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# FAMILY SERVICES COLLABORATIVES -



## CHILDREN, FAMILIES AND COMMUNITIES GROW TOGETHER

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Minnesota  Children  
Minnesota Department of Children, Families & Learning



# **FAMILY SERVICES COLLABORATIVES -**

## **CHILDREN, FAMILIES AND COMMUNITIES GROW TOGETHER**

### **BACKGROUND**

In 1993, the Minnesota State Legislature and Governor Arne H. Carlson provided funding to establish local collaborative initiatives to better the lives of children and families by integrating the services they needed in order to succeed. The Legislature set aside \$8 million to provide incentives for local communities to plan and implement major reforms in the delivery of services for children and families. Initially, in twelve Minnesota communities, providers in the areas of education, health, social services and corrections joined together to design and develop Family Services Collaboratives. The twelve initial Family Services Collaboratives are:

**Anoka County Family Services Collaborative,  
Becker County Children's Initiative,  
Carlton County Children & Family Services Collaborative,  
Carver-Scott Family Services Collaborative,  
Cass County/Leech Lake Reservation Children's Initiative,  
Chisago County Family Services Collaborative,  
Hennepin County - The Redesign,  
Hibbing Family Resource Center,  
Itasca County Family Services Collaborative,  
Marshall Area Families Project,  
St. Paul/Ramsey County Children's Initiative, and  
South Central Children's Project - Blue Earth/Nicollet Counties.**

In January, 1995, the Department of Children, Families and Learning contracted with the University of Minnesota to conduct an evaluation of these initial collaboratives and report on the short and long-term progress in improving the lives of children and families in six key categories. These recent evaluations pinpoint important progress achieved in these communities, search for trends and articulate the lessons these communities have learned during their brief periods of operation.

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## **OVERVIEW**

School districts and county governments have major responsibility for early childhood development, family health and a range of social services. The State of Minnesota supports the heavy local investment in these efforts with diverse categorical and block grants. Over the years, strong state, local and federal funding support has created a quality, but somewhat fragmented, delivery system for our families and children. To address this challenge, in 1991, Governor Arne Carlson and the Minnesota Legislature created the Family Services Collaboratives to promote a more comprehensive response to the needs identified by families.

Family Services Collaboratives provide an opportunity for communities and the state of Minnesota to work together as partners to streamline and integrate services for children and families. To this end, local collaboration works to eliminate fragmentation by developing joint accountability and a continuum of population-focused services that reflect family support principles and practice. In a broad sense, the goal is three-fold: enhance local decision-making, improve public accountability and improve the ability of families to gain access to services. Collaboratives must include at least one school district, one county, one public health organization and one community action program or Head Start program if the community action program is not the Head Start grantee. In addition, collaborative efforts must include broad community representation involving parents, parent organizations, tribal entities, municipalities, businesses, cultural community organizations, private and nonprofit service providers, child care providers, local foundations, community-based service groups, transportation providers, senior citizen volunteer groups and religious organizations.

The Family Services Collaboratives use a family's perspective to reform and redefine direct services. Family support principles are used to address the health, developmental, educational and family-related needs of children and youth. A key belief of family support is that the primary responsibility for the development and well-being of children lies within the family.

As a result, the Initiatives reflect the following principles:

- The basic relationship between services and the family is one of equality and respect. The Initiative's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur.
  - Parents are a vital resource. Collaboratives facilitate parents' ability to serve as resources to each other, to participate in decision-making and governance, and to advocate for themselves in the broader community.
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- Services are community-based and culturally and socially relevant to the families they serve. The collaborative often serves as a bridge between families and other services.
- Services build on family strengths rather than deficits.

By providing better coordination of services, Minnesota hopes to increase the number and percentage of babies and children who are healthy, who come to school ready to learn, and who are supported by safe and healthy family environments.

## **PROGRESS ACHIEVED**

The legislation that authorized funding for the Family Services Collaboratives requires sites to evaluate the progress and impact of their efforts and submit a report describing the following:

- a description of how funds were used;
- the number and types of clients served;
- the types of services provided;
- the progress toward implementing the local collaborative plan; and,
- within two years of receiving implementation funding, the extent to which the outcomes specified in the evaluation plan have been accomplished.

