiums, (2) developing new structures, and (3) sponsoring special events such as community meetings or retreats.

A few counties described limitations or barriers they had experienced in efforts to involve the community. The primary complaint was lack of resources, such as staff, time, and money, to sustain the extra work they felt this entailed. There was recognition that those who showed up to events or meetings may not fairly embody the views of the groups they represent. Finally, one county mentioned that local mobilization efforts could counteract the work of the ICP group, citing a community that organized to block a new residence for developmentally delayed individuals.

Several suggestions were offered by the counties for creative ways to enhance community involvement. Several kinds of partnerships were mentioned, either through other collaborative initiatives such as SICA, existing coalitions, or networking with community groups. Another county described using a community problem as a focus point, and being able to rally involvement around a particular issue that was of concern to a community. A few counties felt that the community was represented via the ICP process in needs assessment, surveys, and member advocates that actively participated.

Public Hearing Process

The counties handled the public hearing requirement differently. Some had successful events and reported good turnout and community input; others had difficulty with the time frame in managing the report revisions, and were not able to allot enough time and efforts to the public hearings. A few merely went through the motions to fill another requirement. Some counties were frustrated that their successful ICP community mobilization efforts could not be used to fulfill the public hearing document requirement.

Target Population Issue: At-Risk vs. All Children and Youth

While the primary prevention approach is considered important by most counties, the emphasis in many places still remains largely on the high risk population. One issue contributing to this is resource allocation; with less monies available for prevention, and with less resources overall, children at risk present more immediate needs. However, the counties also felt that ICP has facilitated better understanding of primary prevention and the necessity to think about the needs of all children. It was also noted that ICP has fostered more awareness across departments by “making decisions at a common table.”

Target Population Issues: Adult Services

The counties were asked whether, and in what way, adults were included in the ICP process. Although the counties included the adult population in their planning document, they acknowledged that the primary focus of ICP was on children and youth. In many cases adult services were invited to the table simply to write the section of the document and had no other involvement in ICP. The reasons given for this included lack of data on adults due to different reporting requirements, different funding structures, and separate service systems presenting barriers to collaboration. However, a few counties have included the adult and senior populations in their planning activities.

Overall Evaluation

Future Directions

Counties identified three main directions for future work:

- (1) To continue working with the county collaborative structures they organized. In all these counties, “keeping the apparatus going” was identified as a priority.
- (2) To further develop and refine the county databases, including creating websites and making data available online.
- (3) To provide training in such areas as “Communities That Care,” capacity building, meeting facilitation, and grant writing.

ICP Funding

There are many counties that have not received their ICP allocation from the State for one or more of the contract years. This presents major fiscal management problems for the counties, as well as affects the credibility of the State with their local administration. Their concern over this was quite strong, and it was noted that the State has not been responsive to inquiries.

State Support

Several counties expressed satisfaction with the regional office support, and found the regional offices offered much more assistance in the second year of ICP as compared with the first year. However, there were a few counties that had found their regional office to be inconsistent in their involvement.

Several counties expressed the perception of disorganization, fragmentation, and lack of collaboration at the State level. They identified in particular the need for better collaboration among State agencies to coordinate RFP's, to streamline and simplify their requirements, and to demonstrate a greater level of commitment. There was some question whether State agencies outside of OCFS had really "bought into" ICP. On the one hand the counties have been supported to develop an ICP team as the local authority on planning. On the other hand the counties felt that the ICP team is not adequately recognized and the State makes local funding decisions without consulting the team.

ICP Meetings

Counties also expressed some concerns about the large number of State meetings. Suggestions were made to better plan and organize them, and to consider using teleconferences as a format. It was noted in one forum that they liked meeting in smaller, face-to-face groups, and that the State facilities used for meetings have not been suitable for this. In another forum, the counties appreciated the opportunity to network with neighboring counties and suggested that there be time allotted for counties to meet with each other at state ICP meetings and trainings.

