

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**SERVICES INTEGRATION
FOR FAMILIES AND CHILDREN
IN CRISIS**



Richard P. Kusserow
INSPECTOR GENERAL

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Ellen Kotler, *Project Leader*
Brad Rollin, *Lead Analyst*
Elizabeth Bell
Robert Gibbons
Cynthia Lemesh

Don Loeb
Jennifer Mallen
Brian Pattison
Tom Purvis
Ruth Folchman, *Headquarters*

Related Reports: "Dysfunctional Families in the Head Start Program: Meeting the Challenge" (OAI-09-89-01000); "State Programs to Provide Shelter and Temporary Housing for Families" ((OAI-07-89-01300); "State and Local Perspectives on the McKinney Act" (OEI-05-90-01090); "Homelessness Prevention" (OEI-07-90-00100); and "HIV and Street Youth" (OEI-01-90-00500).

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OEI-09-90-00890

EXECUTIVE SUMMARY

PURPOSE

The purpose of this inspection was to identify a variety of innovative and/or effective initiatives that public and private agencies have undertaken to integrate services at the community level for dysfunctional or multiproblem children and families, particularly in inner cities.

BACKGROUND

As part of his initiative to strengthen the American family, Secretary Sullivan has identified increased access of youth and their families living in poverty to a wide array of developmental and support services and income assistance as a key objective. In response to this interest, the Assistant Secretary for Human Development Services requested that the Office of Inspector General (OIG) identify and describe organizations that provide integrated services for dysfunctional or multiproblem children and families.

Services integration refers to efforts to establish linkages that contribute to the effectiveness, efficiency, and economy of human services programs. A wide range of public and private agencies have undertaken services integration initiatives in an attempt to meet the growing challenges presented by dysfunctional children and families. Based on case studies of 13 such initiatives, this report describes (1) the variety of approaches used to integrate services, (2) the potential benefits and limitations of services integration, and (3) the major barriers to services integration and how such barriers may be overcome.

This is one of two reports prepared by the OIG. This report focuses on initiatives undertaken at the community level. A companion report, entitled "Services Integration: A Twenty Year Retrospective" (OEI-01-91-00520), describes initiatives that the Federal government, especially the Department of Health and Human Services, has undertaken to promote integrated services during the past two decades.

METHODOLOGY

This inspection used a case study approach involving on-site fieldwork at 13 agencies located in 9 States and the District of Columbia. We identified potential case studies by surveying the relevant literature and conducting telephone interviews with more than 70 leading experts from government, academia, and private organizations. We purposefully selected our final sample based on (1) the initiatives' reputations for innovativeness and effectiveness, (2) the diversity of their integration approaches, (3) geographic balance, and (4) balance between public and private agencies. Our on-site fieldwork included a review of available background information, interviews with agency officials, and observations of program operations.

FINDINGS

Organizations that integrate services are diverse

The organizations differ in their (1) administration, (2) impetus for integrating services, (3) size, (4) funding sources, (5) target populations, (6) service locations, and (7) staffing.

Organizations use a variety of integration approaches

All of the agencies use a combination of at least three different integration approaches. The most frequently used approaches are case management, interagency agreements, and collocation. Others include coapplication or coeligibility procedures, noncategorical funding, and program and/or agency consolidation.

All agencies encountered barriers to services integration

The major barriers have been (1) the bureaucratic nature of the human services system, (2) professional and philosophical differences, and (3) inadequate resources.

Barriers to integrating services were reduced and, in some cases, overcome

Methods used to reduce or overcome barriers include (1) staff persistence and dedication, (2) discretionary funding, (3) effective relationships with other agencies, and (4) strong political leadership and central coordination of public agencies.

Despite the diversity of the agencies, substance abuse, housing, and lack of parenting skills are common client problems

This finding reiterates a conclusion of a November 1989 OIG report, "Dysfunctional Families in the Head Start Program: Meeting the Challenge" (OAI-09-90-01000), in which we found that "the problems most frequently faced by dysfunctional families involve substance abuse, lack of parenting skills, child abuse, domestic violence, and inadequate housing."

Clients benefit from integrated services

All agencies believe that integrating services has had major benefits for clients and been a major factor in their programs' success. Integration makes services more accessible, convenient, and complete.

Proponents believe that the benefits of integrating services outweigh additional costs

At least initially, all but one of the agencies required additional resources to integrate services. All agencies believe that the costs of providing comprehensive, integrated services to children and families are justified because they prevent far more costly social problems, such as delinquency, teen parenting, and substance abuse.

Success depends upon client focus

The organizations' goals for clients are ambitious and long-term, and they treat clients holistically.

Success depends upon interagency cooperation

None of the agencies has the resources necessary to meet all of its clients' needs. For this reason, collaboration, cooperation, and support from other organizations are important to their success. Public-private cooperation is an especially effective means for integrating services.

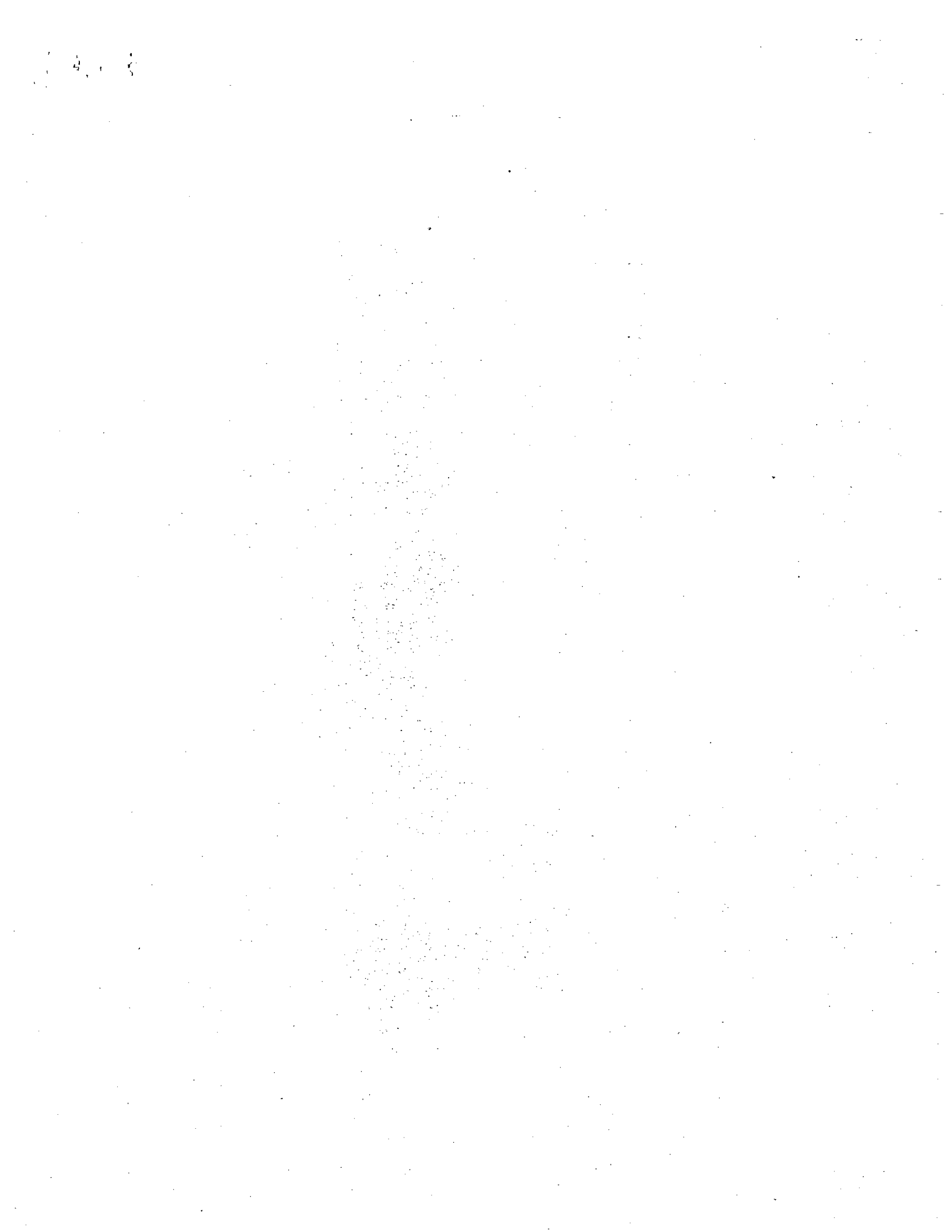


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INTRODUCTION

PURPOSE

The purpose of this inspection was to identify a variety of innovative and/or effective initiatives that public and private agencies have undertaken to integrate services at the community level for dysfunctional or multiproblem children and families, particularly in inner cities.

BACKGROUND

As part of his initiative to strengthen the American family, Secretary Sullivan has identified increased access of youth and their families living in poverty to a wide array of developmental and support services and income assistance as a key objective. In response to this interest, the Assistant Secretary for Human Development Services requested that the Office of Inspector General (OIG) identify and describe organizations that provide integrated services for dysfunctional or multiproblem children and families.

The general concept and rationale of services integration was stated well by former Secretary of Health, Education and Welfare Elliot Richardson in July 1971:

Services integration refers primarily to ways of organizing the delivery of services to people at the local level. Services integration is not a new program to be 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. Its objectives must include such things as: (a) the coordinated delivery of services for the greatest benefit to people; (b) a holistic approach to the individual and the family unit; (c) the provision of a comprehensive range of services locally; and (d) the rational allocation of resources at the local level so as to be responsive to local needs.

Recent years have witnessed a renewed interest in services integration. At the State and local levels, a wide range of public and private agencies have undertaken services integration initiatives in an attempt to meet the growing challenges presented by dysfunctional or multiproblem children and families. Based on case studies of 13 such initiatives, this inspection report describes:

- the variety of approaches used to integrate services,
- the potential benefits and limitations of services integration, and
- the major barriers to services integration and how such barriers may be overcome.

A companion report, entitled "Services Integration: A Twenty Year Retrospective" (OEI-01-91-00520), describes broader initiatives that the Federal government, especially the

Department of Health and Human Services, has taken to integrate services during the past two decades.

METHODOLOGY

This inspection used a case study approach involving on-site fieldwork at 13 organizations in 9 States and the District of Columbia. We used a three-step process to select case studies. We first identified potential case studies by surveying the relevant literature and conducting telephone interviews with more than 70 leading experts from government, academia, and private organizations, including research foundations and public interest groups. Using standardized interview guides, we asked the experts to recommend State or local initiatives that innovatively and effectively had integrated services for dysfunctional children and families. We obtained further information about each initiative through telephone interviews with officials from all the recommended agencies that met our selection criteria. Finally, we purposefully selected our final sample of 13 cases. The major criteria we used in selecting our final sample were:

- *Potential of the initiatives*—We attempted to select initiatives that appeared to be the most innovative, effective, and replicable.
- *Diversity of approaches*—Because there are many diverse ways to integrate services, we purposefully selected initiatives that represented a variety of different approaches.
- *Geographic balance*—While we attempted to include initiatives from all major regions of the country, we gave particular preference to those that serve major inner-city areas because of their large concentrations of dysfunctional or multiproblem children and families.
- *Public and private*—We deliberately sought a mix of public and private initiatives.

For each initiative selected, we analyzed available background information, including evaluations, and conducted on-site fieldwork. Our on-site fieldwork included interviews with at least one high-level administrator and several counselors or caseworkers. We also observed program operations at each site. This inspection report is based on this work.

We do not claim that these initiatives are the 13 most innovative and effective initiatives in the country. The universe of such initiatives is unknown. Moreover, there is no way objectively to rank the initiatives that are known. We did not independently verify or assess outcomes of the programs.

Figure 1 below gives basic descriptive information about these organizations. See appendix A for narrative descriptions of the organizations.