In order to develop a process for measuring outcomes, local Family Services Collaborative staff met with state agency staff in a focus group and jointly developed a request for proposal to hire a consultant that would provide local technical assistance. As a result, the Department of Children, Families and Learning contracted with the Center for Applied Research and Educational Improvement at the University of Minnesota to develop a broad set of questions to guide the evaluation process and a method for collecting information to address the questions. Local Collaborative teams participated in statewide training and follow-up technical assistance to help each community identify the outcomes they wished to achieve and the data collection methods to measure progress toward reaching them.

The twelve sites that began implementation in 1994 have measured their progress in achieving both short and long term results. These outcomes are based on outcome evaluation plans established at each site according to the unique aspects of their initiative. The outcome results are grouped into six categories based on the general area addressed. For each outcome area, collaborative sites are at different stages of implementation and success, as the indicators at each site cover a broad range due to data collection methods chosen and operational variances.

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## Child and Family Health

Communities that have measured this outcome area report progress in the following indicators:

- ◆ improved maternal health,
  - ◆ improved prenatal care,
  - ◆ decreased incidence of preventable diseases and disabilities,
  - ◆ improved birth outcomes,
  - ◆ increased access to health care, and
  - ◆ overall health improved.
- ✓ In *Anoka County Family Services Collaborative*, 100 percent of the children seen at Family Comprehensive Assessment, Referral and Education Centers were current with their age-appropriate immunizations during 1995 and 1996.
- ✓ In the *Carver-Scott Collaborative*, 100 percent of participants have been appropriately vaccinated, had regular contact with a physician and reported satisfaction with services between January and June 1996.
- ✓ In the *Minneapolis Collaborative of the Hennepin County Redesign* effort, the three schools with resource centers reported fully immunizing the total student body during the 1995-96 school year.
- ✓ The *Becker County Children's Initiative* reported that between January 1 and July 1, 1996, all women delivering babies were contacted for postpartum visits. Prior to the Initiative's effort, no postpartum visits were made except in very rare instances. 90 percent of the sites reported that communication between school personnel and parents had improved and most responses indicated that children had shown increased cooperation in the classroom.

## Family Functioning

This outcome area covers the following indicators:

- ◆ emotional supportiveness increased,
  - ◆ decrease in child maltreatment,
  - ◆ decreased rates of adult conflict and violence,
  - ◆ decreased family isolation/increased rates of connectedness,
  - ◆ general family functioning,
  - ◆ improved family stability and
  - ◆ decreased rates of out-of-home placement.
- ✓ Superintendents and principals served by the *Carlton County Children and Family Service Cooperative* strongly agreed that the Family School Coordinator has had a positive impact and most parents and guardians agree that there has been improved family decision making and relationships.
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- ✓ Parental surveys from the *Minneapolis and Hopkins Collaboratives of the Hennepin County Redesign* indicated that because of their involvement in family resource centers, parents helped their children with homework more often, attended more school functions and increasingly talked with their children about the school day. Parents also indicated they would seek services at resource centers again and would recommend services to friends.
- ✓ The *South Central Children's Project* (Blue Earth/Nicollet Counties) reported that 4,178 out-of-home placement bed days were averted at an estimated cost savings of \$296,400. The Children's Project also reported increased involvement of parents with their children's education.
- ✓ Out-of-home placement costs reported by *Cass County/Leech Lake Reservation Children's Initiative* went down during 1995 and 1996, saving \$32,000 in 1995 and \$154,000 in 1996 from its high of \$1,484,000 in 1994.

## **Child Development**

Given the brief time period involved with this evaluation, 2 years, data is less available for the following indicators:

- ◆ Increased participation in early childhood care programs before kindergarten,
  - ◆ Improved school-related knowledge and skills, and
  - ◆ General development.
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- ✓ During parent focus groups in the *Anoka County Family Services Collaborative*, parents reported that the way they view their children's development has changed significantly since their involvement in CARE Centers.
  - ✓ The *Becker County Children's Initiative* reduced duplicative early childhood screenings and saved \$37,000.