Flexible Funding

For one county, the issue of flexible funding was of concern. They felt that the county would be better served by customer-driven rather than funding-driven programming, and that the greater flexibility in such arrangements as block grants was better suited to planning and implementation. This would allow them to better meet needs identified in the ICP process. The counties found that TANF surplus funds allowed for flexibility and creativity in local programming.

Conclusions

A large part of the second year of ICP was devoted to preparing the OCFS Interim Guidelines. In general, the counties were disappointed that the document changed little from previous years. They were hopeful that the document would have been more flexible and reflective of their ICP planning activities. However, the counties did recognize that changing the planning requirements is extremely complex. It is encouraging that OCFS is beginning to establish a process to work with counties to develop a document better meets the State and local needs.

Overall, there have been many accomplishments on a county level. The counties have engaged in meaningful needs assessments and data collection activities and instituted a number of administrative reforms. Different county agencies are working together in more meaningful ways.

Informal feedback from the forums was very positive. OCFS should consider additional opportunities to convene small groups around ICP issues.

Appendix C

A Review of Initiatives that Foster Human Service Collaboration at the State and Local Levels in Other States

April 2002

Presented by:



Center for Human Services Research
School of Social Welfare
State University of New York
University at Albany

A Review of Initiatives that Foster Human Service Collaboration at the State and Local Levels

Introduction

This document examines initiatives to coordinate human service planning in different States around the country. The study is designed to inform the work of New York State's Integrated County Planning (ICP) by highlighting components that have led to successful programs and identifying innovative practices around the country.

There are numerous collaborative projects operating throughout the nation. However, this study focuses on initiatives that contain similar elements to ICP. Specifically, our analysis was limited to programs that met the following criteria:

- The major work involved local level coordinated *planning*. Much of the collaborative work in the human services involves coordinating service *delivery*. The latter generally refers to client-centered initiatives such as providing case coordination through a case manager or through a case conference approach. The programs examined here, however, focus on planning activities to assess needs, identify resources, establish priorities, and monitor progress to achieving goals.
- The work we studied was designed for a broadly defined population. Many collaborative programs focus on groups with special needs or issues such as children with severe emotional disturbances or juvenile offenders. This document examines initiatives that are designed to address the needs of the community as a whole. For the most part the scope is geographically based rather than population based. That is, the programs are designed to address the needs of all children and families residing in a specified region.
- There are two levels of collaboration – the State level and the local level. We excluded efforts that have only been implemented in one or two counties or neighborhoods. We were seeking programs that had involved work within and between the State and local levels.
- The collaborations were considered successful by two standards – they have been sustained over a relatively long period of time and were widespread. The collaborative initiatives we studied have been in existence for about ten years and are operating in the majority of counties throughout the State.

By limiting the scope of this report to programs that fit these criteria, we narrowed the analysis to the following seven programs:

- Georgia – Family Connections
- Indiana – Step Ahead Program
- Minnesota – Family Services Collaborative
- Missouri – Family and Community Trust
- Oregon – Commission on Children and Families
- Vermont – Vermont Community Partnership
- West Virginia – Family Resource Networks

Research Questions

The analysis was designed to address the following research questions:

- How was the State level structured? Who served on the State policy making team? What agencies were represented? What were their responsibilities?
- How was the local level structured? Who served on the local policy team? What agencies were represented? What were their responsibilities?
- What types of planning activities were carried out? How were goals, outcomes and indicators established? What data were used?
- Were there planning document requirements? Did the documents replace or consolidate existing State agency reporting requirements?
- What innovative practices were conducted in the field that could inform the work of ICP? What could be attributed to the success of the States?

Methodology

Information about collaborative programs was collected through a multi-stage qualitative analysis. First we gathered information from articles in scholarly journals, websites on the Internet, and published State reports and evaluations. This review yielded dozens of programs. Next we chose programs that fit the specified criteria. After the programs were identified we conducted phone interviews with key stakeholders at each of the sites to verify the information we had read, obtain additional documents, and gather consistent information across programs. After all the data were carefully analyzed common themes and descriptive categories emerged that form the basis of this report.