FIGURE 1: DESCRIPTIONS OF SELECTED SITES

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	MAJOR SERVICES	SINCE
AVANCE	SAN ANTONIO	PRIVATE	FAMILIES W/ CHILD 0 TO 3	C, D, E, R	1973
CENTER FOR SUCCESSFUL CHILD DEVELOPMENT	CHICAGO	PRIVATE	FAMILIES W/ CHILD 0 TO 5 LIVING IN HOUSING PROJECT	C, D, E, M, R	1987
CONSERVE	DC	PRIVATE	HOMELESS FAMILIES	C, R, RS	1986
FAMILIES FIRST	MICHIGAN	STATE	FAMILIES AT RISK	C, H, R	1988
HOSPITALITY HOUSE	SAN FRANCISCO	PRIVATE	RUNAWAY YOUTH	C, J, R, S	1967
IOWA DECATEGORYIZATION	IOWA	STATE/COUNTY	CHILD WELFARE CLIENTS	C, F, H	1988
LAFAYETTE COURTS FAMILY DEVELOPMENT CENTER	BALTIMORE	CITY	RESIDENTS OF SINGLE HOUSING PROJECT	C, D, M, R	1987
LIBERTY FAMILY RESOURCE CENTER	BALTIMORE COUNTY	COUNTY	BALTIMORE COUNTY RESIDENTS	C, M, R	1989
LITTLE SISTERS OF THE ASSUMPTION	EAST HARLEM	PRIVATE	EAST HARLEM RESIDENTS	C, D, E, J, M, R	1958
NEW JERSEY SCHOOL-BASED PROGRAM	NEW JERSEY	STATE	TEENAGERS	C, J, M, R	1988
PROJECT GIANT STEP	NYC	CITY	FAMILIES W/ CHILD AGED 4	C, D, E, R	1986
YOUTH ADVOCATES	SAN FRANCISCO	PRIVATE	RUNAWAY YOUTH	C, E, M, R, S	1969
YOUTHCARE	SEATTLE	PRIVATE	RUNAWAY YOUTH	C, E, M, R, S	1974

KEY TO SERVICES:
 C-COUNSELING E-EDUCATIONAL SERVICES M-MEDICAL SERVICES RS-RENT SUBSIDY
 D-DAYCARE F-FOSTER CARE J-JOB TRAINING R-REFERRALS S-SHELTER
 H-HARD/CONCRETE SERVICES (INCLUDES HOUSEKEEPING, HOME MAINTENANCE, BABYSITTING)

FINDINGS

ORGANIZATIONS THAT INTEGRATE SERVICES ARE DIVERSE

The organizations we studied vary in terms of their:

- administration,
- impetus for integrating services,
- budget and funding,
- agency size,
- target populations and eligibility criteria,
- service locations, and
- staffing.

Administration. Of the 13 organizations, 7 are private social service agencies and 6 are public agencies. Of the six public agencies, three are administered chiefly by States, two by cities, and one by a county. However, the nature of integration itself frequently involves the mixing of public and private services. Over half of the public programs we visited rely upon private, nonprofit agencies to deliver services. On the other hand, private agencies, such as ConServe, depend upon public agencies to provide needed services.

Impetus for integrating services. For six of the seven private agencies, services integration was an evolutionary response at the community level to clients' unmet or changing needs. Youth Advocates, for example, began as a runaway shelter and later expanded its services in response to the spiraling number of youth on the streets and the increasingly complex and challenging problems facing these youth. In several cases, integration at the community level was fostered by Federal, State, or local grants which encouraged or mandated integration.

For five of the six public agencies, the stimulus for integration was the vision and leadership of key individuals. Upon entering office, the Baltimore County Executive brought a blueprint for the reorganization of county social services. Firmly committed to integrating services, his efforts have resulted in the initial development of a countywide network of multiservice centers.

Budget and funding. The size and source of agency budgets further illustrate the diversity of the organizations. While ConServe's annual budget is approximately \$223,000, Project Giant Step's 1990-91 budget will be \$30 million. Funding is provided by Federal, State, and local governments, as well as private sources, such as foundations. All but one of the agencies derive funding from a combination of sources [see Figure 2], but the proportions vary. While ConServe currently receives virtually all of its funding from private sources, Project Giant Step is nearly 100 percent publicly funded.

FIGURE 2
Funding Sources are Diverse*

	FEDERAL	STATE	LOCAL	PRIVATE
AVANCE	\$	\$	\$	\$
CENTER FOR SUCCESSFUL CHILD DEVELOPMENT	\$	\$		\$
CONSERVE	\$		\$	\$
FAMILIES FIRST		\$		
HOSPITALITY HOUSE	\$	\$	\$	\$
IOWA DECATEGORYIZATION OF CHILD WELFARE SERVICES		\$		\$
LAYFAYETTE COURTS FAMILY DEVELOPMENT CENTER	\$	\$	\$	
LIBERTY FAMILY RESOURCE CENTER	\$	\$	\$	\$
LITTLE SISTERS OF THE ASSUMPTION	\$	\$	\$	\$
NEW JERSEY SCHOOL-BASED PROGRAM		\$	\$	\$
PROJECT GIANT STEP	\$	\$	\$	
YOUTH ADVOCATES	\$	\$	\$	\$

**Specifically mentioned as current and/or former funding sources.*

In many cases, organizations have a diverse funding base because no single source would allow them to provide the range of services required to meet client needs. For example, Little Sisters of the Assumption relies upon city grants for its “Grandmother” program, State and Federal funds for food and nutritional assistance, and Medicaid reimbursement for home health services.

Agency sizes. The size of the agencies varies in terms of (1) the number of clients served, (2) the number of sites offering services, and (3) staff size. New Jersey’s statewide School-Based Program employs more than 200 staff who serve approximately 10,000 clients at 29 schools throughout the State. In contrast, ConServe’s five staff work in a four-room office which serves as a hub for their home-based services. During the most recent 2-year period, ConServe served 251 families.

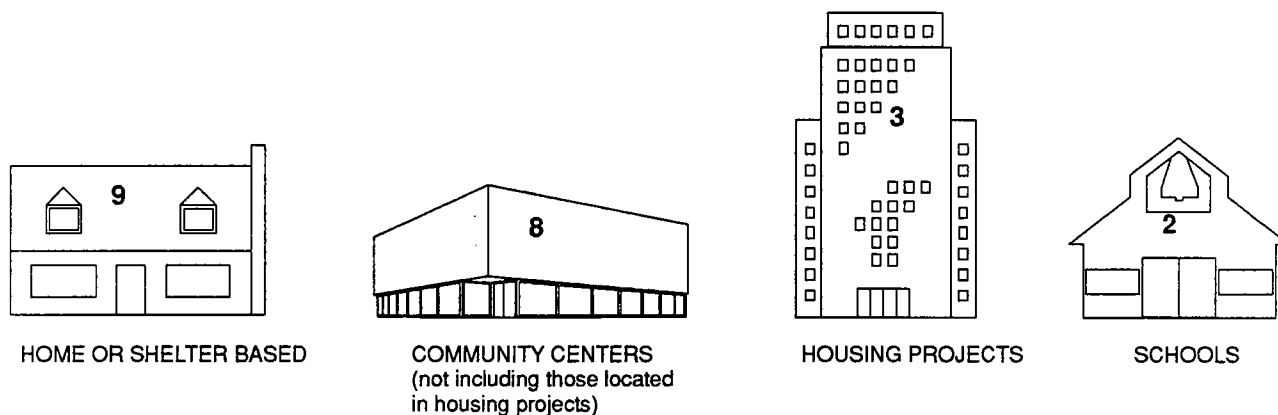
Target populations and eligibility criteria. All 13 agencies target specific populations. For example, YouthCare targets homeless and runaway youth, ConServe assists only homeless families who have been referred by city officials or shelters, and Avance serves low-income families with children under age 3.

Several organizations also target by geographic area. For example, both Lafayette Courts Family Development Center and the Center for Successful Child Development serve only families residing in specific housing projects.

Eleven of the agencies utilize either formal or informal eligibility criteria to limit access to the target population.

Service locations. Organizations provide services in a variety of settings. In many cases, these locations were selected to increase access and convenience for clients. Service settings include (1) clients' homes, (2) housing shelters, (3) neighborhood schools, (4) centers located in housing projects, and (5) community multiservice centers. Figure 3 illustrates that many organizations provide services at more than one location. For example, Little Sisters of the Assumption offers an array of services at its main center and provides additional services in clients' homes.

FIGURE 3
Services are Provided in a Variety of Settings*



**Total is greater than 13 because some programs provide services in more than one setting.*

Staffing. Staffing varies tremendously among the agencies. For example, ConServe exclusively relies upon a traditional social work staff, while other agencies have multidisciplinary teams. New Jersey's School-Based Program includes youth counselors, health educators, psychologists, child development specialists, public health nurses, family planning experts, and employment counselors.

Several agencies are notable for their use of peers and paraprofessionals. Eighty percent of Avance's staff are themselves graduates of the program and serve as role models for clients. Youth Advocates trains teenagers to be AIDS health educators.

ORGANIZATIONS USE A VARIETY OF INTEGRATION APPROACHES

Agencies use a variety of integration techniques. The most commonly used approaches are

- case management,
- interagency agreements,
- collocation,
- coapplication/coeligibility procedures,
- noncategorical funding, and
- program and agency consolidation.

All organizations use a combination of at least three of the above integration approaches. At the extreme, Project Giant Step uses five of the above approaches.

Case management. Case management generally refers to the assignment of clients to staff whose primary responsibilities are to (1) assess the clients' needs, (2) develop an overall case plan, (3) link the clients to needed services and entitlements, and (4) regularly monitor the clients' progress. All agencies said that they use case management for at least some of their programs, but their approaches vary. Families First case managers conduct intensive, in-home case management, while Liberty Family Resource Center counselors screen clients and provide referrals in the Center. A different approach is to convene teams of professionals to assess individual clients. YouthCare's "Seattle Team for Youth" involves the collaboration of several local agencies—including the public schools, police department, and the Department of Youth Services—to provide case management for at-risk youth. Agencies also provide case management for varying lengths of time. Some agencies provide continuing case management and follow-up for 5 years or more, while others conduct intensive case management for as little as 4 to 6 weeks.

Interagency agreements. Interagency agreements are both formal and informal. They include agreements to make or accept referrals, share client or program information, or jointly administer programs. Almost all of the organizations use interagency agreements, and many emphasized the importance of such agreements to integrating services.

Informal agreements are common and often are based on relationships among staff from different agencies. At most agencies, networking is a regular part of the staff's work day. For example, Hospitality House and Youth Advocates both belong to the Homeless Youth Network in San Francisco. Members of the network makes frequent referrals to one another and also meet regularly to discuss specific clients and coordinate services.

Agreements to outstation staff are also common. For example, most staff at the Liberty Family Resource Center are outstationed workers from other county agencies. Youth Advocates has outstationed staff from San Francisco's Probation, Public Health, Education, and Social Services Departments.

Collocation. Collocation refers to the location of multiple services and/or service providers at one facility. Nine of the agencies we visited offer multiple services at one location. Approaches to collocation vary, however. Many agencies provide a wide range of services on site, while others offer only a few. The Liberty Family Resource Center houses a broad continuum of services, including mental health counseling, medical services, emergency assistance, housing assistance, public assistance, job training and employment services, substance abuse support groups, education and treatment, and case management. Avance, in contrast, offers fewer but more specialized services, such as high school equivalency education, classes in parenting and English as a Second Language, and child care. An agency's desire and ability to provide collocated services often depends upon whether the services are available elsewhere in the community and whether space and other resources are available within the agency.

Coapplication/coeligibility procedures. Four agencies use a single form or procedure to determine eligibility for two or more separate programs in order to simplify the application process, lessen the paperwork burden, and provide a broader range of services for clients.

Noncategorical funding. Noncategorical or decategorized funding allows the service provider broader discretion in the use of funds than categorical funding, which narrowly restricts the use of funds to specific services or beneficiaries. Iowa's major integration approach is decategorized funding.

Program and agency consolidation. This entails the consolidation of two or more formerly separate programs or agencies. Three agencies have integrated services by consolidating existing programs or agencies.

ALL AGENCIES ENCOUNTERED BARRIERS TO SERVICES INTEGRATION

The most important barriers have been:

- the human services system,
- professional and philosophical differences, and
- inadequate resources.

Every agency cited problems related to the bureaucratic nature of the human services system as a major barrier to services integration. Problems include bureaucratic inertia, lack of cooperation, inordinate red tape and delay, and complex and conflicting rules and regulations. For example, directors and staff mentioned:

- *The schools are often inflexible, even though we have good relations with the principal here. they have rigid closing hours and are caught up in administrative trivia.*
- There are long delays in the State's processing of emergency needs requests. Public assistance workers can be "impatient," "noncooperative," and "nasty."
- The development of flexible new services under decategorization "is moving too slowly because of the mindset of social workers, county directors and providers, and the State Department of Human Services—they're so used to thinking in terms of programs and accountability."

Categorical funding barriers and turf battles each were mentioned as problems by about half of the agencies.

Eleven agencies identified professional or philosophical differences as a barrier to integrating services. The professional and philosophical differences are both internal and external. "There are internal barriers," commented one official. "Social workers like to operate in a certain way; same for child specialists." Another official told us that his program initially encountered barriers from some principals who did not accept the concept of school-based social services. This resulted in the program being assigned inadequate space at two locations.

