

### 3.0 PROGRAM MANAGEMENT AND STRUCTURE

The program management evaluation domain encompasses a variety of issues. In terms of human resources, it concerns the impact of top state and local child welfare managers as well as the role played by project coordinators. It extends to the frontline of local agencies in terms of how programs and staff were organized. Was there awareness of and broad commitment to the initiative among managers and staff throughout the agency? Were functions such as child protection investigations, resource development, and casework well-integrated? How were staff reassigned and stationed to promote linkages to the community?

The initiative also emphasized reform across other systems that served families and children—mental health, juvenile justice, substance abuse, special education, etc. Thus, the issues in this area also include efforts to work more effectively across a variety of public agencies, private providers, and community-based organizations. The following discussion addresses these issues in each of the states.

#### 3.1 Alabama

In addition to changes in agency leadership, FAMILY TO FAMILY at the state-level also experienced inconsistent leadership. The state project coordinator position has been vacant for some time since the departure of the second state-level coordinator who remained with the project for about two years. The first coordinator remains with the state but has been only indirectly involved with the FAMILY TO FAMILY work. Jefferson County fared better in this respect. The original project coordinator was promoted to a leadership position in the agency a couple of years into the project, but still remains intensively involved with the initiative.

**Cross-agency collaboration.** The Juvenile Justice Act of 1990, referred to as the Multiple Needs Child legislation by many, continues to be the primary vehicle for cross-agency collaboration at both the state and local levels in Alabama. Although this act specifically addresses the needs of children who are involved with the Juvenile Justice system and require the services of two or more of the child-serving agencies, it provides the framework for collaborative interactions among representatives of all child-serving agencies and has served as the ad hoc planning group for FAMILY TO FAMILY. Perhaps, linking FAMILY TO FAMILY

with a firmly entrenched group will increase the chances of growth in the relatively undeveloped area of cross-agency collaboration in Alabama.

Jefferson County began FAMILY TO FAMILY with a planning group that had active participation from several representatives from other child-serving agencies. However, over the past couple of years the involvement of this group in FAMILY TO FAMILY has dwindled and cross-system collaboration seems scarce, other than through the Individual Service Plan (ISP) process established by the consent decree.

**Jefferson County.** Throughout the early years of the initiative, Jefferson County placed a high priority on developing needed services. They signed a contract with ALLIANCE (a group of several mental health providers) to provide assessment beds for DHR clients. Other services developed for DHR clients and provided by mental health agencies include wraparound services, in-house consultations, and in-home substance abuse services. Although Jefferson County made some early progress in resource development, there was little progress toward developing a true collaborative system of care for DHR clients who need the services provided by multiple agencies.

The allocation of staff resources within the Jefferson County DHR directly impinges upon the ability of the agency to provide services to children and families in need in the county. In March 1997 there were 100 child welfare social workers available to work directly with families and children. Forty-three percent of these workers were Child Abuse and Neglect (CAN) report intake and investigations workers, leaving only 57 workers available for family services responsibilities. The current allocation of almost half of the workers to intake and investigation is a result of a substantial backlog of CAN investigations that the agency had during the early to mid-1990s. Using staff assigned from the state and overtime efforts of all Jefferson County staff, the investigations backlog was finally cleared.

As a result of the FAMILY TO FAMILY focus, staff in Jefferson County are beginning to reach out to community-based service providers to develop ways to access existing services for their clients. These include services such as transportation for children to medical providers, provision of in-home health services, counseling, and substance abuse treatment. In addition, day care services are now provided for working foster parents.

Unfortunately, according to workers participating in focus groups, many of the resources formerly provided through the R.C. consent decree, such as flex funds or support for wrap-around services are no longer available. This creates a dilemma for workers serving children formerly cared for in residential facilities that were closed as part of R.C., but for which there is no replacement. Foster parents identified service delays resulting from lack of access to workers who must approve or arrange services, including long delays in arranging Medicaid coverage.

**Budgetary Trends.** Since 1993 allocated funds for child welfare services have steadily increased both at the state-level and in Jefferson County. In 1993 in Jefferson County total expenditures equaled slightly over \$ 7.4 million; in 1996 expenditures almost doubled equaling over \$14.4 million. The increase in child welfare expenditures was more modest, perhaps reflecting effects of the RC consent decree. (\$46.2 million in 1993 to more than \$50.8 million in 1996.)