## **School Performance**

Results for this outcome area are based on the following indicators:

- ◆ Decreased need for remediation,
  - ◆ Improved attendance,
  - ◆ Increased rate of steady grade progression and achievement,
  - ◆ Increased family involvement in schools, and
  - ◆ Improved behavior in schools.
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- ✓ The *Minneapolis Collaborative in the Hennepin County Redesign* reported that in each of the three schools with resource centers, there was a decrease in the percentage of school absences due to illness between 1994-95 and 1995-96.
- ✓ The *South Central Children's Project* (Blue Earth/Nicollet Counties) reports the quality of children's interaction with adults and with other children at school has shown improvement. Children's grades and school attendance have also improved.

## **Youth Maturation**

The brief time period of implementation to measure youth maturation impacts the data reported for these indicators:

- ◆ Increased rate of youth productively engaged,
  - ◆ Decrease in anti-social behavior, and
  - ◆ Improved adolescent well-being.
- ✓ The *South Central Children's Project* (Blue Earth/Nicollet Counties) found that children's social developmental indicators improved within the six months of involvement.

## **Organizational and Systemic Change**

This area shows the greatest number of outcomes because these factors are necessary as a basic foundation for collaboration:

- ◆ Improved program/service effectiveness,
  - ◆ Improved financial stability and coordination,
  - ◆ Improved staff capacity,
  - ◆ Improved overall organizational health,
  - ◆ Improved sense of community empowerment and ownership of services, and
  - ◆ Improved school responsiveness to community needs.
- ✓ The *Carver-Scott County Collaborative* reported that in Carver County, families felt the level of services they received were good to excellent.
- ✓ In survey results received by the *Hibbing Family-Resource Center*, service providers agree that there has been improvement toward shared goals, more democratic leadership style, knowledge of other professionals and agencies, clearer communication procedures and the team of service providers is much more open.
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- ✓ A survey by the *Marshall Area Families Project* found that families generally agreed they experienced less paperwork, receive helpful information and see a decrease in the amount of time before agencies begin working with them.
- ✓ The *Itasca County Family Services Collaborative* has established customer-driven steering teams at all four of its Family Resource Centers.
- ✓ To train parents and staff together in team building and leadership, the *St. Paul/Ramsey County Children's Initiative* provided a mini Masters of Business Administration class for volunteers and staff for three hours per week for thirteen weeks through the University of St. Thomas.
- ✓ Data collected by the *Chisago County Family Services Collaborative* shows that parents who use the Family Centers get helpful information from supportive staff and teachers.

## **LOOKING AHEAD**

There have been many barriers to overcome and issues to be resolved since the initial planning of Family Services Collaboratives. While some of the obstacles facing communities are unique to a specific collaborative, the barriers reported are consistent among the original twelve collaboratives. Common barriers cited by participants are:

### **Relationships**

- Past negative interactions between the public and some service providers hinder the development and lengthen the time needed to build relationships.
- The uncertainty of future funding may impact the ability to plan and is confusing to providers and families. Responsible state agencies and federal restructuring impacts the ability to plan and creates skepticism on behalf of providers and families.

### **Cultural Competency**

- There is a need for more bilingual family service representatives.
- There needs to be culturally competent training for all staff.

### **Procedural Challenges**

- The rigidity of regulations and policies related to specific funds prohibits effective and efficient sharing of funds.
  - Limitations imposed on how staff can be used to do certain tasks, by labor policies make it difficult to use existing staff in new ways or hire new staff to do tasks not clearly defined in one single agency.
  - There are overlapping or duplicative data collection and reporting requirements.
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## **NEXT STEPS**

Children, families and communities are growing healthy together. It is clear that we've learned from these Family Services Collaboratives that it takes time to build trust, get a viable governance structure agreed upon and in place and get beyond the territorial conflicts that can separate people, agencies and counties.

To improve and strengthen the lives of Minnesota's children and families, the services and systems that impact them are changing. The initial twelve Family Service Collaboratives are involving their communities to enhance and expand upon what is working and change what is not. With the foundation set by these initial twelve Family Services Collaboratives, a total of 57 are now underway and progressing in Minnesota.

## **CONCLUSION**

Those involved in collaborative initiatives have learned that by working together, they can provide more efficient and better quality services to the families and children in their community. They have learned that the priorities of the community can be best ascertained by working in concert with parents and community leaders. During the coming years of implementation, it is the goal of each of these initiatives to promote their success by finding ways to "institutionalize" and sustain the changes made during these early years.

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