Resource constraints were another commonly reported barrier. Seven of the agencies stated that space constraints prevented them from collocating necessary services on site or serving some clients. One program director told us: "We don't have the space to help older siblings, leaving a gap in services."

Five organizations said that a lack of staff prevented them from providing clients with complete services. Remarked one official:

We are limited in staff. We need more people for extended services; there is a waiting list for the GED program. With these new people, we could possibly ask more questions in intake, thereby discovering more problems and forming deeper relationships.

While staff at most of the agencies expressed a desire for higher salaries, officials at three agencies specifically stated that low salaries made it difficult for them to recruit and retain qualified staff.

With only one exception, all of the organizations mentioned overburdened or unavailable referral resources in their communities as a barrier to meeting at least some of their clients' needs. Lamented one counselor, "For me, the lack of services has been painful. You see kids grow up. Many do not survive. It could be different." Officials from one agency remarked that the shortage of shelter beds in their city is so great that they had to distribute 200 sleeping bags to help keep homeless youth warm on the streets. A Public Health Nurse from another agency said that access to dental care is so limited that some youth have teeth "rotting to their gums."

BARRIERS TO INTEGRATING SERVICES WERE REDUCED AND, IN SOME CASES, OVERCOME

Approaches that have helped the agencies reduce or overcome these barriers include:

- staff persistence and dedication,
- discretionary funding,
- effective relationships with other agencies, and
- strong political leadership and central coordination.

Staff persistence and dedication. We saw repeated examples where the staff's persistence and commitment to client needs succeeded in overcoming barriers to services integration. At many agencies, case managers or counselors view themselves as client advocates and regard their advocacy role as one of their most important functions. "Advocacy and case management can open doors," commented one official. Another official expressed a similar sentiment: "Persistence pays off. You need to stay with it."

The importance of persistence also was noted at the administrative level. As one State administrator observed, "A lot of changes did not happen because people wanted them. They happened because of stubborn people who are not afraid of making others mad." Commented another official, "We are persistent and patient. In one school, we had a closet-like room that was all they gave us for a family room. We had to be very assertive to get more space."

Most staff displayed a deeply-rooted, personal commitment to meeting the needs of their clients. We observed many examples of staff going beyond the normal call of duty to serve clients. For example,

- The operational philosophy of Families First is to do whatever is necessary to preserve families. Supervisors carry beepers in order to be available night and day.
- Approximately 20 percent of Little Sisters of the Assumption's operating budget stems from staff returning their salaries to the organization.
- A Youth Advocates worker prevails upon her personal friends to provide free services for her clients. "I beg my professional friends to take my kids or find friends of theirs who will." And although she "hates" imposing on her friends, she continues to do so in the interest of her clients.

Discretionary funding. Eleven agencies maintain discretionary funds which can help them overcome some of the barriers created by categorical funding restrictions. While discretionary funds comprise a small percentage of most organizations' budgets, they nonetheless are important for the agencies because they fill gaps in categorical funds. Four of the agencies also make some discretionary funds available to caseworkers which allow them to respond flexibly and rapidly to emergency situations.

Effective relationships. Almost all 13 agencies stated that developing effective working relationships with other organizations has played an important role in helping them overcome barriers. Informal staff networking is regarded as one of the best ways to develop effective working relationships. We were told:

- *Coordination takes place social worker to social worker. The most important linkages resulted from social workers developing a working relationship and trusting one another.*
- *Our networking has helped a lot.*
- *I spend a lot of my time networking; it correlates directly with my success.*

More formal arrangements and agreements also can be effective. One program's founding legislation required the counties to work closely with the State's Department of Human Services and court system to implement decategorization. Local planning and implementation also was characterized by broadly-inclusive, participatory committees that involved almost all of the major public and private children's services agencies. Officials emphasized the critical role that this approach has played in helping to overcome major barriers to decategorization. The State Senator who carried the legislation said:

The juvenile court, the Department of Human Services, and the provider community looked at each other as adversaries, and each had its own agenda about what it wanted to get out of the new project. There was a lack of communication, no understanding of the roles of others. There was opposition from the Governor and the Finance Department too. The misunderstanding in the community was overcome by getting together and discussing what the goals are and how many of them had common goals. Together, they figured out what gaps there were in services and created a working understanding of how the other groups worked. It opened communication links. People are more willing to confer and are also more aware of what services each has to offer.

Strong political leadership and central coordination. While it did not appear to be a significant factor for the seven private organizations, all six public agencies noted the importance of strong political support and leadership in overcoming barriers. At one agency, officials emphasized the importance of the strong support they received from the mayor and other top city officials. They also noted the importance of a "superagency" which was created by the consolidation of a department of employment and a housing authority in the mid-1980s. Remarkd one official, "The superagency had the power to get things done." Officials at two other public agencies emphasized the importance of the strong leadership provided by specially created coordinators.

Clearly, the success of services integration depends upon human factors—individual leadership, staff dedication, and effective relationships. The loss of any one of these could threaten the agencies' success and perhaps even their existence. It should be noted, however, that many of the agencies that are the subject of this report have provided integrated services for several years.

DESPITE THE DIVERSITY OF THE AGENCIES, SUBSTANCE ABUSE, HOUSING, AND LACK OF PARENTING SKILLS ARE COMMON CLIENT PROBLEMS

Staff cited substance abuse, housing, and lack of parenting skills as common client problems. This finding reiterates a conclusion of a November 1989 OIG report, "Dysfunctional Families in the Head Start Program: Meeting the Challenge" (OAI-09-90-01000), in which we found that "the problems most frequently faced by dysfunctional families involve substance abuse, lack of parenting skills, child abuse, domestic violence, and inadequate housing."

Staff at many agencies said that substance abuse was an especially difficult challenge for both clients and staff because (1) it is difficult to obtain treatment for uninsured clients, (2) available treatment often is located far from clients' homes, (3) many clients are resistant to treatment, or (4) the staff are inexperienced in dealing with substance abuse issues. "It's difficult for people to ask for help with a drug problem," said one caseworker. "Once they do, it would be best if we had someone who could at least speak to the person. As it is now, they often have a long wait before they can get into a treatment program." Another caseworker estimated that 95 percent of the families she has worked with had substance abuse problems.

Staff at most of the 13 agencies said that housing was a major problem. "The problem [of housing] is so severe that we can't even begin to help," said one agency staffer. Staff at several agencies complained about red tape and waiting lists as long as 5 to 7 years for the Federal Section 8 housing program. Furthermore, available housing may be substandard and in crime-ridden neighborhoods. "There is a lot of flooding, the water pipes in the floors break, rats and roaches are in abundance, and there is violence all the time," said one caseworker.

Staff at most agencies identified teen pregnancy and lack of parenting skills as major problems. Agency staff told us:

- *These kids do not even know the parts of their bodies despite the fact that they are very active sexually.*
- *The cycle of teen parenting is going to get worse because so many pregnant teens are trying to keep their babies, who will themselves wind up on the streets even earlier in life.*
- *Parents are often from dysfunctional families themselves and are repeating their families' patterns.*
- *Some children get potato chips for breakfast.*

CLIENTS BENEFIT FROM INTEGRATED SERVICES

All 13 agencies stated that integrating services has had major benefits for clients and been a major factor in their success.

Services are more convenient and accessible, and clients are more willing to be helped.

The agencies cited numerous examples of how integration has made services more convenient and accessible for clients. Many emphasized the importance of collocation in overcoming transportation and other physical barriers to services. “Collocation means that we have a one-stop shopping center” and “services located on site add effectiveness and convenience” were typical of the comments we heard. Collocation also allows clients to be helped more quickly.

Integration also can help overcome bureaucratic barriers to access. Many agencies emphasized the key role case managers play in helping clients access needed services. “For a person to navigate the system on his or her own is often impossible,” said one counselor, “but a case manager can help refer a client to better programs, or alert the program to a client’s arrival.” Several organizations said that collocation and interagency agreements also help clients access services by cutting through red tape and lessening turf battles.

Another major benefit is that clients are more willing to use the services. Case managers develop rapport and trust with clients who then overcome their feelings of distrust and frustration towards the system. “Building trust is the most important thing” a case manager can do. Several officials commented that clients are more willing to disclose their problems because of the special relationships they develop with their case managers.

Services are more complete.

All 13 agencies emphasized the importance of integration in making their services more complete. In almost all cases, this was a major objective of collocation. As one program director remarked, “Before collocation, no one else was meeting the needs of the youth we serve—there were large gaps in services for this population.” Interagency agreements also play an important role in “extending the range of services” that agencies can make available to clients. They allow a case manager at a homeless youth shelter to access medical services for her clients at a nearby multiservice center. In several cases, interagency agreements have resulted in the development of new community services.

Services are better coordinated.

Integration improves coordination of services for both clients and programs. An official explained,

If we did not have case management, coapplication, and collocation, we would be very fragmented. We would miss identifying many of the problems that our families have. If we don't know those problems, the client will not be helped. If we had 10 independent agencies working with the families, each would not know what the other is doing.

Staff view case management as one of the most effective means for coordinating services for individual clients. They told us,

- *Kids have multiple service needs with multiple providers. Therefore a case manager is necessary; it is the vehicle for getting services, building relationships, tracking services, and not losing a kid.*
- *Case management is the piece that ties it all together for the kids.*
- *Without case management, it would be 'helter skelter'—kids wouldn't follow through, and they would fall through the cracks.*

Collocation also improves coordination of services for individual clients. A public health nurse at a homeless youth shelter remarked,

Being on-site facilitates a useful exchange of information. I am sometimes the first person to whom a youth reveals something very sensitive, like a history of child abuse or substance abuse. Because I work in the same facility as the counselors, I know and trust them and can share these things with them. They do the same with me.

Integration also can improve program coordination. One official noted, “Because of interagency agreements, we are able to coordinate services to best utilize the available resources and improve communication among the various public and private agencies that serve homeless and runaway youth.” In several instances, interagency agreements have eliminated duplication and overlap in some services and filled gaps in other areas.

Integration may create client dependency and stigmatization.

Only four agencies noted any possible disadvantages to integrating services. Two expressed concern that case management or collocation could result in client dependency. The other two were concerned about collocating mental health or drug rehabilitation programs with other services. They said the stigma associated with these services can be so great that some clients might be reluctant to use them if they are collocated in a school, housing project, or other community-based setting where the clients are known. All four organizations believe that overall, however, integration benefits clients.

PROPONENTS BELIEVE THAT THE BENEFITS OF INTEGRATING SERVICES OUTWEIGH ADDITIONAL COSTS

Integration requires additional resources.

At least initially, all but one of the agencies required one or more of the following resources to integrate services:

- more staff time to plan and coordinate additional services or work with additional systems,

- more counseling staff because of case management's intensity, and
- more physical space and computers.

While integration required more of some resources, it frequently decreased the need for other resources. Several agencies said integration has:

- reduced the amount of time staff must spend on tasks such as making referrals,
- eliminated duplication or overlap of services,
- allowed the same space to be used for multiple purposes or allowed several agencies to share the same equipment, and
- let agencies take advantage of unused free space in another organization's building.

Services integration yields long-term benefits to society.

All 13 agencies believe that the cost of providing comprehensive, integrated services to children and families is justified because they prevent far more costly social problems, such as out-of-home placements, delinquency, teen parenting, and substance abuse. For example,

- The founder of the Center for Successful Child Development estimates that it costs society \$300,000 in welfare and other costs for each child who "fails."
- A report that resulted in the initiation of Project Giant Step concludes, "If \$2,700 per young child seems expensive, it pales in significance when compared to as much as \$10,000 that can be spent per child on remediation or up to \$50,000 that can be spent on special education throughout a child's school life."
- According to the State of Michigan, the \$4,500 one-time cost of its Families First intervention program is small when compared with the \$10,000 recurring annual cost of foster care.

SUCCESS DEPENDS UPON CLIENT FOCUS

The organizations' goals are not simply to provide services to children and families. Rather, their goals generally are more far-reaching—to "empower" or "strengthen" clients and help them become self-sufficient. "We're essentially trying to work ourselves out of a job by trying to get the family to help itself," said one program director.

In order to achieve such far-reaching goals, the agencies recognize the need to treat clients holistically. That is, they (1) focus on the whole family, rather than a single family member, (2) treat all the family's problems together, rather than just one or a few in isolation, and (3) see that clients' long-term needs are addressed in addition to their immediate needs.