### 3.2 New Mexico

There has been considerable turnover during the course of the initiative in the role of the FAMILY TO FAMILY coordinator. The central office staff member who coordinated the planning process left the position as planned, at the beginning of the implementation period, in fall of 1993. The new coordinator became the primary source of consistency and coordination for local efforts during the transition between administrations and the concurrent reorganization process. Her effectiveness was limited, however, by lack of access to line administration. When she left in the spring of 1995, the position remained vacant for approximately 18 months. Even after a staff member from one of the FAMILY TO FAMILY implementation sites was named coordinator in the fall of 1996, the role remained poorly defined and weakly supported. For example, this coordinator was not sent to the annual FAMILY TO FAMILY meeting held shortly after his appointment. When this individual left the FAMILY TO FAMILY office after less than six months to serve as a county director, there were no attempts to fill the position. Since this transition, oversight of efforts related to FAMILY TO FAMILY has been carried out by the PSD Deputy Director.

As noted above, the current administration is more directive than the previous one in defining goals and performance standards. While there is a stated intent to support innovative

strategies, such efforts are more likely to be based in central office with local representation than to spring from local program development. An example is the organization of foster home recruitment efforts. Prior to FAMILY TO FAMILY, recruitment was handled centrally through an outside contract. As part of the FAMILY TO FAMILY implementation process, this role was moved to local offices, with considerable enthusiasm generated for innovative recruitment efforts. The new administration identified recruitment as a specialized role, and returned the position to central office. Local staff see the change as a loss of support for their efforts to recruit more and better homes, and to develop efforts to improve relations with current foster parents.

Funding for child welfare services has remained fairly steady in recent years, following a period of broad budget-trimming for state agencies initiated by the new administration after the 1994 elections. The Protective Services Division operating budget for fiscal year 1998 was increased by nearly five percent to support an addition of 65 new staff positions. In addition, 88 term staff positions, including many created through FAMILY TO FAMILY funding, were converted to permanent state positions, as shown below.

Exhibit 3.1: Expenditures and Staff Positions in New Mexico: 1995 - 1997

State Fiscal Year	Expenditures (in millions of dollars)				FTEs
	Federal	State	Other	Total	
1995 (Actual)	\$29.5	\$37.4	\$1.5	\$68.4	781
1996 (Actual)	\$28.7	\$37.7	\$1.6	\$68.0	859
1997 (Preliminary)	\$27.5	\$40.2	\$1.8	\$69.5	857
1998 (Operating)	\$28.8	\$41.6	\$1.3	\$71.7	921

FAMILY TO FAMILY is generally credited with instigating a change in service organization to increase emphasis on front-end services. Prior to the initiative, most efforts had

targeted children already in care, in part because of pressure created by consent decrees. Contact with Foundation staff, and particularly visits to Sunset Park and other FAMILY TO FAMILY sites created greater interest in increasing family support services and diverting children who can be served without placement.

While cross-system collaboration was of at least nominal interest to the previous administration, early FAMILY TO FAMILY efforts did not take advantage of the opportunities for collaboration that might have been afforded by the consolidated agency structure. At present, collaboration occurs within a very few local efforts but is not actively encouraged by central office.

### 3.3 Ohio

**Hamilton County.** Since the inception of FAMILY TO FAMILY, Children's Services has undergone several reorganizations. FAMILY TO FAMILY has both benefited and suffered from these reorganizations. Decentralization of Children's Services caseworkers motivated one of the first reorganizations. Caseworkers were geographically assigned to one of the four FAMILY TO FAMILY sites and, in the case of Site 1 workers, physically relocated to office space in the community. However, a subsequent downsizing of HCDHS left FAMILY TO FAMILY without site coordinators for each of its neighborhood sites and, it appeared, no leadership for the development of the community partnerships.

There are mixed opinions in Hamilton County about the impact of these changes. Some staff feel that, in the long run, it resulted in more buy-in from individual staff who assumed the responsibility for developing community relationships in the absence of an identified community organizer. Others think that it slowed the movement of FAMILY TO FAMILY into the neighborhoods because it became an "add-on" responsibility that staff were expected to assume in addition to their "real" job responsibilities. It appears that, after a slow start, at least two of the four neighborhood partnership efforts have made substantial strides in developing community-based services and engaging community members in the work of Children's Services.

As mentioned above, as welfare reform proceeds in Hamilton County further reorganization will occur throughout HCDHS. The first ISBUs to be formed are located in FAMILY TO FAMILY sites three and four. Following the example of Children's Services,

which geographically assigned case workers to neighborhoods during the early stages of FAMILY TO FAMILY, HCDHS Income Maintenance, Child Day Care, Child Support, and JOBS workers will be geographically assigned to sites, joining their Children's Services colleagues. To facilitate collaboration ISBU staff will be co-located. This is seen as a major shift in the philosophy of the agency and can be traced, in part, to the work of the FAMILY TO FAMILY team over the past five years.

Finally, the commitment of the agency to institutionalize the work of FAMILY TO FAMILY is evident in current budget proposals and in the promotion of the FAMILY TO FAMILY coordinator to Section Chief who will continue to provide leadership related to the initiative.

