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School and Human Service Collaboration: A Needs Assessment

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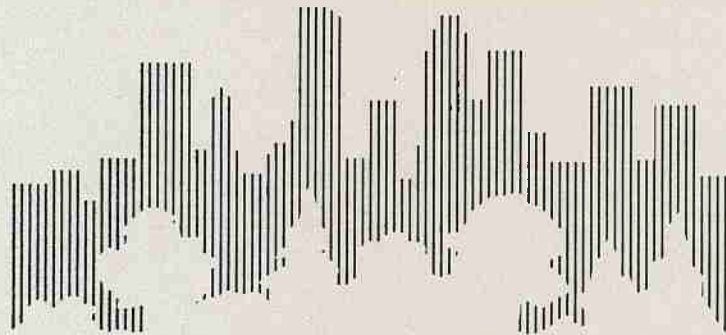
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MASTERS IN SOCIAL WORK THESIS

Amy Clark

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SCHOOL AND HUMAN SERVICE COLLABORATION:

A NEEDS ASSESSMENT

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APRIL, 1994

MASTER OF SOCIAL WORK
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CERTIFICATE OF APPROVAL

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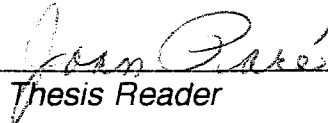
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ABSTRACT OF THESIS

SCHOOL AND HUMAN SERVICE COLLABORATION:

A NEEDS ASSESSMENT

AMY CLARK

APRIL 1994

Across America schools and human service organizations have become more aware of the difficulty in providing for the needs of families and children alone. There is a growing need for organizations to work together to effectively provide appropriate services. Recently, collaboration has received a great deal of attention as a necessary strategy in working together.

This study explores the perceived need for a school and human service collaboration in Dakota County, Minnesota, that would service families and children currently receiving services from the Intra-Dakota Educational Alternative (IDEA) program. A needs assessment was conducted through a review of the literature and qualitative interviews of key informants who work in Dakota County schools and human services. The major themes explored in the interviews include: the unmet needs of families and children in the target population; the need for a collaboration among IDEA and Dakota County human service organizations; and, what a collaborative of this nature could look like in terms of structure and functioning.

A framework for a collaborative initiative in Dakota County has been developed based on the research. This framework is presented at the conclusion of the study.

TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

Educational/Social/Emotional Needs

> Annie, age seven and Kent, age twelve, attend elementary
> school. Annie shows signs of emotional disturbance, and
> is in special education for learning disabilities. Kent has
> been picked up by the police for vandalism and is on
> probation. Annie, when four, was placed in foster care
> because of abuse and neglect. She is home now but the
> family must participate in monthly therapy through social
> services. Due to staff turnover , the family has worked with
> several therapists (Bruner, 1991, p.7).

Increasingly, children and their families are forced to deal with multiple
stressors. As their needs increase and become more complicated, so does the
process for meeting those needs. Often the stressors experienced by families
and children are a result of inadequate housing, health care (both physical and
mental), and nutrition. The stability of our economy has also greatly affected the
kind of stress placed on families. Families are experiencing economic
hardships due to the de-industrialization of America and the increased
technology that has displaced a major part of our work force (Allen-Meares,
1993). According to the U.S. Bureau of the Census (1990) one out of every five
children lives in poverty. That puts one out of every five children at risk of
having unmet needs in one form or another.

In our schools, we are witnessing the effects of these stressors in the form

of pregnancy, drug abuse, suicide, violence, and varying emotional disorders. Many children and youth also experience isolation and exhibit a general sense of disregard for others. The nonacademic complications of adolescents are increasing and have a direct impact on the ability of children and youth to be successful in school and at home. These complications are familiar to children and youth across all cultural groups in the United States. However, the educational system as well as the mental health and social service systems have been less successful in meeting the needs of minority cultures than they have the majority culture. This presents an additional barrier for minority families and children (Chavkin & Brown, 1992). The U.S. Census Bureau (1988) has projected that by the year 2000, 33 percent of the school-age population in the United States will consist of minority children. Our future depends on the well being of all children. Therefore, changes need to be made in the way we provide for our children educationally, socially and emotionally.