Organization of Report

The report is organized around the identified descriptive categories that emerged from the data analysis. First we present information relevant to State level collaboration. This is followed by data on local level planning. We then present conclusions and provide some comparison between NYS ICP and the State initiatives we have studied. Finally, summaries of the seven States are presented.

Findings

State Level Collaboration

Legislation

All of the collaborative programs we examined were established by legislative statute. The legislation generally evolved from earlier experiences that the State had with small-scale coalitions and collaboratives. These earlier attempts to integrate planning gave shape and direction to the State's approach outlined in the legislation.

In general, the legislation established the State-level policy making body that oversaw the collaborative, specified which State agencies and other bodies were to sit at the State table, and outlined the group's responsibilities. Oftentimes the legislation also authorized the establishment of local level collaborative groups and delineated their powers and duties. Other areas that legislation addressed included the expected outcome areas, information sharing among agencies, and the relationship between the State and local bodies.

Legislative initiatives were an indication of support for these collaboratives at the highest levels of State government. General consensus from select State agency heads was that legislation could not have been achieved without continual backing from top-level administration.

Composition of State Level Team

For the most part the State level teams were highly structured. While the membership varied among the States, they were comprised of the top-level leadership of the participating State agencies (i.e., commissioners and directors). As stated above, the membership was often prescribed in legislation. Frequently the Governor or someone from the executive branch was involved in selecting the leadership. Some States also included members from the business sector and community. Examples of the group membership include:

- Georgia: The Governor, Lt. Governor, and Speaker of the House appoint 20 members to the Georgia Policy Council. The leaders of six major State agencies are ex-officio members.
- Vermont: Members include the division directors of State agencies that serve children, families and individuals, directors of several major service and advocacy organizations, and individuals from higher education institutions.
- Indiana: The Governor appoints members from State agencies and the private sector. The State Superintendent of Public Instruction also appoints four members.

- West Virginia: The Cabinet on Children and Families is chaired by the Governor and comprised of State agency and university officials, citizen representatives, and members of the West Virginia Legislature.

State Agency Involvement

The agencies that were represented on the State team varied to a certain extent and are specified in the description of programs section at the end of this report. However, all the State teams had representatives from the Departments of Health, Education and Children's Services. Most State agencies also had representatives from the Department of Mental Health, Temporary Assistance, Juvenile Justice and interestingly, the State Budget Office.

Team Responsibilities

In general, the State level team was charged with establishing statewide goals and policies to further local collaborative planning. It was the State level team that usually developed common outcomes and specific indicators to track progress. The State team was also responsible for approving the plans submitted by localities.

The State teams spent time supporting the local projects in various ways including developing a model governance agreement (Minnesota), waiving State rules and regulations impeding coordinated service delivery (West Virginia), building the policy framework for local commissions' work (Oregon), transferring funds within and between State agencies (West Virginia), and evaluating county progress (Oregon).

Goals, Outcomes, and Indicators

With one exception, the goals, outcomes, and indicators that were to be used by the local teams were developed centrally – either in the legislation that established the collaborative or by the State policy making team. The exception was Indiana where goals and indicators were developed locally. According to the Indiana evaluators, the lack of statewide comprehensive goals and outcomes made an overall statewide assessment difficult.

Goals and outcomes were fairly similar across States addressing the areas of child health, school readiness and family self-sufficiency. Considerable work was done on a State level to assist counties in data collection and analysis. For example, Georgia has a benchmark database that is accessible to all communities through the Internet. It contains annual cross sectional data for each of the State's 159 counties and for the State as a whole. Vermont also provides access to data on the Internet. Key outcomes (such as "Families and Individuals Live in Safe and Supportive Communities") and indicators (such as "Rate of Petitions filed for Relief From Domestic Abuse") are reported at the community and county levels for each of 60 school Supervisory Unions and on a statewide basis. In general, counties were to rely on the data made available and original data collection was not encouraged.