**Cross-system collaboration.** Cross-system collaboration between Children's Services and other child-serving agencies is apparent in the formation and support of FCFM (see previous section). In addition, HCDHS and the Mental Health Board worked together to provide increased access to mental health services for Children's Services clients (these efforts are described in more detail in section four).

Another top priority of FAMILY TO FAMILY has been to increase access to substance abuse services for Children's Services clients. Ongoing collaboration with the Mental Health and Alcohol and Drug Addiction Services Boards has increased the availability of therapy and substance abuse assessments for Children's Services clients. Mental Health staff continue to be co-located with Children's Services staff at both the central office and in Site 1. These staff provide timely assessments (the gateway to treatment) for clients referred by Children's Services. As part of the IMPACT Substance Abuse Treatment Program, the substance abuse liaison is working with caseworkers to develop a screening tool to more effectively identify clients in need of referrals to substance abuse programs. Improved communication between caseworkers and substance abuse therapists has resulted in more timely notifications of status changes of Children's Services clients.

In addition, FAMILY TO FAMILY resources have been extensively utilized to develop community-based services in each of the neighborhood sites. FAMILY TO FAMILY funds provided the flexibility needed to develop contracts with neighborhood service providers for non-traditional services needed in the community. Although HCDHS is committed to continued support for these neighborhood services, there is some concern that in the future the

county's competitive bidding process may impede the department's ability to target neighborhood services and neighborhood providers.

When asked about FAMILY TO FAMILY's major contribution to Children's Services in Hamilton County, HCDHS staff cite the neighborhood work that FAMILY TO FAMILY has begun and the partnerships that are developing. Staff are beginning to recognize the importance of listening to and working with the community and tapping the resources available within the community to supplement their work with children and families. However, everyone is quick to point out that it takes a long time to even take the first steps and even longer to move down the path toward partnership and a shared ownership for the welfare of the community's children and families.

**Budgetary trends.** Hamilton County Children's Services is significantly dependent upon funding from local sources. Revenue sources for the agency are: 1) federal funds, accounting for, on average, about 46 percent of available resources; 2) state funds, about 8 percent; and 3) local funds the remaining 46 percent of needed resources. Every five years Children's Services must present a levy for voter approval that specifies the amount of projected resources needed for the next five years' operation. Since the beginning of the FAMILY TO FAMILY initiative in 1992, the agency has been operating under the levy approved in 1991. In 1991 voters approved a levy that provided the agency an average level of local funding equal to \$20.7 million dollars per year, resulting in a total Children's Services budget of about \$53.1 million in 1996.

Even as the numbers of children entering care increased and the cost of residential services escalated, Children's Services was able to operate within the budgetary constraints of the 1991 levy for the prescribed five years for several reasons. Agency reorganizations reduced the amount of resources expended on management within the agency. The agency also developed partnerships with other child-serving agencies that resulted in a shared cost of services for clients who were served by multiple agencies. For example, in 1995 the Hamilton County Board of Mental Retardation and Developmental Disabilities promised \$1 million per year over the next five years for children being served by Children's Services. Additionally, in 1994-95, the community Mental Health Board made a one-time commitment of \$7.5 million to help defray the cost of increased counseling services to children in the child welfare system.

In November 1996 the voters of Hamilton County passed a replacement levy for Children's Services that will increase the level of local funding to the agency to an estimated \$39 million per year for the next five years. These funds will account for about 42 percent of the total annual budget of the agency.

Placement costs account for over 40 percent of 1997 projected expenditures. Children's Services offers a range of placement types to children in Hamilton County with varying costs attached to each. Placements range from placement with relatives who are available, willing, and capable of meeting a child's needs to specialized residential treatment facilities for children with the most severe problems. As would be expected, the cost for these various placement types are extremely different, ranging from minimal agency cost for children placed with relatives to between \$72 to \$235 per day for children in residential treatment facilities. Foster homes and therapeutic foster care cost from \$14 to \$29 per day and \$54 to \$134 per day respectively.

**Cuyahoga County.** Unlike the model developed in Hamilton County in which one individual, the project coordinator, assumed the major leadership role for FAMILY TO FAMILY, several administrators in CCDCFS, including the Director, shared the leadership of the initiative in Cuyahoga County. Two of the agency's deputy directors have been extensively involved with FAMILY TO FAMILY, ranging from participation in self-evaluation efforts to the development of neighborhood based foster care. In addition, the agency hired a FAMILY TO FAMILY neighborhood coordinator whose primary role is to assist communities in developing neighborhood collaboratives that partner with CCDCFS in developing neighborhood-based foster care programs. Most important, throughout the four years of FAMILY TO FAMILY implementation, the leadership of the initiative has remained unchanged.