Frequently, one member's problems affect the entire family unit, because the problems are linked. For example, Avance recognizes that a small child's health and socialization problems

may result from a teen mother who lacks parenting skills. In order to prevent future problems with the child, Avance offers parenting classes in addition to those services the child immediately requires.

Similarly, agencies attempt to address all of a family's needs because they may be linked. The agencies recognize that clients' problems are multiple and interrelated. For example, a client's severe depression may lead to loss of employment, drug abuse, and a host of other problems. In many cases, treatment will not be effective if problems are not addressed comprehensively.

Because the agencies' goals for clients typically are ambitious and far-reaching, their services address clients' short-term and long-term needs. Youth Advocates offers aftercare counseling services, and ConServe recently began a new program that will serve clients over a 5-year period. Other organizations meet clients' long-term needs by extending case management or referring clients to agencies that provide long-term services.

SUCCESS DEPENDS UPON INTERAGENCY COOPERATION

None of the agencies has the resources necessary to meet all of the many needs of its clients. For this reason, collaboration, cooperation, and/or support from other organizations is important to their success. The important roles other organizations play are many and diverse. They frequently

- provide important financial or technical support,
- play key advocacy roles,
- make referrals that help the agencies reach their target populations, and
- provide referral services that allow clients' needs to be met more completely.

Avance, for example, relies on approximately 70 social service agencies in its community to meet many of the needs of its clients that its own programs do not address.

Cooperation among public and private organizations is often important in integrating services. Public and private agencies each have particular strengths, and integration may be especially effective when the strengths of both are combined. Private agencies often are able to respond flexibly and rapidly to client needs, while public agencies often have the financial resources or authority to mandate that clients or other agencies participate in programs. Liberty Family Resources Center and Youth Advocates illustrate the benefits that can result from public-private cooperation.

- The private agency at the Liberty Family Resources Center fills gaps in public services, for example, by distributing emergency food and clothing and providing rapid crisis assistance when utility shutoffs and evictions are threatened.
- Youth Advocates' effective working relationship with the city police department and the outstationing of a city probation officer have allowed youths who otherwise might have been placed in juvenile detention to be served immediately in a more stable and nurturing home-like setting.

APPENDIX A

DESCRIPTIONS OF THE 13 ORGANIZATIONS

AVANCE

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
AVANCE	SAN ANTONIO	PRIVATE	FAMILIES W/CHILD 0 TO 3	1973
MAJOR SERVICES: COUNSELING, DAYCARE, EDUCATION, REFERRALS				

The building, with its colorful pastel murals of Peanuts characters and Avance's name prominently displayed, stands out from the gray buildings in the housing project. The space is limited, but it creates a warm atmosphere instead of a crowded feeling. Avance vans pull up bringing mothers to classes from their homes in the housing project and the surrounding community.

All Avance centers are centrally located in low-income neighborhoods, three in San Antonio and one in Houston. Avance has been a part of the Texas Hispanic community for 17 years. It provides one center in each area where families with a child age three and under can receive integrated support. Avance shows parents that this early developmental period is critical and reminds them that they are their children's first teachers. Parents' love for their children and desire for their success provide the initial foundation for Avance's work.

Three small rooms, side by side, constitute the child care center in San Antonio's Mirasol housing project. An overflow of cribs in the reception room marks the need for more space. Children play in the first-floor child care center while 12 mothers sit around a table upstairs sewing puppets as part of the toy-making class. This activity provides the mothers a chance to build relationships with other women in the community and to share experiences about how their children learn through play. For 9 months, these women will learn and work together to become better parents. Many of these women are unmarried, high school dropouts, and lack job skills. They contend daily with physical abuse, severe depression, economic despair, and isolation. It looks as if a youngster has joined these mothers to share in the fun, but it turns out that this 12-year-old is a mother herself.

In the next room, the parenting skills teacher leads another group of women in a discussion about the need to treat children fairly and with respect. Through these lessons, the teachers emphasize the importance of each mother talking to her children. Many of these children lag behind in language skills. When they reach school age, these children not only cannot speak English, but are deficient in Spanish as well.

Later, the class will participate in peer review by analyzing videotapes of each mother's interaction with her child. Avance staff make two monthly visits to each families' home where they videotape mothers playing and talking to their children. Back in class, mothers get a chance to review and critique each parent's interaction and learn through example what constitutes good parenting.

The last room has become a make-shift medical examining room. Cries of infants and toddlers are heard as senior nursing students from nearby medical schools administer physical and developmental exams.

Each week, the parenting classes teach mothers how to access the social services available in the community. For these outside services, Avance provides door-to-door transportation, child care, and assistance with paper work. Sometimes staff even represent the client. Avance uses case management to serve families with special needs; the parenting teacher, center manager, and child specialist meet weekly to discuss these clients.

There is a more formal and professional atmosphere at Avance headquarters, where a smiling receptionist greets visitors. She is an Avance graduate who came to the program with four children, no job and a poor education. She found out about Avance when staff recruited families at the housing project, something they do twice a year. After going through the 9-month parenting program, she could see and feel a difference in herself and her children. She wanted to go further and worked hard for 2 months to complete her General Equivalency Diploma offered at Avance. She then received computer training through Avance efforts and started applying for jobs.

Propelled by her newfound hope, she soon was deflated to discover so many obstacles in the way of getting a good job. She did not have appropriate clothes for job interviews and found that most employers wanted someone with experience. She relayed these problems and frustrations to Avance staff. The director, then hiring a secretary, decided to offer her the job on a trial basis, primarily to give her the job experience she desperately needed on her resume. She so impressed the director with her skills, she was hired permanently and is still with Avance.

With parenting education, there is a chance for these low income children and parents to discover a new value and capability in themselves. Avance works primarily with mothers to instill in them hope and independence to succeed. There are still barriers, including the inadequate involvement of fathers. Through programs like the Fatherhood Project, Avance is attempting to stem some of these barriers.

In some cases, Child Protective Services refers abused and neglected children to Avance. Avance begins with home visits for physical and developmental evaluation and one-on-one parenting instruction. Once past the crisis point, these families join classes at the Avance center.

Avance is proud of its graduates. The center's walls are interspersed with pictures of mothers and children donning caps and gowns worn at their graduation ceremonies. Eighty percent of the Avance staff are Avance graduates. These women become role models and foster self esteem and pride in new enrollees.

For more information contact:

Avance
Administrative Office
301 South Frio, Suite 310
San Antonio, TX 78207
(512) 270-4630
Gloria G. Rodriguez, Executive Director

CENTER FOR SUCCESSFUL CHILD DEVELOPMENT

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
CENTER FOR SUCCESSFUL CHILD DEVELOPMENT	CHICAGO	PRIVATE	FAMILIES W/CHILD 0 TO 5 IN HOUSING PROJECT	1987
MAJOR SERVICES: COUNSELING, DAYCARE, EDUCATION, MEDICAL SERVICES, REFERRALS				

As we enter a global economy, the quality of the domestic work force is of critical importance to American industry. Businesses are concerned. In a recent speech, the Chairman of the Ounce of Prevention Fund remarked that, in 1989, 37 percent of 18-year-olds were functionally illiterate. Yet, as he notes, this is merely the product of problems developed early in life.

Every year, thousands of babies are born at risk of being mentally and developmentally disabled. Damage occurs in the womb due to a mother's lack of knowledge about nutrition and drug use. After birth, many parents do not provide the stimulation for proper childhood development. By the time these kids are toddlers, they are significantly impaired. These children and families need a range of services much earlier than those offered through traditional programs.

The Center for Successful Child Development (CSCD), commonly known as the Beethoven project, serves 6 of the 28 buildings comprising the Robert Taylor Homes. It offers a stark contrast to the surrounding neighborhood. With its 20,000 residents, this Chicago housing project is the largest and one of the poorest in the nation. The poverty is betrayed by the tall buildings and grounds. Graffiti, cracked concrete, and a general sense of despair pervade. Check-points, security guards, and locked doors, all necessary, bar easy access to CSCD. Once inside, however, the atmosphere changes.

The center's warmth and optimism can be felt immediately upon entering the reception area. People scurry in and out, determined to meet the agency's mission. CSCD's main goals are (1) "to promote the healthy growth and development of children from before birth through age five in all domains of development (social, emotional, physical and cognitive), and to prepare them for achievement at entry to formal schooling," and (2) "to help parents build on their strengths as individuals and as parents." The most effective means of helping a child, CSCD believes, is through helping the entire family.

CSCD attempts to work with all children born after September 1, 1987, and their families living in the catchment area of Beethoven Elementary School. Their hope is to make an impact on the 1992-1993 kindergarten class and beyond.

Families are encouraged to participate in the program through the urgings of the parent and child advocates (PCAs). These dedicated individuals perform home visits and provide services and support to pregnant women and families. They combine the roles of case manager, outreach worker, and advocate. The bonds they develop with the families are so strong that "clients never leave us. They will always come and let us know how things are going."

Once a family chooses to use CSCD's services, they are introduced to everyone working at the center that day, including the janitor. In the process, the family weaves through a maze that formerly comprised ten apartment units. The tour takes them through rooms filled with toys designed for nurturing play. They walk past parents, with children at their knees, making construction-paper cats. They leave the center with a better understanding of the services provided and an introduction to the agency's philosophy.

In contrast, years of bureaucratic "red tape" conditioned the residents of Robert Taylor Homes to distrust agencies. Once the family builds a relationship with one program, it generally won't make use of others. Participation hinges on centrally locating desired services under the umbrella of one program. To answer this concern, CSCD added an on-site medical clinic, drop-in center, and day care unit to the established PCA component.

Staff canvassed families living in the target buildings and learned that day care was the highest priority request. After many trials and considerable expense, the center opened offering 14 slots for infants to 2-year-olds. To be eligible, the mother must go to school, work, or both. The day care is interactive and stimulating for the children. For the 3- and 4-year-olds, CSCD maintains a working relationship with St. Paul's Head Start center. Located nearby, this standard Head Start model includes a developmental preschool program, social and health services, and parental involvement.

"Stress comes with parenting. Period!" the Coordinator of Children's Services emphasized. To help defuse these stresses, the drop-in center acts as a family support unit. Activities are centered around what the participants want. As these activities take place, parents learn child-rearing skills through the informal role-modeling of the workers. Instead of constantly teaching, a worker's attitude toward the parents is that "I can learn as much from you as you can learn from me."

The primary health care component provides a variety of medical services to the target children and their siblings to age 12. The extreme need for including medical care is best illustrated by the full waiting rooms and long lines that greeted the staff when the clinic first opened. Today, the center provides physicals, some lab work, hearing and vision screening, general first aid, and immunizations. The nurse practitioner finds she is often called on to answer parents' questions ranging from nutrition to child safety. For adults, the clinic conducts pregnancy screenings and is seeking someone to provide family planning services. In speaking of her role in the holistic treatment of the children, the nurse practitioner said, "I think most of our goals and objectives are centered on producing healthy babies and children. I'm sure we're making some impact."

Possibly the most intriguing aspect of CSCD can be found in its funding stream. The founder of the agency is, at the same time, the chairman of his personal foundation. Although the agency makes use of available grants, this uncommon relationship has freed monies for new projects, new staff, and new equipment. For example, the medical clinic opened immediately without having to wait for grant approval. Once the Robert Wood Johnson Foundation approved a multi-year grant, funds from the founder's personal foundation were no longer needed. While most programs speak of funding concerns, the founder states, "We've never not done anything due to funding shortfalls. We've never had to adjust the program [or] mission to chase funding."

In the eyes of the workers at CSCD, the agency is a success. One worker summed up the collective feeling, "We all believe there should be more centers like this one."

For more information contact:

Center For Successful Child Development

188 West Randolph Street, Suite 2204

Chicago, IL 60601

(312) 855-1444

Laura Devon-Jones, Director of Media Relations

CONSERVE

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
CONSERVE	D.C.	PRIVATE	HOMELESS FAMILIES	1986
MAJOR SERVICES: COUNSELING, REFERRALS, RENT SUBSIDIES				

Cities all over the United States are grappling with the homeless problem. The issue is no longer just finding shelter, but providing safe, clean accommodations which facilitate rehabilitation and self-sufficiency. For homeless families in Washington, D.C., however, entrance into the city's shelters can prove dangerous and dehumanizing. Not only does the family have to endure crime, drugs, and the mentally ill, but also the loss of control over its own decisions. A 5- to 7-year waiting list for Section 8 housing also confounds the problem. An innovative program exists, however, that not only provides a way out of the shelters, but also offers a substantial cost savings to D.C. government.