Currently, families experiencing multiple problems are required to interact with several agencies when seeking help. It is widely agreed upon that the current service systems are poorly coordinated and fragmented (Allen-Meares, 1993; Bruner, 1991; Hennepin County Office of Planning & Development, 1992; Wattenberg, 1993). Although there are many quality service providers in our communities, accessing these services is not always an easy task. Families seeking services for multiple problems are often unable to access and use all the services available. In addition, these families usually do not possess the skills necessary to coordinate the individual goals and treatment strategies recommended by the agencies (Bruner, 1992). Often times, utilizing the necessary systems becomes an added source of stress for

these families.

The IDEA Program

According to the Minnesota Children's Initiative (1993) Minnesota is no stranger to the problems that face families and children in America today. Communities all across Minnesota are finding that too many families and their children are falling through the cracks of our complex human service systems. In Dakota County, these families are often first recognized in the special education system of the public schools. Special education services in Dakota County are provided by an intermediate school district which provides services for children with physical, mental and emotional handicaps. However, it is in the Intra-Dakota Educational Alternative (IDEA) program that multi-need families most often appear.

IDEA is a level V educational program that services students with emotional/ behavioral disorders. The program is located at Thompson Heights School in South St. Paul and services grades K - 12, ages 5 - 21. Students who enter the IDEA program are referred by their local school district when the student is failing academically, socially, emotionally, and/or behaviorally in his/her current setting. Characteristically this program is set up to service children who have multiple needs. As stated earlier, the nature of the problems these students present are often a direct result of economic and emotional stressors that have been placed on their families. It is not uncommon for students at IDEA to come from low income families with mental health issues. Often these families struggle with abuse and/or neglect in one form or another in addition to their concerns around basic needs.

Generally, the families served by IDEA also receive services from at

least one other human service organization. Several of these families receive multiple services from organizations such as Dakota County Social Services, Dakota County Community Corrections and varying mental health facilities in the area. Many times the student attending IDEA is not the only member of the family receiving services. Often, there are several members of the family involved with or in need of services from one system or another. In addition to providing for the educational needs of the students at IDEA, the staff are also charged with the responsibility of coordinating and cooperating with the above mentioned systems in order to provide the most effective learning environment for each student. Each student is uniquely different in what needs he/she may have and how those needs can be met. Without continued contact with the other service providers, IDEA cannot be effective in its attempts to educate these children.

Collaboration

Out of concern for the well-being of families and children with multiple problems, schools and human service organizations are beginning to direct more attention to the concept of collaboration. Traditionally, human service organizations and school systems have coexisted in almost every community. Increasingly, schools and human service providers are being offered incentives to work together to fill the gaps in service, reduce duplication and make services more accessible (Greenberg & Levy, 1992). As the number of families and children with multiple needs is increasing, the availability of resources is decreasing. It is this phenomenon of increased need/decreased resources that has created a more organized push toward collaboration.

" 'Collaboration' is a process to reach goals that cannot be achieved acting singly (or, at a minimum, cannot be reached as efficiently). As a process, collaboration is a means to an end, not an end in itself. The desired end is more comprehensive and appropriate services for families that improve family outcomes." (Bruner, 1991, p.6). Defining collaboration as a process requires that one define the developmental stages that all collaborations seem to pass through. In the literature review, the concept of collaboration will be defined in greater detail and will be operationalized.

Prior to looking at the developmental process of collaborations, distinctions need to be made between collaboration and three terms often used interchangeably - networking, cooperation and coordination. These terms, actually constitute a hierarchy in terms of their complexity and effectiveness for problem solving. This hierarchy is well demonstrated in the following definitions, developed by Arthur Himmelman (1993).

NETWORKING: Exchanging information for mutual benefit.

COORDINATION: Exchanging information and altering activities for mutual benefit and to achieve a common purpose.

COOPERATION: Exchanging information, altering activities and sharing resources for mutual benefit and to achieve a common purpose.

COLLABORATION: Exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose.