Perhaps the hallmark of FAMILY TO FAMILY in Cuyahoga County is partnerships. One of the first partnership efforts embarked upon by CCDCFS, under the guidance of the director, was to begin a dialogue with the private child care providers. From a tenuous, somewhat stormy beginning, this partnership has developed over the course of several years into a shared responsibility among some of the providers and CCDCFS for developing and supporting neighborhood-based foster care programs.

The CCDCFS partnership with contracted child care providers established clear criteria for neighborhood placements and the involvement of the biological family in case planning for



children. As a result, many child care providers have begun to provide traditional, specialized, and therapeutic foster care settings, thereby increasing the placement options for children who must be removed from their own homes. Additionally, some child care providers are members of the various neighborhood collaboratives that have responded to the request of CCDCFS to develop and support neighborhood foster care programs.

In addition to partnering with the private child care providers, CCDCFS has also moved toward improving relationships with other public child-serving agencies by assigning staff to liaison positions with specific public agencies such as the Mental Health board, the ADAS board, and the Juvenile Court. Under the auspices of the Family and Children's First Council, this collaboration revolved in many instances around issues that pertain to children who are served by multiple agencies. However, the collaboration has also directly benefited CCDCFS clients by making services, such as assessment and treatment of chemical dependency, more accessible to them. One such agreement that may substantially influence the number of neighborhood based foster homes was made with the public housing agency. The agency agreed that if a public housing resident qualifies to be a foster parent in every aspect but having adequate living space, public housing will help find more space for the prospective foster parent.

Beginning with the implementation of the first two neighborhood foster care programs in 1994, CCDCFS began to geographically assign family services workers to assist clients in specific neighborhoods. However until 1997, the only geographically assigned workers were those assigned to Glenville and the Near West Side, the sites of the first two neighborhood programs. In 1997, CCDCFS moved to geographic assignment of most family services workers and Foster Home Resources Management (FHRM) staff. The geographic reassignment of staff required a substantial amount of resources for planning and implementation. CCDCFS developed the capability to geographically code cases as they are opened by the agency so that cases can be assigned to the appropriate unit.

Focus group discussions suggest that geographically assigned workers were far more confident than their counterparts of their abilities to find services needed by clients. They are able to familiarize themselves with providers and resources in their target areas, as well as take advantage of the service networks associated with agencies funded by FAMILY TO FAMILY grants.

**Budgetary Trends.** Allocated revenues for CCDCFS have steadily increased in Cuyahoga County since 1993. As in Hamilton County, local revenue sources account for the largest proportion of funds in Cuyahoga County. Exhibit 3.2 summarizes funding sources for the past four years.

Exhibit 3.2 Allocated Revenues for DCFS (in millions of dollars)

	Federal	State	Local	Total
1993	\$29.3	\$7.5	\$48.4	\$85.2
1994	\$30.3	\$8.2	\$52.0	\$90.5
1995	\$37.1	\$7.1	\$55.7	\$100.0
1996	\$50.9	\$9.2	\$45.3	\$105.4

\*Source: Annual Statistical Report, 1996, DCFS

Board and care costs account for a large proportion of the agency's expenditures. In 1995 the agency spent a total of about \$53.3 million on out-of-home care. From 1994 to 1995 the cost of providing residential care to children in Cuyahoga County increased for all categories of care except congregate care which had a very slight decrease of 1 percent. The greatest increase was seen in the private/network foster care type of placement. Since the number of children entering out-of-home care in Cuyahoga county is increasing, it is certainly no surprise that the overall cost of these services also increased.

### 3.4 Maryland

Even prior to the changes in state leadership described earlier, there was little consistency in the leadership of FAMILY TO FAMILY in Maryland. At the state level, five individuals served as state FAMILY TO FAMILY coordinators since the beginning of the planning period. While the strengths of these individuals varied, none remained in place long enough to provide consistent direction and coordination, particularly in the absence of strong support from DHR leadership during much of the implementation period.

The net effect of this turbulence was that the state was unable to provide adequate leadership to the local sites during much of the implementation period. At best, the state FAMILY TO FAMILY coordinator served as a liaison to link and support efforts made by the

sites, but without the ability to press for improvements or mobilize support for local efforts. Progress toward the development of data resources necessary for self-evaluation was also hampered by a lack of support at the state level. Without encouragement from leadership, research and information systems staff had little incentive to find ways around the limitations of the state's data system. Leaders also made few efforts to address a lack of cooperation by SSA staff who had access to the data. These challenges were eventually overcome in late 1997, and the state has made considerable progress in developing its data management and analysis capability since then.