State and Local Communications

Most of the States conduct periodic meetings of local coordinators. In States where there are many localities involved in the collaboration, regional networks have developed. In Georgia, the localities are organized into 12 regions and there is a leadership council of 12 regional representatives and 12 family advisors. Each State has a web site that provides information to the localities about upcoming meetings, lists of contact people, funding opportunities, goals and indicators, and other relevant information. Electronic newsletters and periodic mailings are other frequently used methods to maintain communication between the State partners and the local level.

Training and Technical Assistance

Committees organized by the State policy team perform much of the work carried out on the State level. These committees operate as work groups and interact directly with the localities. Much of the training and technical assistance carried out in the State was delivered by these groups. State level training and technical assistance are described below:

- Georgia: The Georgia Policy Council formed a task force that developed recommendations on how to use benchmarks and the database to track progress. The task force was comprised of legislators, business and community leaders, agency chiefs, and policy and budget directors. Georgia also organized State training and technical assistance teams around the following topics: collaborative development, strategic planning, finance, evaluation, and building public will.
- Indiana: Staff at the Office of Family and Social Services Administration provide training and technical assistance and monthly mailings to the local councils including information on Indiana's open door law, grant opportunities and other information of interest to the localities.
- Minnesota: The Minnesota collaboration has an interagency team comprised of the Department of Human Services, Department of Children, Families and Learning, Department of Corrections, and Department of Health to provide training and technical assistance.
- Oregon: Staff from State agencies provide technical assistance for comprehensive planning, outcome measurement, collaboration and service coordination.

Funding

It was difficult to tease out the level of State funding that was targeted specifically for the collaborative initiative from other integrated service delivery programs. However, it appeared that State funding specifically targeted for integrative planning efforts was relatively modest. The maximum level of funding for any locality was Georgia where \$100,000 was given in the

third year and in the fourth year of initiative. In Indiana funding ranged from \$28,000 to \$63,000 per county. Generally the initiatives were supported by a combination of Federal, State and private funds.

Local Level Collaboration

Overview

It is more difficult to characterize collaboration that occurred at the local level compared with the State level. Even within a State the counties operate in unique ways. As a State-level administrator in Georgia stated, “The counties are very individual. Once you’ve seen one Family Connections program, you’ve seen one Family Connections.” This section will attempt to report how the localities are organized and structured.

By design, we chose States where there was widespread county level implementation. For example, in Georgia the collaborative is operating in 151 of 159 counties; in Indiana all of the State’s 92 counties are involved in the collaborative; in Minnesota there are 47 collaboratives representing 82% of the State’s children 0-18 years; and in West Virginia Family Resource Networks are serving all 55 counties of the State. Therefore, it is not possible to explore in depth how individual counties operate.

Composition of Local Teams

The localities were organized at the county level, with one exception. In Vermont the local level is represented by the 60 school supervisory unions that are organized into 12 regional partnerships.

County agency representation usually mirrored the State. For example, if at the State level the committee consisted of five commissioners from State departments, the county levels also had representatives from the same departments. However, the membership of the local teams was generally more broad-based than the State level. In addition to State agency representatives the local team membership included business groups; religious, civic and service organizations; educators; local elected officials; private sector organizations; and community action agencies. In some States, the State policy making team or the legislation mandated who must be represented on the local teams. There was a strong emphasis on the involvement of citizen representatives (families, youth, consumers) not affiliated with a particular agency or organization.

Team Responsibilities

Overall, the local teams engaged in four sequential activities:

- Provide a forum for community input. This was generally accomplished at two levels. On the County level, the localities were to solicit citizen participation on the policy making team. On the individual level, counties were to involve families in service plan development.
- Analyze indicators. In general, the localities adopted the centrally defined goals, objectives, and indicators. They were responsible for analyzing data to assess community needs over time. It appears that the localities devoted little or no time to data collection. They generally analyzed data provided by the State to determine needs and priorities.
- Develop a plan. A strategic plan of action was developed based upon the needs assessment, prioritization of issue areas, identification of funding sources, and selection of strategies based on effective practice.
- Implement the plan. In this phase, the localities implement local strategies to achieve adopted outcomes from the action plan. The local strategies are generally well-recognized programs considered best practice.