All of the concepts mentioned above are used throughout the education and human service fields in effort to provide the best possible services. However, as the needs of families and children are becoming more complex, the solutions must also become more sophisticated and interrelated. In the relationship hierarchy above, collaboration is the most sophisticated and intimate form of relationship. It is quickly becoming the direction that service providers are considering when working together. As collaborative efforts begin to develop among schools and human services in Minnesota, the idea of schools as the logical base for collaborative services is being explored.

Rationale for the Project

The goal of this thesis is to explore the need for a collaborative effort involving the IDEA program, Dakota County Social Services, Dakota County Community Corrections, and mental health providers in the Dakota County area. If it is determined that such a need exists, a framework for developing this type of collaboration will be developed. The target population for this project is families and children who receive services from IDEA. This population was chosen due to the number of families already involved with multiple service providers as well as those families eligible for services but not currently receiving them.

When developing working relationships across organizations, issues such as resources, data privacy, liability, power, and control can become barriers to the level of involvement to which organizations are willing to commit. The framework presented in this thesis will address the developmental stages of collaboration in hopes of eliminating these barriers and providing a more integrated, less fragmented system of human services.

CHAPTER II

A REVIEW OF THE LITERATURE

On one corner drugs,
On the other corner thugs .
On another corner hookers.

Up the streets gangs,
Down the street gangs.
Downtown crews.
Beating people down for hats and shoes.

In the ghetto there's always violence,
But one day I hope for peace and silence.

Theoretical Framework

This poem was written by a 15-year-old boy who is in the 10th grade at a

vocational school in Baltimore, Maryland. His poem reflects his search to

understand his own family's pain, as well as the poverty, violence and trouble

he sees in his neighborhood (Melaville, Blank, & Asayesh, 1993). In a world

where children grow up surrounded by increasing drug use, violence, gangs,

and family stress, it is easy to understand that school is not always the primary

focus in a young person's life. Melaville, Blank, & Asayesh (1993) state that an

estimated 25 percent of the student population K - 12 is at risk of failing at

school and later in life. The literature suggests that the completion of school

has direct and measurable outcomes with regard to the ability for young people

to provide for themselves and their families in the future (Allen-Meares, 1990;

Cervera,1990; Melaville et al., 1993; Pennekamp,1992). Based on national

averages, people who do not graduate from high school are twice as likely to be

unemployed as those who do graduate from (Melaville et al.,1993).

Americans must find new and more effective ways to develop communities that place a high value on empowering families and children to develop to their full potential . Using an ecological framework we can look at the behavior and social functioning of individuals and families within an environmental context. According to Pecora, Whittaker, & Maluccio (1992) C.B. Germain led the development of the ecological perspective in social work. Germain is quoted in Pecora et al. (1992) stating:

Ecology rests on an evolutionary, adaptive view of human beings (and all organisms) in continuous transactions with the environment. As a metaphor for practice, the ecological perspective provides insight into the nature and consequences of such transactions both for human beings and for the physical and social environments in which they function (Pecora et al.,1992, p.37).

Social workers need to understand the relationships between families and their environment and be able to identify the strengths, significant sources of support and resources as well as the sources of stress and conflict in both. There is also a need to appreciate the uniqueness of each individual and family, their qualities and their needs. This is especially important when working with families of ethnic, racial and/or cultural minority groups. In addition, there is a need to facilitate and provide services that are culturally relevant to all families and children (Pecora et al.,1992).

In relation to social work and this study in particular, the ecological perspective works well in that it is a "multi-causal rather than a linear causal"

perspective and makes it possible to view relationships and problems experienced by families and children as multifaceted (Constable, Flynn, & McDonald, 1991). For example, poverty is often referred to throughout the literature as having severe effects on a child's development physically and socially (Allen-Meares, 1990; Allen-Meares, 1993; Chavkin & Brown, 1992; Gonzalez-Ramos, 1990; Pennekamp,1992). Children who live in poverty are at higher risk of getting lead poisoning, having poor nutrition, and receiving inadequate medical care, including prenatal care. As a result, these children often experience postnatal neurological problems which can lead to learning and behavioral disabilities as well as a lower ability to deal with stress (Gonzalez-Ramos, 1990). Currently, one out of every five children lives in poverty (Melaville, Blank, & Asayesh, 1993). Yet, there are children who grow up in poverty who go on and excel in life. Therefore, factors within these children and/or their environment may enable them to succeed, despite the disabling forces of poverty.