Local FAMILY TO FAMILY sites had varied experience with leadership of FAMILY TO FAMILY. In Anne Arundel County, a single staff member has served as the FAMILY TO FAMILY coordinator throughout the initiative, with strong support from the similarly stable agency leadership. By contrast, Baltimore City and Prince George's County experienced both ineffective coordinators and periods without coordinators before strong coordinators were named. Once these individuals were in place, they served approximately two years and were subsequently promoted. The Baltimore City coordinator is now the state foster care program director and has not been replaced at the local level. The Prince George's County coordinator has assumed a broader role within the county DSS, but remains involved in FAMILY TO FAMILY, and has been succeeded by the supervisor of the FAMILY TO FAMILY unit.

In spite of these obstacles, functioning service delivery models were developed in each of the three local sites. Each included intensive reunification work, use of family team meetings, and training newly-recruited and experienced foster parents as mentors for birth parents. Additional elements included extensive community organization and development (in Baltimore City), extended stipends for foster parents willing to maintain contact with families following reunification (in Anne Arundel County), and use of paraprofessional parent aides (in Prince George's County and Anne Arundel County).

Building on the apparent success of these efforts, state and local coordinators developed a statewide expansion plan for other counties. After approval from DHR leadership, the expansion plan was presented to a statewide meeting in early 1997. Seven counties who applied to be expansion sites will receive \$10,000 each, primarily to support hardware and software enhancements for self-evaluation. Several other counties are participating without receiving funding, and the goal is for all of Maryland's 24 local jurisdictions to be participating

by the year 2000. Each site has a named FAMILY TO FAMILY coordinator, who is either an administrator or supervisor.

Expansion sites will receive training from DHR, with support from staff from Anne Arundel and Prince George's Counties, on the programmatic components that are considered central to the expansion model. These include the FAMILY TO FAMILY philosophy, prevention programs, and family team meetings. Training will also address data driven decision-making and the use of analytic software as appropriate to each site's size and staff resources. In addition, the FAMILY TO FAMILY model has been incorporated into pre-service training for foster parents offered by local departments. However, the extent to which resources will continue to be available for staff training and support is not clear, and there are questions as to whether the expansion model is sufficiently intense to change practice patterns among experienced workers and supervisors.

**Baltimore City.** During the first two years of Maryland's implementation grant, activities in Baltimore City were essentially limited to community outreach in the target area, zip code 21217. Following the appointment of a new FAMILY TO FAMILY coordinator for the city in late 1995, a team of social workers, parent aides and community organizers was established in a community center. A Community Providers' Council was also convened to generate support for FAMILY TO FAMILY and develop necessary resources. During the 18 months that the site was in operation, 69 neighborhood children were served, with a practice model that included intensive reunification work and frequent family team meetings.

The neighborhood office was eliminated in mid-1997 as part of a restructuring of the Baltimore City DSS known as the Comprehensive Family and Children's Services Improvement Plan. The reorganization, effective January 1997, moved the department from a programmatic to a functional structure in which similar services are housed together organizationally with uniform procedures and forms, rather than scattered among several units. The restructuring was intended both to streamline services and to improve outcomes. Citywide, service organization has been simplified to provide a single-point-of-entry Intake and Assessment Component. Cases may remain in this unit for up to 60 days, at which time they are transferred to the Family Services Component, which combines in-home services, foster and kinship care and adoption units into Family Preservation and Family Reunification Units. Once assigned to Family Reunification, cases can stay with the same worker even if the permanency plan changes

or if the child's kinship care provider converts to foster care. Voluntary in-home services (Services to Families with Children) have been transferred to the Division of Adult and Family Support Services, and located in Family Investment Centers, which also provide employment assessment and short-term targeted case management. The Resources and Support Services Component uses a single home-study process for foster, adoptive and kinship care families.

The DSS restructuring is described as supporting the transition to citywide implementation of FAMILY TO FAMILY. Since full replication of the community development model implemented in zip code 21217 (described above) was not considered feasible, DSS will instead implement its most critical components: (1) single point-of-entry to services, (2) neighborhood-based family foster care, (3) mentoring by both foster and kinship care families, and (4) investments in staff development. Child welfare services also have been organized into regional units, using the boundaries of the city's nine police districts. However, regional caseloads are said to be "in process, " along with an assessment of the feasibility of moving staff to Neighborhood Service Centers. All workers have been trained in concurrent permanency planning, which was targeted for full implementation in April, 1998. Although the stated expectation is that all workers will incorporate community organizing into their other activities, there are no plans for training workers on identifying and developing resources. There also is no provision in the transition plan for training workers and supervisors in mentoring and family team meetings.