Planning Documents

Overall, the planning documents are separate from State agency reporting requirements. In Georgia, the Policy Council has attempted to work with State agencies to accept the community plans and has sought federal waivers of reporting requirements. They have not been successful and one administrator admitted that, “The strategic plan doesn’t take away reporting requirements. Reporting requirements are a necessary evil.”

A few of the documents are described below:

- **Minnesota:** Documentation requirements are fairly prescribed. The plan needs to describe how the collaborative will carry out its duties and implement the integrated service delivery system. The plan lists collaborative participants, amount and source of resources each participant will contribute to an integrated fund, and methods for increasing local participation. The document includes specific goals the locality intends to achieve and the methods to measure progress toward the goals.
- **Indiana:** Indiana has two plans. There is an annual action plan that is the working plan with measurable goals, objectives and action steps. It is in performance based outcome format. Secondly, there is a multi year strategic plan. The strategic plan is a comprehensive, written document developed by the local council, which defines the longer-term goals and objectives and explains how the community

will be mobilized. It describes the target populations, administrative design, and collaborative service delivery partnerships.

- Oregon: The legislation requires each county to develop a single coordinated comprehensive plan for services and supports for children prenatal through age 18 and their families. The plan involved use of a common framework developed at the State level to address areas of need, existing services, asset building and community strengths.

Recently, five State agencies agreed on one common planning framework for a consolidated document. These agencies include the Department of Human Services Office of Alcohol and Drug Abuse Programs and Health Department, Oregon Commission on Children and Families, Criminal Justice Commission Juvenile Crime Prevention Advisory Committee, and the Oregon Youth Authority.

In the next phase of the Oregon initiative all other State agencies that provide services to children and families will officially join the planning process. The State agencies include the Department of Mental Health and Developmental Disabilities, Adult and Family Services and Child Protection.

- West Virginia: West Virginia has a consolidated State Plan that was developed by the Cabinet and reviewed by federal agencies. It establishes a shared understanding between the State and federal governments of principles, policy, and procedure related to local community planning and evaluation carried out by Family Resource Networks. The Consolidated State Plan is not a legal document and does not in and of itself provide for waivers of State or Federal regulations. It does, however, provide the framework for the Federal-State-Local partnership.

Summary and Conclusions

This study of collaborative initiatives is limited. The research team did not visit the individual sites and conducted only a small number of short interviews with stakeholders. It is therefore difficult to determine precisely what contributed to their success. However, there are certain features that these States had in common, which the literature also cites as factors leading to successful collaborative programs. In this section we discuss these factors.

Strong Support at the Highest Levels of State Government: Most of the initiatives we studied were supported by the Governor's office. In some cases, staff from the Governor's office served on committees or were involved in selecting representatives for the collaborative group. General consensus from select State agency heads was that continual support and enforcement from top-level State leadership was an essential ingredient to the success of their initiative.

Strong State Infrastructure: With one exception, the State-level team was not led by a single State agency. The one exception was Indiana, where the organizing body was the Office of Family and Social Services Administration,²⁴ an umbrella agency for many human service programs. In general, the State team was comprised of the leaders of the involved agencies, at the commissioner or director levels. The State level teams are actually similar in structure and mission to the NYS Council of Children and Families, a State agency in the Executive Department, which was also established in legislation in 1977 and is comprised of 13 member agencies.²⁵ Many States also had established structures to meet the training and technical assistance needs of the counties.

Legislation: The legislative initiatives were an indication of strong support at the executive and legislative levels of government. While most stakeholders support the notion of collaboration, legislation mandates collaboration. The legislation specified who would sit at the State table. Not only did that have an impact on the agency's participation in the collaborative at the State level, it also had an influence on the local level. The level of agency involvement at the State level mirrored the level of involvement at the local level.