ConServe is a private, nonprofit social service provider that was formed in the mid-1980s by a consortium of 10 nonprofit agencies that recognized their services to homeless families were being offered in a "piecemeal" fashion. That is, they failed to respond to a family's multiple problems or treat them holistically. Each agency provided one or two services. ConServe was created to provide case management and to facilitate and coordinate access to services for families in homeless shelters.

Working under the premise that family care and treatment are more effective when the family's living situation is stable, ConServe implemented a program in 1987 to provide rent subsidies to get families out of homeless shelters and into permanent housing. The subsidy program is the core of ConServe. "Many needs disappear when people are in their own place," said the Executive Director.

Not only does the rent subsidy provide a stable home environment, but at a startling cost savings. According to ConServe, its average monthly cost per family for both housing and social services is \$600, which the city has paid through a contract with ConServe. In comparison, D.C. government pays temporary shelters \$90 per night for a family, or \$2700 per month.

ConServe requires that families who wish to receive the subsidy sign a "contract" to work with a ConServe caseworker towards achieving self-sufficiency. In return, ConServe offers comprehensive, intensive, long-term case management.

ConServe case managers go right to the heart of the problem—into the family's home—not only to ease the burdens of transportation and child care, but to get a first hand view of the family dynamics. Case managers can then offer a wide range of services through both the consortium agencies, other private service providers, and government programs. Caseworkers work as advocates for families, frequently following up with service providers.

Case managers work with a family over a period of months or years, during which time the family's needs change, and goals are adjusted. "Good case management is longitudinal," said the Executive Director. "It's not a one-stop deal."

ConServe has limited caseloads to 15 or 20 families per case manager in order to give each family the attention it requires. One case manager stated that caseload is the single most important factor affecting staff's ability to help a client. In addition, being a small agency is advantageous because it has remained nonbureaucratic and responsive to the changing needs of its target population.

Mark is one example of how ConServe's unique approach benefits homeless families. Poorly educated and barely above the poverty level, Mark was left to care for his daughter when his estranged wife was convicted of a drug-related offense. City authorities threatened to place his daughter in foster care, but he fought the city and won. In doing so, however, he lost his job. Eventually Mark and his daughter landed in one of D.C.'s temporary shelters. Shelter officials acquainted with ConServe notified the agency. Mark was given a long-term housing subsidy and was assisted in finding an apartment and a decent job with benefits. Mark's willingness to seek help was due largely to his motivation to give his daughter a chance at a decent life.

ConServe's effectiveness depends just as much on the quality of services to which the case managers refer families. Mark was able to benefit partly because ConServe has developed both formal and informal agreements with other private and public service agencies. The consortium agencies are able to offer housing maintenance, medical, mental health, and emergency food and clothing. But while the relationships between the consortium agencies are formal, ConServe staff stressed the importance of informal linkages with all referral agencies. Most of these linkages occur among social workers building working relationships and trust with other service providers rather than among management.

The Executive Director argues that ConServe's concept is neither difficult to implement nor difficult to manage. "If [the rent subsidy program] can work in D.C., it can work anywhere." He added that case management is not a new concept: "You don't have to reinvent the wheel." He also argued that case management is more necessary in areas where agencies may be far apart and fail to communicate effectively. Meanwhile, ConServe has sought to solidify its own standing by searching for reliable long-term funding source that "would allow us to use the [funds] in a flexible manner." In the meantime, however, ConServe is forced to deal with government agencies that are, "at all levels,...poorly designed to coordinate services" and that fail to foster an environment conducive to the integration of services.

For more information contact:

ConServe
1536 16th Street N.W.
Washington, D.C. 20036
(202) 232-3355
Tony Russo, Executive Director

FAMILIES FIRST

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
FAMILIES FIRST	MICHIGAN	STATE	FAMILIES AT RISK	1988
MAJOR SERVICES: COUNSELING, HARD SERVICES, REFERRALS				

Imagine that a family has been referred to the Families First program, a program which helps families in crisis. What do you expect to see? A therapy session in an office? Actually, the Families First therapist meets with the family in its home, usually within 8 hours of referral from the child protective services or youth delinquency worker. There is no waiting list. In the family's home, the therapist listens to the family's problems to understand the need for help. These families are in crisis, a crisis which may involve substance abuse, parenting problems, an eviction notice, no money for food, no electricity, illiteracy, and social isolation. The crisis may have resulted in a recent visit by a child protective services worker. The therapist provides counseling and parenting education, may help plan a chore chart, or help clean the house—whatever it takes. These therapists often work 5 to 20 hours in a week with the family. They work only with 2 families at a time, for 4 to 6 weeks. Each therapist has the freedom to act immediately to respond to a family's crisis. If there is no food in the house or if the electricity is off, that gets taken care of right away. Throughout this intervention, the family grows to trust the therapist. One therapist said, "We often find out things that the family has never told to anyone."

One Families First therapist was asked to work with a family of five: mother, father and three children. When she first visited the home, the building was run down, with the porch tilting because of a foundation shift. Inside, there were a few mattresses, a stool, a crate, and a broken couch. There was no heat. The children had few toys. The parents had sold the furniture to buy crack cocaine. They said they cared about their children and, somehow, always made sure the children had food to eat. The therapist helped the family get emergency food, clothing and furniture and move to another home. Over the weeks, she worked with the parents to resolve differences and helped them get into drug treatment. The family and therapist also created chore charts and a daily schedule. After these brief weeks of intensive therapy and education, the Families First intervention was completed except for checking with the family at regular intervals. During the next year, the parents faced another drug-involved crisis; the mother and father both sought treatment on their own this time, but the crisis resulted in the breakup of their relationship. The children were never separated and still live with the mother.

When a family needs someone to call, the therapist is available, 24 hours a day, 7 days a week. The family doesn't have to wait for the office to open in the morning. It often has the therapist's home telephone number or the number of a beeper carried by the therapist. Families First provides immediate, comprehensive service to the family, when and where the family needs it most.

Within 4 to 6 weeks, the family is stronger and more resourceful, and its support network of friends, relatives, and community agencies has been reinforced. The therapist has done his job and concludes the service. The therapist does not keep the family dependent; the goal is to build the family's self-sufficiency. The therapist checks in with the family 3, 6, and 12 months afterwards, but the family may call for support anytime.

A family, like an individual, responds to the expectations of others. This is why Families First builds upon the family's strengths. The program follows a philosophy called "family preservation," which contends that the children's needs are often best met by strengthening and empowering the family rather than removing the child from the home. This approach has been used since 1974 in a Tacoma, Washington, program called "Homebuilders".

Families First was formed amid rising foster care costs and community dissatisfaction with the quality of service provided to these families. As one administrator put it, "Everyone in power, from the governor on down, made a small turn in the wheel at the same time to cause a large reaction. A rare moment." Michigan diverted a small portion of foster care money to Families First. How much money will be saved remains to be seen. Families First is only two years old and is not yet funded to serve every family referred by child protective services. That is what Families First hopes to do next year, in at least one county.

Saving money is not the most compelling reason to watch this program. The staff members are enthusiastic and the families appreciate being treated with respect. Staff members have experience in foster care, in child protective services, and other human service positions. One therapist said,

I worked in another agency before coming to Families First. Coming to Families First was like a dream come true. In the past, the programs I worked for followed court-ordered goals. In Families First, we follow family-oriented goals.

These families may have had other children removed and may have been alienated from other social services. One therapist said, "Eighty percent of my families consider me as a friend. They don't hide anything from me. We get many calls from these families after the case has been closed." People are treated with basic respect at every level of the program, from administrator to consumer of services.

For more information contact:

Families First
Family Preservation Initiative
Office of Children and Youth Services
235 S. Grand Avenue
P.O. Box 30037
Lansing, MI 48909
(517) 373-3465
Susan Kelly, Program Coordinator

HOSPITALITY HOUSE

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
HOSPITALITY HOUSE	SAN FRANCISCO	PRIVATE	RUNAWAY YOUTH	1967
MAJOR SERVICES: COUNSELING, JOB TRAINING, REFERRALS, SHELTER				

When he was 16, Tom felt he had no choice but to run away from his family in New York. Tom repeatedly had been sexually abused by one of his brothers, and his father, a “religious fanatic,” would not accept him because of his homosexuality. Being alone and homeless on the streets of San Francisco was not an easy existence either. When brought to Hospitality House, he was in crisis: he had developed a serious substance abuse problem, had resorted to street prostitution, and was living in an abandoned car. According to his Hospitality House counselor, Tom “was on the path to an early death, either from a drug overdose or suicide.”

Such a tragedy was averted, however, through the help of Hospitality House. Hospitality House met Tom’s immediate needs for food, shelter, and crisis counseling. Once stabilized, Tom entered the residential program where he received job counseling and independent living skills training. Staff linked him with an outside therapist and encouraged him to enroll in an education program where he earned a high-school equivalency diploma. Because of the staff’s strong and persistent intervention, Tom finally confronted his substance abuse problem and enrolled in a basic 12-step program. Now ready to take his final step to independent living, Tom entered the transitional living program where he lived in a residential hotel apartment partially subsidized by Hospitality House.

It now has been over 4 years since Tom first came to Hospitality House. Today, he is free from drugs and prostitution, supports himself with a full-time job, and lives in his own apartment. Although he has not needed any assistance from Hospitality House in the past year and a half, he still keeps in touch with staff who are almost like family to him. As his counselor said, “For almost 3 years, through all the ups and downs, Tom knew we always were here for him, and in the end that’s what made the difference.”

Since its founding in 1967, Hospitality House has helped hundreds of homeless and runaway youth like Tom escape lives of prostitution, drugs, and crime, and make the transition to a stable living environment. Initially begun as a drop-in-center for youth, Hospitality House is today a comprehensive youth service center that includes outreach, case management, individual and group counseling, emergency shelter, vocational counseling and job placement, independent living skills training, and transitional housing.

Like Tom, all Hospitality House clients are runaway and homeless youth between the ages of 15 and 21. Most come from outside the local area and have fled to San Francisco to escape families where neglect and physical, sexual, and emotional abuse were the norm. They have been on the streets anywhere from a day to a few years. Lacking money, the support of friends and relatives, or job skills, they often fall prey to pimps and drug pushers. Staff estimate that approximately 50 percent have resorted to survival sex for food, shelter, money, drugs, or transportation.

Recognizing that these youth are distrustful of social service agencies and reluctant to ask for help, staff conduct outreach on the streets where homeless youth congregate. The outreach workers are young, and several were once street prostitutes themselves. They distribute bleach and condoms and inform the youth about the services Hospitality House can provide.

When they first come to Hospitality House, many clients request only food or clothing. Providing this basic assistance is important, because it gives the kids an opportunity to observe and evaluate the program in a non-threatening, non-committal forum. Depending on their readiness to leave the streets, it may take anywhere from a few hours to a few months before clients are ready to take the next step to the Jobs Program or case management. In the meantime, both voluntary and structured activities are held in the lounge to provide an opportunity for kids to know and trust the staff.

The Jobs Program stresses the importance of learning how to conduct a job search and keeping a job as much as getting the job itself. Clients are rewarded for their efforts with vouchers for new clothing. Those not yet stable enough to begin a job search are offered the opportunity to do volunteer work on site. This gives the youth an important sense of accomplishment and acceptance.

Case management helps clients define their goals and develop their own service plans that may include independent living, alternative placement, or family reunification. Case managers also help clients obtain whatever services they need, whether it be an identification card or medical and dental care. Just as important as this concrete assistance, however, are the personal relationships the youth develop with their case managers. Case managers become support systems for the youth who know that they can drop in any time even when they just need someone to talk to.

A major step for many clients is entering the supervised housing unit. This shelter provides a safe, stable environment in which kids can begin to focus less on their immediate survival needs and more on personal growth and development. Clients must attend meetings and meet regularly with their case managers. They also receive independent living skills training which includes meal planning and preparation, personal hygiene, household maintenance, and conflict resolution.

Clients who have steady jobs are eligible for the Independent Living Program. Hospitality House subsidizes the client's rent in a residential hotel room for up to 2 months and provides such basic necessities as pots, pans, eating utensils, alarm clocks, hot plates, and food. Clients continue to meet regularly with staff and attend weekly independent living skills workshops on budgeting, career development, apartment search, and roommate selection. They work with a counselor to plan their actual transition to independent living.

Because Hospitality House realizes that not all clients will be successful their first time in the program, it maintains an open door policy that allows clients to return at any time. It also provides ongoing support services for clients who have moved into stable living arrangements.

Hospitality House reports an 80 percent "stabilization rate" for its housing program clients. This means that 120 days after leaving the program, the youth is in a stable living situation and not on

the street. A limited site review conducted by the City and County of San Francisco found that Hospitality House was playing a positive role in diverting youth from prostitution, drug abuse, and other debilitating aspects of street life, and assisting them in achieving safe, stable, living situations.