Another component of the restructuring process is the fielding of a managed care initiative, whose goals are to improve permanency and reduce days in care. Providers have been asked to submit proposals to serve between 250 to 500 children, with one or more contracts set to be awarded in late 1998. DSS has established benchmark rates for providing all needed services to three groups: children under five years of age; kinship to foster care conversions, and children entering foster care through intake and assessment. The provider will be expected to provide all necessary services for the initial placement, as well as any subsequent care. The provider is at risk if costs exceed the benchmark rates, with a stop-loss provision when costs reach \$3,500 (at which point DSS assumes 90 percent of costs). Any savings realized if costs are less than the benchmark may be used to support expanded service provision.

**Anne Arundel County.** The smallest of the implementation sites was unusual among Maryland counties in that it was beginning to make substantial reductions in caseloads prior to FAMILY TO FAMILY through a gatekeeping process that included pre-placement staffings attended by agency administrators. The county initially implemented the FAMILY TO FAMILY model within a single unit of newly-hired caseworkers, moving to county-wide implementation in late 1997. More recently, it has restructured staff assignments so that foster care workers are assigned to the case at the point of the child's removal from home rather than at 30 days. Under this arrangement, the foster care worker attends the shelter hearing and initiates contact with the child and family as early as possible, while the intake worker handles record-keeping and court requirements and initiates services. The foster care worker is able to establish a relationship early, making weekly visits during the first few months until the point where the foster parent is able to take a stronger role in the relationship. The agency has been able to sustain an intensive casework model in part because of census reductions realized prior to FAMILY TO FAMILY.

**Prince George's County.** Prince George's County began the initiative as a neighborhood-focused effort at a time when entries to out-of-home care were declining countywide. When both foster parent recruitment and new placements from the target neighborhood proved less than expected, the effort shifted to a dedicated unit taking cases from across the county. The FAMILY TO FAMILY unit carried caseloads similar to other units, but had some additional supports, including parent aides. During 1997, all foster parents, social workers, and supervisors were trained in the FAMILY TO FAMILY model. In preparation for county-wide implementation, the parent aide positions were eliminated, since they could not be sustained throughout the agency. Agency leaders see the highly successful training program and effective advocacy from the FAMILY TO FAMILY unit members and supervisor as critical to the general acceptance of agency-wide expansion. Building in part on the perceived success of the initiative, the agency has created a development office, led by the former FAMILY TO FAMILY coordinator and charged with increasing the use of data agency-wide, external grant-writing, community outreach, and public relations.

**Cross-agency collaboration.** Collaboration in Maryland is associated with the Service Reform Initiative (SRI), an ambitious statewide attempt to share planning efforts and resources among multiple child- and family-serving agencies. SRI is now fully implemented, in the sense

of having Local Management Boards (LMBs) in every jurisdiction, and some are involved as partners in FAMILY TO FAMILY expansion sites. However, SRI is viewed by some as duplicating the work of existing agencies rather than strengthening service coordination. In its review of Maryland's child welfare system, the Child Welfare League of America stated (CWLA, 1997: p.6), "It appears that the practical effect of the operation of OCYF [the Office of Children, Youth and Families] and local SRI projects has been to create new free-standing elements in a statewide system without achieving any significant gains in Maryland's capacity to coordinate and integrate its children's services program. The emphasis of SRI on direct services has deflected energy away from the larger more complex task of changing and enhancing the complex web of organizations and programs that compose the system."

Baltimore's pilot neighborhood site developed extensive ties with other service agencies involved with its clients. Although the general expectation is that all services will eventually operate in a manner consistent with the FAMILY TO FAMILY model, there is no explicit provision for training or staff resources devoted to community partnerships. The other FAMILY TO FAMILY sites have made substantial efforts to broaden their ties to related agencies. In Anne Arundel County, close ties were established with the elementary school in one of the county's high-referral communities. An interagency case management team that includes representatives from the school system, housing authority and juvenile justice, meets monthly and presents cases with the family's consent. Workers have also been invited to use space at a local YMCA, where they can now hold family visits. The county has also collaborated with Juvenile Justice on an interagency foster home recruitment effort, co-sponsoring outreach and orientation sessions, after which interested participants select the agency with which they want to continue training and assessment.

In Prince George's County, DSS collaborated with the local juvenile justice agency to win a Children in Need of Services (CHINS) diversion grant, responding to cohort data showing an unusually large increase in entries among teens. Under this program, the agencies provide wraparound services for adolescent status offenders, including 72-hour respite care that provides a cooling-off period while services are initiated. The county's deputy director has also convened a Provider's Council composed of public and private human service providers, which meets monthly and has sponsored roundtable discussions addressing issues such as substance abuse treatment and services to adolescents.