Over the past two decades, there have also been significant changes in family structure. The number of single parent families, blended families, gay/lesbian families, and families with two parents working outside the home has dramatically increased (Bruner, 1991). In addition, issues involving race and ethnicity are often further complicated by the changes in family structure.

The incidence of abuse and neglect reported has also increased. In a survey of all 50 states it was found that "the number of children who died as a result of child abuse rose from 889 to 1,132 between 1985 and 1987" (Pecora, Whittaker, & Maluccio, 1992, p.119). With these changes comes the challenge of providing support for these families with respect for individual and family

needs, structure, and cultural values held by each family (Bruner, 1991; Chavkin & Brown, 1992; Gonzalez-Ramos, 1990; Pecora, Whittaker, & Maluccio, 1992).

The educational process is also affected by the changes in our society. As the social and emotional challenges increase, so does the challenge of providing and receiving an appropriate education. The Transactions between Individuals and Environments (T.I.E.) framework offers a hierarchy of coping behaviors that is helpful in understanding the need of families and children in the educational system, particularly those serviced by IDEA. T.I.E. suggests there are three categories of coping behaviors: "(1) Coping behaviors for surviving, (2) Coping behaviors for affiliating, and (3) Coping behaviors for growing and achieving" (Constable, Flynn, & McDonald, 1991, p.37).

A person's coping skills are developed over time and are affected by his/her past coping experiences. However, according to T.I.E., it is necessary to obtain surviving and affiliating skills before one can attain the skills needed for growing and achieving. Many children and youth have been taught or learned inappropriate skills for affiliating which they rely on to meet their basic needs. Of the population served by the IDEA program, the majority would fall into this category. As a result, they are unable to appropriately obtain and use personal relationships, organizations and organizational structure in order to grow and achieve (Constable et al., 1991). In essence, these families are unable to take advantage of the public education system and the public education system is in turn failing these families.

The Current Education System

"Positive self-esteem and a sense of hope for the future is necessary for people to realize their full potential" (The Action for Children Commission, 1992, p. 7). Many of the children in Minnesota do not feel good about themselves or hopeful about the future. The Minnesota Student Survey discovered that one out of every nine students in 6th, 9th and 12th grades involved in the survey reported attempting suicide. Physical and sexual abuse are reported to be strong predictors of adolescent suicide attempts by the Minnesota Department of Education. Alcohol use is also a very large problem among children and youth in Minnesota. (The Action for Children Commission, 1992).

Teachers facing increasing numbers on classroom rosters are finding their efforts are not enough to help the children of today succeed. Many students come to school hungry or burdened with family and/or emotional problems that impede their ability to learn. Teachers and school personnel repeatedly find themselves dealing with student and family emergencies or crises, for which they are not equipped (Center for the Future of Children, 1992; Farrar & Hampel, 1987; Cervera, 1990; Melaville et al., 1993). However, there is a lack of consensus about the nature of this problem in Minnesota. There are parents who believe that teachers and our schools should focus on academics and teaching, and there is another group of parents who feel that teachers and schools should help students deal with family and social problems in order to learn and develop (The Action for Children Commission, 1992; Hennepin County Office of Planning & Development, 1992).

The problems in the education system are not new, but the consequences of these problems are changing and becoming increasingly

important. As our economy changes, there is less need for unskilled labor,

therefore, there is need for a high rate of school success. The responsibility for

these problems lies in several areas. The quality of instruction and school

programs as well as budgetary problems and poor communication lend to the

realm of existing problems in our school. However, there is much recognition in

the literature supporting the importance of noneducational needs in school

success (Allen-Meares, 1990; Center for the Future of Children, 1992; Cervera,

1990; Melaville, 1993; Pennekamp,1992;). School reform initiatives are

beginning to look at these issues in their consideration for systems change.

There is hope that these issues will be addressed from an ecological and/or

systems perspective in order to provide services that focus on the student as a

whole rather than addressing each need independently.