For more information contact:

Hospitality House

146 Leavenworth Street

San Francisco, CA 94102

(415) 776-2102

Ann O'Halloran, Program Director

IOWA DECATEGORIZATION OF CHILD WELFARE SERVICES

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
IOWA DECATEGORIZATION	IOWA	STATE/COUNTY	CHILD WELFARE CLIENTS	1988
MAJOR SERVICES: COUNSELING, FOSTER CARE, HARD SERVICES				

Trying to find appropriate services for severely emotionally disturbed children can be like trying to fit a square peg into a round hole. Joey, a child so troubled that at age 7 he assaulted his father with a baseball bat and by age 9 had stolen 300 bicycles, proved to be a difficult client for the Polk County, Iowa, Department of Human Services to place in treatment. Iowa's restrictive limit on reimbursement to in-state providers discouraged treatment facilities from accepting severe, expensive cases like Joey. The only facility that would accept him was a detention school in Texas which charged more than \$600 a day. Under the traditional, categorized funding approach in Iowa, cases like Joey's emphasized the rigidity of the child welfare system.

Frustration at the lack of flexibility in child welfare services spurred legislative action. In a 3-year demonstration project, the 1987 legislation allowed 2 counties—Polk and Scott—to combine the monies from 32 separate funding streams into a single Child Welfare Fund. This process “deategorized” the funds. Each county's Child Welfare Fund compensates service providers for a great range of services, from foster care and juvenile institutional care to in-home, family preservation services. By lifting categorical requirements on how money can be spent, the pooled resources allow local child welfare committees greater discretion as to which services they can provide. Also importantly, the legislation required that the Department of Human Services (DHS), the juvenile courts, and the Board of Supervisors of each county work together closely to plan the decategorization process.

Since the decategorization project emphasizes collective planning and decision-making at the community level, each county set up an elaborate committee structure composed of the legislatively-mandated representatives plus service providers, school districts, and concerned individuals.

To date, the growth of a strong inter-agency cooperative effort has been the most beneficial result of the committee process. Officials and service providers worked closely to identify gaps in services and develop cost-effective new services. Such cooperation also has enabled the development of individualized service plans for clients, because providers are now willing to share responsibility for clients.

Without this option of individualized planning for clients, 9-year-old Joey would have been placed in an expensive, Texas school, and his mother would have had to leave her job and relocate. Polk County was able to work out a less expensive alternative that involved the collaboration of two separate local providers. Currently, Joey is in an acute psychiatric hospital for stabilization at \$400 per day; later, he will be placed in a nearby residential facility costing \$124 per day. Without additional compensation from the Child Welfare Fund to supplement Medicaid's reimbursement limit, the hospital would not have accepted Joey. Furthermore,

without the agreements for mutual support between the hospital and the residential facility, neither would have accepted him.

The goal of decategorization is to allow the funding of more flexible, better client-based services at a lower cost. The "5-2 Program" is another example of this flexibility at work. Under this program, children reside in group treatment homes during the week and return to their homes on weekends. A counselor makes in-home visits with the families at home on the weekends to help make the transition easier. The program also seeks to cut the costs of care by returning children to their families more quickly.

A program such as "5-2" was not possible before decategorization. Previously, the funding stream would not reimburse a group home for the empty beds on weekends past a limit of 30 days. This practice discouraged service providers from letting the clients leave the group home. Under decategorization, the flexibility of the Child Welfare Fund allows DHS to reimburse providers for a portion of the cost of the empty beds on weekends and to pay for counseling services in the home.

Even though decategorization has enabled the development of some effective new services, there is widespread disappointment among Polk County officials and staff about the slow pace of the project's growth. During the year that decategorization has been in effect, relatively few new services have been developed and few clients have benefited directly from the project. Specifically, in the last month of fiscal year 1990, only 3 percent of clients (46 out of 1433) received services specifically targeted by decategorization.

Fear of change and an initial lack of trust between the public agencies and the providers were major hurdles in the development of decategorization. Committee collaboration and support of key individuals were vital in getting public agencies and service providers alike to "buy in" to the project. DHS also offered to "share the risk" with providers in starting new services by promising to compensate for anticipated first-year costs.

It is too early to determine whether the decategorization project will achieve all of its objectives. While questions remain concerning its long-term budget implications or the ability to replicate the project in another setting, decategorization certainly has the potential to promote a cooperative child welfare services community which works to improve services and to find lower cost alternatives for hard-to-serve clients.

For more information contact:

Iowa Decategorization Project (Polk County)
1200 University Avenue, Suite B
Des Moines, IA 50314
(515) 281-5090
Deborah Westvold, Coordinator

LAFAYETTE COURTS FAMILY DEVELOPMENT CENTER

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
LAFAYETTE COURTS FAMILY DEVELOPMENT CENTER	BALTIMORE	CITY	RESIDENTS OF SINGLE HOUSING PROJECT	1987
MAJOR SERVICES: COUNSELING, DAYCARE, MEDICAL SERVICES, REFERRALS				

Government-funded housing projects can be grim reminders of how poverty grips many families living in America's inner cities. Lafayette Courts in Baltimore, Maryland could be just another example. About 85 percent of the 805 families living in the high rise development are on welfare and almost 50 percent of the adults did not complete high school. Of the 2,400 residents, half are under age 20 and suffer from low self-esteem and a bleak future outlook.

Yet Lafayette Courts is unique. It is the only 1 of the 40 city housing developments to offer families a multiservice center within the project. Among the services offered on-site by the Family Development Center are comprehensive long-term case management, a health clinic, developmental child care services (including Head Start and full-day child care), adult education, employment and job training counseling and assistance, and programs targeting teenagers. All of these services can be seen from behind the fences enclosing Lafayette Courts' apartment balconies.

Center planners noticed that service networks in place before 1987 were inadequate for families within the projects. Services were poorly coordinated, with city agencies failing to communicate effectively. Service providers were often not located near the housing projects. The result for many families was isolation, alienation from service delivery systems, and deterioration of the family unit. To respond to this problem, city officials decided that services should be accessible on location and specifically targeted to the family unit.

The case managers provide the glue that bonds the wide range of public services and resources available to Lafayette Courts families. They work with clients to develop both short- and long-term goals. In addition, they challenge clients with probing questions about problems. "Everything comes out," stated one case manager.

Case managers also serve as coaches and advocates for clients attempting to access outside service agencies. They have developed relationships with other agencies through networking and coach clients on what to ask and how to ask it when dealing with public agencies. "We introduce people to common sense things they have not come up with on their own," said one manager. Case managers then contact agencies to alert them to a client's arrival. "We...tell the DSS [Department of Social Services] worker to be nice and supportive."

Locating services within the project has distinct advantages, both for families and for the case managers attempting to solve the difficult and oftentimes puzzling problems that may be hindering a family's ability to function. "Because clients see me every day, they can talk to me at any time. If they were across the city, they wouldn't do it.... I've sent people far away to programs and you lose track of them. If they're close, they'll come in and talk," stated one case

manager. In addition, because the Center offers services directly, the case manager may find out about problems indirectly. "I found out about an individual who attempted suicide," said one case manager. "I didn't know about it until the [literacy program] teacher told me about it. Eventually this woman graduated from school. You feel better that you can find out [about the problem] and support the individual."

One client's desire to improve her situation was enhanced by the comprehensive services offered by the Center. Marilyn, a young, single parent with five children, wanted to get her GED. Although the case manager helped get her children into day care, she pulled them out because she thought the program should be more structured. The case manager explained that day care was intended neither to provide tutoring nor to be a substitute parent. He managed to get the children back into the program, provided them medical care through the health clinic, and networked to find emergency food and rent assistance. Marilyn attended GED classes at the Center. Although she failed the GED once, she is now in her second year at college and is in a work-study program. She is giving a speech in one of her classes, appears confident, and dresses nicely. She has also become active in a parent group for the day care program at the center.

Being able to offer day care directly has brought many of the project's single parents into the Center for help. Approximately 90 percent of the families are headed by single parents. By offering full time day care, parents like Marilyn are then able to complete literacy programs located just two floors above the child care center. Then, when ready to work, they know that their young children will have subsidized before- and after-school care.

While many ambitious social service programs are hindered by lack of physical space, Center officials have creatively resolved this issue since the Center opened. Perhaps most importantly, the Center obtained the use of two floors of a public school across the street in order to provide direct services. The school was planning to close the floors due to underenrollment, but in exchange for financing the necessary renovations, granted the Center use of the space to provide literacy, child care, and work programs at a minimal cost. In addition, because city agencies outstation staff for most of these programs, the Center can offer this wide array of services despite its small budget.

City officials stressed the importance of top-level city support and leadership in implementing the Center. One important element was the existence of a "superagency" created by the consolidation of the Department of Employment and the Baltimore Housing Authority in the mid-1980s. City officials stressed that the efforts of the agency's director were invaluable. "She...sold the idea to the mayor," said one official. Baltimore's current mayor is a solid supporter of the program and has attended block parties at the development to encourage people to use the Center's services. Top-level leadership also has assured that the agencies participating in the program work together.

Despite all of the coordination and cooperation, center officials admit that they have had difficulty offering programs to attract teenagers. Almost one-quarter of the residents in Lafayette Courts are from ages 12 to 20. "We don't know why they don't come in," said a city official. The program director summed it up more directly: "The things available on the street are tempting to kids. They want it all—gold, Reeboks.... This is my biggest frustration." Center

officials hope that purchasing weight equipment will get more teens off the street and into the Center.

For more information contact:

Lafayette Courts Family Development Center
200 N. Aisquith Street
Baltimore, MD 21202
(301) 396-9321
James Massey, Project Director

LIBERTY FAMILY RESOURCE CENTER

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
LIBERTY FAMILY RESOURCE CENTER	BALTIMORE COUNTY	COUNTY	BALTIMORE COUNTY RESIDENTS	1989
MAJOR SERVICES: COUNSELING, MEDICAL SERVICES, REFERRALS				

Although the Hannah More office of the Baltimore County (Maryland) Department of Social Services (DSS) office was not yet open, the line outside was well formed. When Mrs. Schwartz arrived at 8:00 a.m., a county worker counted off the first five people in line and told the rest that they could not be seen today. They could call for an appointment to be seen in a couple of weeks or line up again tomorrow. Mrs. Schwartz left, unable even to talk to anyone.

When residents elected a new County Executive in 1986, they paved the way for the ambitious electee to revamp the county's service delivery structure radically. In the 4 years since bringing a "book" of initiatives into office, the County Executive has overseen the opening of 2 family-focused multiservice centers and has laid the framework for a countywide network of 12 more centers designed to bring agencies together to serve people like Mrs. Schwartz comprehensively, without the failures illustrated by her previous experience.

The first center, on Liberty Road in the Northwest section of the County, is a 32,000 square foot facility mainly containing agencies which either relocated to the facility or outstationed employees to handle basic services, such as intake. Mrs. Schwartz can now see a DSS worker who can answer her questions and assist her with the paperwork needed to receive county benefits.

Families seeking assistance can have most needs addressed at the center itself. This is especially important because, in general, countywide transportation is poor. Whereas Mrs. Schwartz previously might have had to travel to several locations throughout the county to access different county services, the Liberty Center offers a wide array of services within one building. These include health services, mental health counseling, emergency services (including eviction and foreclosure prevention and emergency food and clothing), assistance in applying for food stamps and public assistance, job training and employment services, and substance abuse support groups, education, and treatment.

The cost of locating services in one center is surprisingly low, mainly because the multiservice centers are structured to use existing services. County agencies are given office space to outstation employees. Some, such as DSS, outstation only one worker on a part-time basis. On the other hand, the Department of Mental Health has numerous counselors, psychologists, and psychiatrists on staff at the center.

Liberty Center staff stressed, however, that quality service delivery does not stem automatically from collocating services. Developing trust and good working relationships between agencies is critical to the success of any attempt to coordinate services. "We want the relationship to last, even if [an] agency leaves [the Center]," a county official stated. County administrators and

Liberty Center staff both stressed that trust has evolved because center staff have developed good informal relationships.

Because of the effective relationships developed among agencies at the Center, Liberty staff believe that everyone is much more responsive and willing to provide services immediately to clients. According to one caseworker, the collocation allows personnel from different agencies to meet regularly to discuss clients, learn about new programs, and hold frank discussions about agency relationships.