**Budgetary trends.** Financial constraints have required staff reductions at the state and local levels. Hiring freezes have forced some jurisdictions, particularly Baltimore City, to rely on contractual employees to fill positions. Concerns related to the budget deficit have prompted the state to develop regulations encouraging gatekeeping by requiring administrative approval for placements, particularly those in congregate settings. During 1997, each jurisdiction was asked to prepare a plan outlining steps it would take to reduce the deficit. Most plans focused on moving children, especially those under five years old, out of high-cost placements. In the short term, savings realized from managed care in behavioral health services have alleviated the fiscal pressure on DHR to some degree. At the same time, the issue has increased the visibility of FAMILY TO FAMILY, as positive outcomes from the Prince George's and Anne Arundel Counties suggest that the initiative's strategies can reduce costs while improving outcomes.

### 3.5 Pennsylvania

**State.** Although Philadelphia was designated as the initial implementation site for FAMILY TO FAMILY in Pennsylvania, the state moved fairly rapidly to disseminate the model to other counties. Using the incentive grant approach described above, the Department of Public Welfare (DPW) issued a request for proposals inviting counties to propose strategies by which they would work toward the outcomes defined by FAMILY TO FAMILY. Applicants were required to show how their efforts would be integrated with related initiatives such as Family Services System Reform and Family Centers, if these were present in their counties.

The first four expansion grants were awarded in 1995, using Annie E. Casey Foundation funds. Three additional counties were funded in 1997, with a combination of state and Federal funds. The FAMILY TO FAMILY counties are clustered in the eastern portion of the state, but vary widely in terms of size, demographics and urban/rural mix. Most FAMILY TO FAMILY expansion sites have defined coordinating relationships with other components of the systems reform efforts, so that program leaders serve on Family Center or FSSR boards, or members of those bodies serve on FAMILY TO FAMILY advisory boards. Some FAMILY TO FAMILY sites have established formal partnerships with Family Centers or private foster care providers, so that staff positions are funded at the cooperating agency using FAMILY TO FAMILY funds.

Expansion sites were given considerable flexibility in defining the intervention strategies by which they would work toward FAMILY TO FAMILY's goals. Examples of the



interventions being planned or implemented in the various expansion sites are shown in Exhibit 3.3. Most expansion sites include some form of enhanced foster parenting, with mentoring families asked to provide respite to families receiving in-home services, participate in frequent visitation, mentor birth parents, and provide support and respite following reunifications. Most sites have also incorporated components involving community-based prevention, often located within schools, and foster parent recruitment within targeted communities. The expansion sites receive technical assistance in self-evaluation from staff at the state DPW, although these activities have in some sites been constrained by data system capacity.

Exhibit 3.3: Examples of FAMILY TO FAMILY Program Changes in Pennsylvania Expansion Counties

County	Programs
Funded in 1995	
Columbia	<ul style="list-style-type: none"> <li>• Co-funded Community Outreach Specialists in each of six school districts</li> <li>• Universal pre-school services with space in school facilities</li> <li>• Foster parent recruitment focused on target community</li> <li>• Family team meetings within 72 hours of placement</li> </ul>
Delaware	<ul style="list-style-type: none"> <li>• Enhanced visitation policy, including greater contact with birth parents and involvement of foster parents</li> <li>• Geographic caseloads and neighborhood placement in target community</li> <li>• Prevention specialists funded at Family Centers</li> <li>• After school programs in target community</li> <li>• Mental health specialists located in child welfare office to provide short-term crisis management</li> </ul>
Lehigh	<ul style="list-style-type: none"> <li>• Conversion of foster parents to mentoring families</li> <li>• Offering additional stipend to mentoring families</li> <li>• Interagency staffings with private foster care providers</li> </ul>
Northampton	<ul style="list-style-type: none"> <li>• Family Development Specialists located in school and at neighborhood center to prevent placements</li> <li>• Recruitment focused on mentoring and minority foster homes</li> <li>• Special stipend rate for mentoring foster homes</li> </ul>
Funded in 1997	
Bucks	<ul style="list-style-type: none"> <li>• Curriculum developed for mentoring foster families, provided by private contractor</li> <li>• Training for all staff and administration</li> <li>• Foster parent recruitment in Hispanic community</li> <li>• Cross-System case review to ensure coordinated case planning and management</li> </ul>
Chester	<ul style="list-style-type: none"> <li>• Recruiting mentoring parents in target community, to provide respite, foster care, and reunification support</li> <li>• Reimbursed respite care for foster parents, available twice monthly</li> </ul>
Montgomery	<ul style="list-style-type: none"> <li>• Recruitment and training of foster parents/mentors in target community</li> <li>• Use of mentors with families receiving in-home services for support and respite care, as foster parents and to provide support after reunification</li> <li>• After-school program for at-risk parents in planning stage</li> </ul>