²⁴ The Office of Family and Social Services Administration (FSSA) is an umbrella agency that consolidated the former Departments of Public Welfare, Human Services and Mental Health. FSSA provides services to families who have issues associated with: low income (TANF, Medicaid, energy assistance, homelessness, job programs), mental illness, substance abuse, mental retardation, aging, and children who are at risk for healthy development including child welfare.

²⁵ The Council currently consists of the following members: Office of Temporary and Disability Assistance, Office of Children and Family Services, Department of Health, Department of Labor, Office of the Advocate for Persons with Disabilities, Office for the Aging, Office of Alcoholism and Substance Abuse Services, Division of Criminal Justice Services, State Education Department, Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Division of Probation and Correctional Alternatives, and Commission on Quality of Care for the Mentally Disabled.

Concrete, Statewide Goals, Objectives, and Indicators: With one exception, the collaborative projects had statewide goals and objectives. The frameworks for goals and objectives are similar to the New York State Touchstones data system. This allowed the localities to expend their time on analyzing data to measure achievement toward goals rather than developing the framework for objectives and indicators. Sharing information among the localities provided the opportunity to identify strengths and weaknesses across the State.

Established Formalized Communication: The sites we studied capitalized on communication technologies and had well developed methods for State and County communication. There were web pages that provided information for the localities such as calendars with the times and places of up coming meetings relevant to the collaborative efforts. There were also lists of all the contact people that were part of the collaborative efforts on-line. Many States provided the localities with on-line access to data to measure goals and objectives. Other methods to foster communication include electronic newsletters and periodic mailings.

State Program Overviews

Georgia

Program: The Family Connection	Initiated: 1991
Lead Agency: Georgia Policy Council for Children and Families	Web Site: www.georgia.familyconnection.org
<p>Program Description</p> <ul style="list-style-type: none">• Target Population: All of Georgia’s children (birth to youth) and their families• Legislation: Senate Bill 256• State Partners: The Governor, Lt. Governor and Speaker of the House appoint 20 members. The heads of six major State agencies are ex-officio members representing the Department of Human Resources, Office of Planning and Budget, Department of Community Health, Department of Education, Department of Juvenile Justice, Office of School Readiness.• Local Partners: Community partners include business leaders, civic organizations, faith community, schools, families, local elected officials, public and private service providers, and other concerned citizens• Goals and Outcomes: The Georgia Policy Council for Children and Families established five results and 26 benchmarks to measure progress toward the results• Other Features<ul style="list-style-type: none">➤ Each community receives a planning grant for an initial year. After the initial planning year, communities focus on implementing and evaluating their strategic plan as well as to engage the community and work on the governance structure. Communities may revise their strategic plans as needed.➤ A State training and technical assistance system has been developed to provide 159 communities guidance in collaborative development in addition to assistance in planning, implementing, financing, and evaluating their strategic plans	

Indiana

Program: Step Ahead	Initiated: 1991
Lead Agency: Family and Social Services Administration	Web Site: www.state.in.us/fssa/children/stepahead
<p>Program Description:</p> <ul style="list-style-type: none">• Target Population: Children birth to 13 years and their families• Legislation: PL 34-1991:Step Ahead Legislation, Chapter 1.8• State Partners: Members represent the Division of Mental Health, State Department of Health, Division of Family and Children, State Budget Agency, Division of Aging and Rehabilitative Services, Department of Education.• Local Partners: The local teams are required to have representation from the County Health Department, First Steps Coordinating Councils, Public Schools, WIC Clinics, Division of Family and Children, and consumers. It is also suggested that teams include local businesses, local chambers of commerce, childcare providers, city/county government, legislators, and family violence shelter staff.• Goals and Objectives: Determined locally• Other Features<ul style="list-style-type: none">➤ Discretionary funds are awarded after a county completes a comprehensive needs assessment and an annual action plan has been developed. The discretionary grants are used to provide an opportunity for the implementation of goals from the county plan of action.➤ Each local Step Ahead Council must hire a coordinator to serve as its chief administrative officer. The coordinator facilitates planning, development, implementation and evaluation of the Step Ahead process. There are 9 full time and 83 part time coordinators➤ The State requires each local council to establish a conflict of interest policy to govern the actions of persons engaged in the planning, development, implementation, and evaluation of Step Ahead.	