While certainly desirable and critical to the success of a multiservice center, agency cooperation alone will not ensure the success of a new service delivery system. Service seekers must be aware of the services available and have the ability to access them. To ensure this, Family Resource Center planners created client-centered Family Help Teams in each center. These teams provide comprehensive screening, referral, advocacy, and follow-up for walk-in clients. The Help Team can dig into the bag of available services and come up with a suitable plan for the client.

But the Help Team's role does not end there. "I take them down the hallway and introduce them [to referral agencies]," said one Help Team member. He stressed that even if the client's appointment is not for another week, he will take the client to the agency anyway to introduce them. The effect on the client's attitude is obviously positive. "I see it in the client's eyes, the response that we get back," he added.

An important ingredient for treating families or individuals in crisis is flexibility. If an individual comes into a center on the verge of being evicted, merely completing public assistance forms will do very little for the client's immediate needs or his confidence in the social service system. To address this need, the Liberty Center has given office space to the Community Assistance Network (CAN), a private, nonprofit agency. Despite occupying only one small office, CAN offers what many public agencies often cannot: flexible, rapid response to emergency client situations. One caseworker stated that CAN manages to fill many traditional service gaps by offering immediate assistance with, for example, emergency food, payment for utility shutoffs, prescriptions, and evictions.

In addition, each Family Help Team member is given a certain amount of discretionary funds to distribute as he or she sees fit. The counselor may give vouchers for KMart or McDonalds, or may actually give money to a client. One man who was traveling from Texas to Indiana accidentally ended up in Baltimore, because his geography skills were limited. He only requested \$17 to fill up his car with gas and said that he would be on his way. The Family Help Team counselor gave him the money and some McDonalds vouchers. "It was my decision to give him the money," said the counselor. "We get to make many decisions for ourselves."

While some programs—such as substance abuse treatment—run at capacity, the Family Help Team's caseloads have been small. One Help Team member called this situation "frustrating," adding that it is difficult to establish a new program in an entirely new building. The Help Team at the Eastern Resource Center, recently opened across the county, has been serving a greater number of clients, however.

For more information contact:

Liberty Family Resource Center
Office of Family Resources
611 Central Avenue
Towson, MD 21204
(301) 887-2001
Ellen Yerman, Director

LITTLE SISTERS OF THE ASSUMPTION: FAMILY HEALTH SERVICE INC.

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
LITTLE SISTERS OF THE ASSUMPTION	EAST HARLEM	PRIVATE	EAST HARLEM RESIDENTS	1958
MAJOR SERVICES: COUNSELING, DAYCARE, EDUCATION, JOB TRAINING, MEDICAL SERVICES, REFERRALS				

Walking down East 119th street in Spanish Harlem, one has to concentrate to find the Little Sisters of the Assumption Family Health Service (FHS). Without noticing the constant flow of neighborhood families in and out of the basement efficiency entrance, one would ignore the common brownstone in the middle of the block. From the outside to the inside, the building is very ordinary and unpretentious. Meeting the staff, one realizes that they are equally unassuming and down-to-earth. While the need for more space, computers, and staff are common complaints, talk of "their families" dominates discussions.

Today the talk is about Maria. Maria and her two children have been the focus of a joint case study produced by FHS and Mount Sinai hospital. (Besides the fruitful referral relationship FHS has with the two community hospitals, Mount Sinai and Metropolitan, staff perform research on improving health in the community.) A Head Start Center referred Maria to FHS in 1987 after her husband, an IV-drug user with AIDS, committed suicide. Maria herself had just been diagnosed as having AIDS, and she was devastated by both her husband's fate and her own prospects. She was without any real extended family support, and her health was declining as stress and AIDS took their toll.

For the next 2 1/2 years FHS provided many services for Maria and her children. These services continue now, but without her, as she died in the beginning of 1990. When one listens to the people describe Maria with words like courageous, incredible, determined, and loving, one senses that not only have they lost a client, but also a friend.

Maria's family had a diverse set of problems when they arrived at FHS. The entire organization worked intensely with Maria, her children, her father, and other related organizations to make the best out of the situation. The social workers and nurses went to the hospital with her as support, went to the schools to ameliorate the children's behavioral problems and the ostracism they faced, went into her home to provide nursing and emotional and physical support, and acted as mediators with the hospital, the welfare agency, and her father. FHS counseled the children on both their father's death and on the imminent death of their mother. FHS also did the little things to make Maria's life happier, like day trips with and without her children and holiday dinners for her entire family.

As a result, Maria died with dignity knowing that she did her best and that her children will survive in a new family with their grandfather. In this case, FHS's support illustrates their special services. The combination of the social work and nursing provided by the Certified Home Health Agency (CHHA) is a unique feature of FHS. The advocacy and commitment are impressive as well. The support given to Maria might sound extraordinary, but at FHS it is the norm.

The staff at FHS who became her family are not only special, but also hard to find. FHS is comprised of 34 women and one man, most of whom have at least one master's degree. While a religious order founded FHS, only half of the staff are nuns, and the organization is non-sectarian. The nuns come from various orders, and the lay people have equally diverse ethnic and professional backgrounds. Some of the staff were even clients in years past who now want to repay FHS. One "grandmother" in particular now staffs the playroom and makes home visits, because FHS had helped her manage her daily life with her seven children years earlier.

There is a real sense of community and family among the staff, and the clients acknowledge and appreciate the environment. As one client said, "I do not want to leave here. This is my home." Everyone from management down to social worker "knows" and cares about the specific needs of each family. This team case management approach is most effective as referrals are easier and clients are more comfortable. Cases are opened within 24 hours of referral and some cases span not only years but generations. Cases are not limited by time, eligibility requirements are not needed, and organizational quotas are not used. The organization's only goal is the promotion of family "health" in its broadest definition.

The staff's dedication to produce this self-sufficiency goes beyond their professional duties. Time clocks are not a consideration, and every problem is addressed. In motivating a client, one caseworker "banged on the door at 6:00 a.m. every morning for 5 weeks" to make sure the mother was up and would get the children to school. The willingness to help the client without regard to reimbursement or bureaucratic restrictions is readily apparent. In another family, a 41-year-old man with AIDS desperately needed free time. Taking care of his diabetic mother who was recovering from an operation was a full time job. Any other home health agency would not help since this was not an eligible "family." However, the CHHA nurse quickly identified this family's need, and the staff provided in-home care 8 hours each day at no cost to the family. The nurses in the CHHA are a major intake point as they are trained to survey the family environment to discover more than just the family's physical health needs.

Success to FHS is not measured in statistical terms, but from a different perspective. To "enable" a family so they can begin to function with some pride is a major triumph to staff. They utilize the combination of their many integrated services and their reputation and place in the community to accomplish their goals.

For more information contact:

Little Sisters of the Assumption
Family Health Service, Inc.
426 East 119th Street
New York, NY 10035
(212) 289-6484
Sister Judy Garson, Co-Director

NEW JERSEY SCHOOL-BASED PROGRAM

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
NEW JERSEY SCHOOL-BASED PROGRAM	NEW JERSEY	STATE	TEENAGERS	1988
MAJOR SERVICES: COUNSELING, JOB TRAINING, MEDICAL SERVICES, REFERRALS				

Bill is a 15-year-old student in a New Jersey high school. His test results from elementary school suggest he is an extremely bright student, but unmotivated. He is failing most of his subjects, has fallen in with drug dealers, and is a major behavioral problem. Following an incident when he was caught fighting in the hallway shortly after starting the ninth grade, Bill was referred to the New Jersey School-Based Youth Services Program. After interviewing Bill and his mother, program staff found out that there is severe family discord in his home, and his father violently abuses his mother. While Bill tests near the “superior” range intellectually, he is extremely aggressive in school and withdrawn at home.

Bill is typical of clients who come to the attention of this unique program that provides seriously troubled adolescents with the opportunity to complete high school, go on to a job or higher education, and lead a mentally and physically healthy life. The School-Based Program was established in 1988 to provide mental health, family counseling, health and employment services in schools to at-risk adolescents. The program is administered on a statewide basis by the Department of Human Resources (DHR). The DHR funds 29 sites in all 21 counties. These sites are located in or near schools and provide students with “one-stop” shopping for services. Funding is offered only to communities that demonstrate the support and participation of a broad coalition of local community groups, teachers and parents, businesses, public agencies and school districts.

The School-Based Program staff work as a team to guide and direct program clients. With someone like Bill, staff provide counseling to the mother to get her out of a destructive relationship and therapy to Bill to work through his rage and disruptive tendencies. Since he is naturally so bright, he might be given a job tutoring younger kids in the elementary grades and the opportunity to earn money without resorting to drug dealing. Both State and local program staff feel that a multiprogram approach with linked services is essential to help Bill and other multiproblem teens. All local project staff get to know and build trust with the teenagers, jointly assess their needs and insure they are linked with direct services or referrals. Cross training is supplied so that staff can back up each other when someone is absent. As one youth counselor stated, “We get together and discuss our cases as a team beforehand; we dissect an individual. Our clients do not get an isolated service, they get joint services.”

Drew Altman, the former DHR Commissioner, was the major catalyst for the School-Based Program. Altman previously worked at the Robert Wood Johnson Foundation and knew how critical school-based preventive health programs could be to teens to prevent drug dependency, mental illness, unwanted pregnancies, and sexually transmitted diseases. By integrating employment training, counseling and social services with the health component, Altman crafted a program to deal comprehensively with the health problems, drop outs, welfare dependency and lack of a skilled labor force.

The target population for the School-Based Program is youth aged 13-19 who are at risk of dropping out of school. While the program is open to anyone of any income, the State estimates that 75 percent of the participants are from inner city neighborhoods and 35 percent are from welfare families. State funds provide a uniform core staff in each of the 29 sites: a project director, a social worker, a general youth counselor and a program assistant. Local projects supplement core staff with employment and family planning counselors, nurses, health workers, recreation specialists, and others.

By providing these services in the schools and requiring the cooperation of school officials, the State insured that services reach school-aged teenagers where they spend most of their time. Social services and educational progress are tied together. Teens who would be reluctant to take a bus or drive to a distant site can get the counseling or service they need on site in their school. Andrea, for example, is a 17-year-old who has a 6-month-old son. She initially was going to drop out to care for her infant, but her School-Based Program offers on-site infant care. Andrea is able to leave her baby in an attractive, well-staffed nursery that has been decorated with furniture donated by community and business volunteers and goes to her classes in the same building. Both Andrea and her son's father are taking parenting classes. Because of the support she gets, she is now motivated to finish high school and then study to become a nurse.

In most sites, the School-Based Program has the support of the educational establishment. The principal of a large urban high school was initially resistant to having the program in his school, but in time became a staunch supporter: "I frankly had to admit I could not deal with the problems kids have now, and my teachers could not deal with them. Now I see the program as a major support system essential if the kids are to stay in school and succeed."

One of the more impressive features of the School-Based Program is the involvement of private industry. A number of corporations, such as AT&T and Johnson and Johnson, have implemented a mentoring program. Corporate employees adopt a teenager enrolled in the School-Based Program, develop a friendship and help the teenager through tutoring and counseling on career and academic plans. The mentors also serve as positive role models for students and their parents.

For more information contact:

New Jersey School-Based Youth Services Program
Capital Place One
222 South Warren Street
Trenton, NJ 08625
(609) 292-1617
Edward Tetelman, Director Legal & Regulatory Affairs

PROJECT GIANT STEP

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
PROJECT GIANT STEP	NYC	CITY	FAMILIES W/CHILD AGED 4	1986
MAJOR SERVICES: COUNSELING, DAYCARE, EDUCATION, REFERRALS				

Letitia and Alfredo moved to New York City from the Dominican Republic 18 months ago to escape the poverty and lack of opportunity in their homeland. They have 4 children, including 4-year old Arlette. Letitia has worked as a nursing assistant, but Alfredo has been partially paralyzed for 3 years with a back injury from working on the docks. The family does not speak English very well. In addition, Arlette has a major speech defect. In the fall of 1989, Arlette enrolled in Project Giant Step.

Begun in 1986, Project Giant Step is a half-day comprehensive preschool program for 4-year old children and their families. Modeled on Head Start, it combines developmental and educational experience for children with support services for families and a program to involve parents in their children's education. Project Giant Step gives first priority to economically and educationally disadvantaged families.

When Arlette enrolled, Project Giant Step staff interviewed Letitia extensively to assess the health, psychological, and social needs of the entire family. Teachers observed Arlette in structured play and noted her speech problem. Arlette started classes—designed to promote her social, emotional, creative, and physical growth—with 19 other children. The teachers gave Letitia good ideas on how to care for her children and husband without being overwhelmed. The family received health examinations, Letitia enrolled in well baby and nutrition classes, and Arlette and Alfredo were referred for specialized treatment. The social worker gave Letitia needed information about services available for her handicapped husband. The family assistant helped Letitia apply to Supplemental Security Income (SSI) for Alfredo and helped the family get food stamps.