**Philadelphia.** Because the Philadelphia Department of Human Services (DHS) relies extensively on private foster care providers, who represent approximately 80 percent of the city's foster homes, it is not surprising that their implementation strategy for FAMILY TO FAMILY would draw on their involvement as well. Early in the FAMILY TO FAMILY implementation period, DHS challenged its private providers to adopt one of several target neighborhoods defined by zip codes. Within the target neighborhood, agencies were asked to recruit and support foster families, and mobilize resources to support families within the neighborhood. Grants were issued in 1994 to seven agencies, with two more agencies added later to the program. In all, nine grantees took on responsibility for fifteen zip codes.

The existing relationship between the grantee agencies and the assigned zip codes assigned to them varied. In some cases, the agency was matched with a zip code in which it had offices, staff, and a base of existing foster parents. In others, agencies were assigned to zip codes where they had weaker relationships and resources. Complicating the situation was the fact that zip codes do not necessarily correspond to social, demographic and economic definitions of community.

There are conflicting perspectives regarding the extent of the commitment required by the grants, particularly since direct funding has been discontinued. Some agencies report that they have received inconsistent information regarding the amount and duration of their grant support. Smaller agencies, in particular, find it difficult to devote staff time to community organizing without external funding. DHS staff say that agencies have made a commitment to these neighborhoods, and need to find creative ways to integrate community development into their other activities. Staff in agencies that perceive it as necessary to maintain good relationships with their primary source of referrals describe themselves as struggling to meet DHS expectations.

Despite these difficulties, it is clear that the agency grants have effectively produced practice changes that have become pervasive through the network of private providers. The specific activities and experiences of the community agencies with respect to service availability and foster parent resources are discussed later in the report.

**Cross-agency collaboration.** As described above, Pennsylvania's development of the FSSR framework and its associated initiatives are strongly rooted in a philosophy of cross-system collaboration. Guided by a statewide cross-system management team, the initiative

includes representation at the regional level from child welfare, children's mental health, developmental disabilities, public health, education and medical assistance agencies. The net effect of this approach is evident in expansion sites. Most describe a high level of shared leadership and resources, and many of the programs that they have developed are strongly collaborative in nature. Philadelphia's FAMILY TO FAMILY efforts, although focused on the child welfare system, are supportive of similar collaborations at the local level.

**Budget.** Philadelphia's growth in expenditures for child welfare services are summarized in Exhibit 3.3. As services to children are increasingly handled by private providers, expenditures allocated to purchased services have increased substantially.

Exhibit 3.3 Summary of Philadelphia Expenditures for Children and Youth

Fiscal Year	Staff	Service	Other	Total
1988	19,006,546	66,056,233	459,750	85,522,529
1989	19,962,352	77,528,171	479,166	97,969,689
1990	21,051,895	92,543,616	659,122	114,254,633
1991	24,048,059	120,111,024	386,649	144,545,732
1992	25,713,496	140,293,474	519,622	166,526,592
1993	23,979,444	165,776,253	524,010	190,279,707
1994	23,978,791	184,006,124	1,772,064	209,756,979
1995	26,188,493	201,028,090	3,198,394	230,414,977
1996	28,607,037	212,773,604	3,001,493	244,382,134
1997	31,639,165	217,094,080	2,826,366	251,559,611
1998*	33,602,614	241,302,301	3,530,209	278,435,124

\*projected

### 3.6 Conclusion

FAMILY TO FAMILY shifted very early from top-down strategic planning to a planning process that entailed parallel top-down and bottom-up efforts. This gave equal or greater emphasis to neighborhood- and community-level work. In state-administered systems and in county-administered systems in which state officials have more authority, progress toward a community-based foster care system hinged on state officials' perception of the desirability of such a shift. Some localities involved in the initiative made significant strides toward decentralization of staff, including establishing neighborhood-based units and integrating child welfare workers with other staff and community-based workers involved in family supports and services.

The impact of electoral changes was quite apparent on the frontline when managers, supervisors, and workers who had adopted new policies and practices associated with FAMILY TO FAMILY had to deal with reversals of policy. The most frustration and disappointment expressed in focus groups with frontline staff grew out of their sense of having been left hanging without support from state officials or local managers.

In most states and localities, FAMILY TO FAMILY came to be perceived as "foster care reform" rather than a broader reform of all family and children's services. In the early stages in most states and persisting throughout the initiative in perhaps two states, it was an integral part of a broader program to improve outcomes for families and children. As a result, efforts to encourage collaboration across agencies and organizations at both the state and local level were pursued largely through these pre-existing programs rather than using FAMILY TO FAMILY as the vehicle.