Minnesota

Program: Family Services Collaborative	Initiated: 1993
Lead Agency: Children's Cabinet	Web Site: www.cyfc.umn.edu/Collab/collabdir.html#state
<p>Program Description</p> <ul style="list-style-type: none">• Target Population: Children and Families• Legislation: Statute 121.8355• State Team: The State team consists of the Departments of Human Services; Children, Families and Learning (Children's Mental Health and Family Services Collaborative Liaisons); Corrections; Health; Economic Security; Transportation; Finance; Public Safety; Administration; Housing; Finance; and Minnesota Planning.• Local Team: Community-based collaboratives are composed of representatives of schools, local businesses, local units of government, parents, students, clergy, health and social services providers, youth service organizations, and existing culturally specific community organizations.• Goals and Objectives: Legislation states that outcome-based indicators include the number of low birth weight babies, the infant mortality rate, the number of children who are adequately immunized and health, require out-of-home placement or long-term special education services, and the number of minor parents.• Other Features<ul style="list-style-type: none">➤ The State Cabinet developed a model governance agreement to be used at the local level to guide collaboration.➤ Implementation grants are given to communities that have developed measurable goals and a comprehensive plan to integrate and improve services for children and families.➤ The legislation specifies guidelines for information sharing across agencies.	

Missouri

Program: Family and Community Trust	Initiated: 1993
Lead Agency: Family and Community Trust Board of Directors	Web Site: www.mofit.org/
<p>Program Description</p> <ul style="list-style-type: none">• Legislation: Executive Order• Target Population: Children and Families• State Team: Directors of 7 State agencies and 8 private members from business, higher education, philanthropy and civic organizations. The State agencies are the Department of Corrections, Department of Elementary and Secondary Education, Department of Health and Senior Services, Department of Economic Development, Department of Mental Health, Department of Labor, Department of Social Services, and Department of Public Safety• Local Team: The Community Partnerships are a broadly representative decision making body with membership from public agencies and private entities.• Goals and Objectives: The collaborative is guided by a common mission measured by progress toward six core results based on 18 benchmarks derived from statewide results that are specified in the Executive Order.• Other Features<ul style="list-style-type: none">➤ Two information system teams have been formed. One is a State Information team with representatives from each Caring Communities State department. The second is a Community Information Teams with representatives from the community partnerships. These teams are working to resolve issues related to sharing results-based indicators related to Partnership plans and programs.➤ The Community Information Systems Project systematically gathers planning documents of each Community Partnership and stores them on the Web in order to make it possible to share work with others involved in similar efforts.	