All of the Project Giant Step staff who worked with Letitia and her family were located in her neighborhood school, the same school Arlette will attend when she starts kindergarten. Some of the services the family needed were provided through referrals to outside agencies. The staff made appointments for the family, followed through to see that the appointments were kept, and actually accompanied Alfredo and Letitia to an SSI eligibility determination appointment. Arlette is doing well in her classes, and the family is now under much less stress and shows a better chance of succeeding.

Project Giant Step was initiated in New York City the mid-1980s because of concerns about an unacceptably high dropout rate and a burgeoning special education population. Only 65 percent of students finished high school, and about 60 percent of those referred to special education never rejoined the mainstream. Such conditions could affect the City's economic renewal. Educators and policy makers in New York were aware that quality programs for 4-year-olds result in significant improvements keeping children at grade level, out of special education and in school until they graduate. In 1986, Mayor Edward Koch formed a Commission on Early

Childhood Education. Their 1986 report, "Take a Giant Step," set the parameters for the program:

Children who have attended quality early childhood programs, with health, nutrition and social services, enter school healthier, better fed and with parents who are better equipped to support their educational development.

Project Giant Step has a dual administration. About half of the centers are located in public schools and operated by the Board of Education (BOE). The rest are located in day care or multipurpose community centers funded by the Agency for Child Development (ACD), which also operates city-sponsored Head Start and day care programs. The 1986 Commission recommended dual administration because both BOE and ACD operated early childhood programs, and the Commission wanted to build on existing capabilities to give parents a choice between a classroom setting or a community center setting. The two agencies developed common systems of reporting and monitoring, common in-service training, and a common evaluation approach.

Inherent in Project Giant Step is the philosophy that integration of a well-developed curriculum with social services, parent involvement, health education and nutrition is necessary for positive results. As part of their evaluation of Project Giant Step, Abt Associates is looking at cost effectiveness issues. Abt's preliminary work shows that "children enrolled in Project Giant Step demonstrated substantial program year gains in a preschool inventory which were greater than gains on the same test by children in other comparable early childhood programs."

Currently, Project Giant Step is undergoing major changes in funding and direction. It essentially has been replaced in the public schools with a less comprehensive pre-school program. Originally, New York City funded Project Giant Step entirely from city tax levies. Driven by a major fiscal crisis during the summer of 1990, the city negotiated for New York State to pick up funding of the BOE portion of Project Giant Step. The BOE program is now called the "New York State Pre-Kindergarten Program" and has reduced classroom hours, eliminated the family worker position, and reduced staff training. Although program direction and coordination by the mayor's office is also significantly less, the ACD component continues largely unchanged.

For more information contact:

Project Giant Step
Human Resources Administration
Agency for Child Development
240 Church Street
New York, NY 10013
(718) 260-6973
Helen Hawkins, Director

YOUTH ADVOCATES

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
YOUTH ADVOCATES	SAN FRANCISCO	PRIVATE	RUNAWAY YOUTH	1969
MAJOR SERVICES: COUNSELING, EDUCATION, MEDICAL SERVICES, REFERRALS, SHELTER				

For over 20 years, Youth Advocates has been at the forefront of providing innovative, community-based services to at-risk teens and their families in California's San Francisco and Marin counties. Originally begun as one the nation's first community-based shelters for runaway and homeless youth, Youth Advocates today operates two crisis shelters, a longer-term shelter for youth who are awaiting permanent placement by the Juvenile Court, and an innovative Teen HIV Education and Prevention Program which trains teens to be health educators.

Tony is typical of the teens who come to Youth Advocates for help. The victim of sexual abuse by his father, Tony was raised by his heroin-addicted mother and stepfather. There were frequent family fights, and, for Tony, homelife was an almost constant source of tension. Not surprisingly, Tony was an alcoholic by the time he became a teenager, and soon was staying out late at night and skipping school. At age 15, Tony ran away from home.

Like Tony, most of the teens who come to Youth Advocates for help are runaway or homeless youth between ages 12 and 18. While their family histories vary, almost all share the experience of stressful home lives. Approximately 40 percent have suffered physical or sexual abuse, and more than 25 percent report drug and/or alcohol abuse by their parents. "Most of our kids are very likeable and bright, but many are at risk because of chronic problems at home," said the Executive Director. "Our goal is to provide sensitive and caring support. Without this, many of our clients would be forced on the streets for survival and some would wind up as delinquents."

Two beliefs lie at the heart of Youth Advocates' programs. The first is Youth Advocates' commitment to providing as complete a continuum of services as possible, and the second is the belief that these services are most effective when provided in home-like, community-based settings rather than in juvenile halls, institutions, or through court processes.

Through extensive use of collocation and outstationing, Youth Advocates is able to provide a wide continuum of services which range from prevention to crisis intervention to stabilization and growth. Youth Advocates' two crisis shelters meet youth's immediate needs for food, clothing, shelter, and crisis counseling. San Francisco's Probation, Public Health, and Social Service Departments outstation staff at The City's crisis shelter. Most youth stay in the crisis shelters only a few days before they are reunited with their families. Following reunification, high-risk youth and their families can continue to receive up to 4 months of aftercare counseling and case management.

The long-term shelter also uses collocation and outstationing. In addition to providing food, clothing, lodging, and counseling, the shelter has an on-site classroom that is staffed by an outstationed public school teacher. Transportation is available so that its youth can access all of the collocated services available at the nearby crisis shelter.

Youth Advocates staff are convinced that collocation and outstationing have provided major benefits for clients. Perhaps the two most important benefits are that they immediately provide clients with access to services and help prevent the youth from "getting lost in the shuffle." The arrangements also allow the agency to provide a more complete continuum of services. This is important, staff emphasize, because many individual services would not be effective if they were not accompanied by other services. For example, clients would not be in a condition to benefit from counseling if the agency did not also meet their more basic needs for food, shelter, and medical care. Similarly, family reunification services would be less effective if they were not followed with an aftercare counseling program. Collocation and outstationing also provide staff with more complete information about a client. Different staff (e.g., counselor, probation officer, public health nurse) who serve the same client work in the same location and develop close working relationships. Staff believe that collocation and outstationing help cut through red tape and lessen turf battles with other agencies.

Many of these services are alternatives to services that otherwise would be provided by San Francisco and Marin counties. For example, both counties have contracted out with Youth Advocates' crisis shelters to serve as the primary facilities for youth who are runaways or beyond parental control (status offenders). Under the contracts, police bring all runaways they identify to the crisis shelters for intake and possible shelter. Since 1989, San Francisco also has contracted with Youth Advocates' long-term shelter to provide care for youth who are awaiting permanent placement by the Juvenile Court. These youth, who have not committed any crimes, previously were housed at San Francisco's juvenile detention facility.

Youth Advocates' staff adamantly believe that these contracts have greatly improved services for runaway and homeless youth and their families. They are convinced that Youth Advocates is more client-oriented, comprehensive, and flexible than a public agency because it is not bound by a categorical mission, legal mandates, and other bureaucratic restrictions. The staff also believe Youth Advocates' services are more effective, because they are provided in community-based, home-like settings, which are more stable and nurturing environments for youth than large public, bureaucratic institutions.

Thanks to Youth Advocates, the future today looks bright for Tony and his family. With the help of family counseling, Tony successfully has been reunited with his family and their relationships have improved. Individual counseling has helped Tony deal with his history of sexual abuse and other personal problems and his self-esteem and body image have improved greatly. Counseling also forced Tony to confront his alcohol problem, and he enrolled in a teen alcohol program. Tony has been sober for the past several months, no longer stays out late at nights, and is doing well in school. Like hundreds of other youth, Youth Advocates has given Tony a new start in life.

For more information contact:

Youth Advocates
285 12th Avenue
San Francisco, CA 94118
(415) 668-2622
Bruce Fisher, Executive Director

YOUTHCARE

PROGRAM	LOCATION	ADMINISTERED	PRIMARY CLIENTELE	SINCE
YOUTHCARE	SEATTLE	PRIVATE	RUNAWAY YOUTH	1974
MAJOR SERVICES: COUNSELING, EDUCATION, MEDICAL SERVICES, REFERRALS, SHELTER				

Jane, now 19, was abandoned by her family as a baby. She suffers from epilepsy, diagnosed from a history of severe beatings. Adopted at age 2, she was abandoned again at 13 when her adoptive parents beat her for the last time and then moved. After multiple foster care placements and involvement in marijuana and other drugs, she hit the streets. Finally, she discovered Seattle's YouthCare and found the help she needed. Now she is studying for an associate degree in child development at the community college and works in the YMCA's day care center. She thinks of YouthCare as her family.

Most of YouthCare's clients ran away from dysfunctional home situations; many had endured physical and sexual abuse. Their prospects of family reunification are dismal to nonexistent. As the executive director noted, "Most of our kids do not have a family." In order to survive on the streets, they resort to any means, including prostitution, shoplifting, and other criminal activities. Unfortunately, street life holds a certain glamour for these abused and hardened youth, most of whom distrust adults. The longer they live on the streets, the more difficult it is to leave.

Founded in 1974, YouthCare has an open door policy. Not only has it reached young people no one else wants to think about, but also it has offered them a second chance. The environment is nonjudgmental. The kids can drop their hard street facade once past YouthCare's doors. Each client requires concentrated attention with a holistic approach to care. YouthCare staff work on-site with professionals outstationed from other agencies, such as the King County Health Department and Seattle Public Schools. At the same time, YouthCare staff work regularly at other agencies, such as juvenile detention. YouthCare has a rich network of interagency agreements and informal working relationships to help their kids and run a smooth program.

Most of the young people need nurturing; the relationships with their case workers become therapeutic. YouthCare gives them time and space to decide for themselves if they want to receive help. They even can choose their caseworkers.

In addition to being nonjudgmental, caseworkers must be creative. For example, Kim, a 19-year-old prostitute came to YouthCare wanting to continue prostituting, but to move to a nicer area with access to health care and safer customers. The caseworker knew she would lose Kim if she did not weave between what Kim wanted and what was best for her. Thus, the caseworker arranged to rent an apartment in a safer area and convinced Kim to take modeling classes at the community college, even though she continued to prostitute. Kim soon began to view herself more positively, and now is taking journalism courses. Most importantly, she has stopped prostituting.

YouthCare offers three different shelter environments depending on the age and immediate needs of the young people. The emergency crisis shelter with its 14-day-stay limitation began years ago through the efforts of dedicated volunteers and now has 10 full-time staff. Two other

APPENDIX B

UNIQUE SERVICE DELIVERY PRACTICES

- ▶ New Jersey's School-Based Program has enlisted a number of corporations, such as AT&T and Johnson and Johnson, to participate in a teen mentoring program. Corporate employees "adopt" a teenager enrolled in the School-Based Program, develop a friendship, and help the teenager through tutoring and counseling on career and academic plans. The mentors also serve as positive role models for students and their parents.
- ▶ Avance's parenting program goes into client homes to videotape parent and child interaction. Avance plays the videotapes in front of the entire class of parents in order to illustrate good and bad parenting techniques. Avance also offers toymaking classes and shows parents how to use the toys to increase their children's developmental skills.
- ▶ Little Sisters of the Assumption arranges trips and retreats so single parents can express their individuality and form friendships with other parents. One staff member claimed that these retreats have given single mothers an opportunity to share particularly emotional experiences. Little Sisters also runs a "Grandmother" program, which offers in-home assistance with day-to-day organization skills, home management, neo-natal care, or just companionship and support. These services are provided by six actual grandmothers, some of whom were helped as clients themselves in earlier years.
- ▶ Lafayette Courts Family Development Center offers a free, "no-questions-asked" drop-in center for individuals hesitant to talk to a case manager. Individuals may simply walk into the center—which is furnished much like an apartment—to watch television, cook a meal, do laundry, or play cards. The rationale is to make individuals feel more comfortable coming into the center so they eventually might feel comfortable enough to talk with a case manager about their problems.
- ▶ Youth Advocates set up a classroom on-site at one of its shelters for children awaiting court placement. Classes are taught by a public school teacher provided by the city.
- ▶ One product of Iowa's decategorization is the "5-2" program, in which youths at risk of permanent out-of-home placement reside in a group home 5 days a week and spend weekends with their families. A counselor visits the family's home on weekends to conduct counseling and teach parenting skills. Once a child has been returned to the family, the program provides aftercare counseling.