Oregon

Program: Commission on Children and Families	Initiated: 1993
Lead Agency: Commission on Children and Families	www.ccf.state.or.us
<p>Program Description</p> <ul style="list-style-type: none">• Target Population: 0-18 years of age and families• Legislation: Oregon Revised Statutes 417.705 – 417.825• State Partners: The State Commission is appointed by the Governor and is comprised of 16 members from State agencies, legislative representative, parents, and department directors. The State agencies involved in Oregon are the Department of Human Services (welfare, health and social support agencies), Oregon Youth Authority (juvenile justice agency), and the Department of Education (schools for 5-18 year olds or 0-21 for those with disabilities). Directors of the departments usually represent the departments.• Local Partners: Local Commissions are composed of members appointed by the Board of County Commissioners in each county. Legislation mandates that a majority of members of the Commission and its chair are lay citizens. The membership is generally local citizens from all segments of the community, including service organizations, State and County agencies, churches, civic groups, and businesses.• Goals and Objectives: The State Commission advanced and implemented a statewide accountability system based on standardized performance measurement. The system tracks progress toward 5 wellness goals and 10 outcome areas.• Other Features<ul style="list-style-type: none">➤ The Oregon initiative consists of three phases.➤ In Phase I, completed during 1999-2000, local commissions on children and families involved citizens and partners and coordinated the extensive process of mapping, or inventorying community strengths, gaps and barriers in services for children and families. Each county used a common framework developed at the State level to identify those strengths and needs that help define community conditions and the capacity to support and nurture children, youth and families.➤ In Phase II, 5 State agencies have agreed on one common planning framework. Counties prioritize the issue areas in which to focus their efforts; select strategies based on effective practices to implement those priorities; and identify outcomes through which to track programs.➤ In Phase III all other State agencies that provide services to children and families will officially join the planning process. Develop local comprehensive plans aimed at county's area of concern	

Vermont

Program: State Interagency Team for Children and Families	Initiated: 1994
Lead Agency: Agency of Human Services	www.ahs.state.vt.us
<p>Program Description</p> <ul style="list-style-type: none">• Target Population: Children and Families• Legislation: Vermont Act 264• State Partners: The State interagency team consists of the Division Directors of State agencies that serve children, families and individuals, State level coordinators of interagency teams, directors of several major service and advocacy organizations, people from higher education institutions, parents, and the coordinators of 12 regional partnerships.• Local Partners: The regional partnerships are comprised of consumers, citizens, family members, non-profit and government providers of health, education, human services, and economic development and business leaders.• Goals and Objectives: The State team formulated 9 common desired outcomes and specific indicators by which to track progress toward the outcomes. The outcomes and indicators are reported at the community and County levels by school supervisory unions.• Other Features:<ul style="list-style-type: none">➤ The functions of the State partnership are to formulate the outcomes and indicators, develop strategies effective strategies to support regional teams and communities, provide connections to technical assistance, provide data to communities, assist with the analysis of data, and foster leadership around best practice.➤ The functions of the regional partnerships are to develop a vision and mission, assess the community, develop a proposal for change, and self-evaluation.	

West Virginia

Program: Family Resource Networks	Initiated: 1990
Lead Agency: Governors Cabinet on Children and Families	Web Site: www.citynet.net/wvfamilies
<p>Program:</p> <ul style="list-style-type: none">• Target Population: Children and Families• Legislation: Chapter 5, Article 26, Section 1 and succeeding sections of the West Virginia Code.• State Team: The Governor's Cabinet on Children and Families consists of the Governor as Chair, the Attorney General, the State Superintendent of Schools, the Secretary of Health and Human Resources, the Secretary of Education and the Arts, the Secretary of Administration and, in an advisory capacity, a member of the Senate and the House of Delegates. The Governor has appointed additional members to the Cabinet under his authority to do so including the Director of the Bureau of Employment Programs, the Vice Chancellor of Health Sciences for the University System, and the former Director of the Cabinet Office.• Local Partners: The Board of Directors is broadly representative of consumers, families, youth, public and private providers, public officials, and religious, civic and service organizations. A majority of the governing board is non-providers. Major public programs should include Medicaid, Maternal and Child Health, Temporary Assistance to Needy Families, Child Care, Mental Health, Child Welfare and Public Education.• Goals and Objectives: The State Cabinet has established 6 outcomes with 36 key indicators.• Other Features:<ul style="list-style-type: none">➤ The State Cabinet has the authority to negotiate interagency agreements, waive State rules and regulations that impede coordinated service delivery, and transfer funds within and between State agency budgets.➤ The local networks assess community needs and assets and recommend priorities in the application of public and private funds. They also work to mobilize public and private services, volunteers and public/private partnerships; develop alternative delivery systems which promote quality and efficient and effective operation of public programs; and create a "local action plan" which documents community goals and priorities and outlines strategies for meeting community needs.	