The Current Human Service System

In reviewing the literature, it is apparent that human service systems

experience difficulties in providing effective services for families and children for

several reasons. Throughout the literature, issues such as fragmentation,

accessibility, orientation of services, confidentiality, cultural sensitivity, and

funding are commonly addressed. These are often the issues that lead

researchers to the conclusion that the human service system in America is

failing many of our families and children with multiple needs (Action for Children

Commission,1993; Melaville, Blank, & Asayesh, 1993; Chavkin & Brown, 1992;

Gonzalez-Ramos, 1990; The Hennepin County Office of Planning &

Development, 1992; Bruner, 1992). The cause and/or nature of the above

mentioned issues can vary. Therefore, a closer look at each area is presented

below.

Fragmentation

In the past two decades, the trend in human services had been moving towards specialization of practice versus generalization of practice. What this has done is structured the human service system with an array of services designed to respond to discrete problems and administered by dozens of different agencies (Bruner, 1992; Hennepin County Office of Planning & Development, 1992; Melaville et al.,1993). Generally these agencies have independent eligibility criteria, guidelines, accountability requirements and funding sources that keep them from providing comprehensive services in conjunction with the other agencies. More often than not these agencies are competing for the same resources in terms of funding and clientele and in turn lose sight of providing the best possible services for the client. Instead, the families and children with multiple needs are forced into frustrating and time consuming searches for a mixture of services that will meet their needs (Hennepin County Office of Planning & Development, 1992). However, families and children with multiple needs are often unaware that some of these services exist or capable of orchestrating this type of search due to personal capability, time and financial resources. If a family is capable of designing its own service package, it is often unable to coordinate and/or carry out the individual treatment plans from each provider in an overall effective manner (Bruner, 1992).

Accessibility

Accessibility of services can be limited in many ways. Eligibility criteria often prohibit families and children from being able to utilize a particular service.

Sometimes it is the inability of the family to fill out the applications forms or manage the bureaucratic red tape necessary to become eligible for services. Often, there are financial or duration of need requirements the family has to meet. When a family fails to meet the criteria necessary for a particular program, it often finds that other programs of a similar nature have the same requirements or are unaffordable. These families then end up falling "through the cracks", and are unable to receive any services.

Practical issues such as time at which a service is offered, location of the service, access to transportation, and availability of child care also play a part in the accessibility of human services. In many suburban and rural areas of Minnesota, public transportation is often limited and may not be available during the hours the family can utilize a particular service. Often times, with the changes in family structure, there is not another adult available to care for siblings while a child or an adult is receiving services. A general mistrust of many of the institutions that provide the necessary services can also be a barrier in terms of accessibility. Trust is very important if a family is truly going to benefit from many of the human services that are available.

Orientation of Service

In terms of orientation of service, the literature often refers to human service as "crisis-oriented". In general, throughout our human service systems, there is a great deal of emphasis placed on problems that have already happened (Action For Children Commission, 1993; Melaville et al., 1993). With law enforcement, a crime has to be committed before the police will become involved. In county social service systems, a person literally has to be homeless, on the street, before the county will help provide shelter. With mental

health systems, often the client has to be in crisis, especially children, in order to get authorization from the insurance or managed health care system to obtain help. There are many people who continually ask for help to prevent a crisis who never receive it. Despite the fact that it is more costly to provide crisis intervention services than it is to provide preventative services, families and children are still having to wait or create a crisis in order to get help (Action for Children Commission, 1993).

Confidentiality

Confidentiality practices can play a major part in how information about families and children gets shared among agencies. Confidentiality practices were initially designed and implemented to protect the client. However, in a time when the needs of families and children are increasing in number and complexity, confidentiality practices can sometimes jeopardize a person's safety more than protect it. Confidentiality is interpreted on many levels. There are mandates that come from "federal statutes or rules, state statutes or rules, interpretations of the federal or state constitution, and state common law" (Greenberg & Levy, 1992, p.1). There are also professional codes of ethics that prohibit some professionals from sharing certain types of information. Sometimes it may be the client's unwillingness to adhere to the necessary data privacy practices that impedes the sharing of information between providers.

With the family's best interest in mind, there are many times when sharing information between providers is the only way to ensure that people are getting the help they need. Sharing information can also help to avoid the

duplication of information that families must share with providers as well as the duplication of services being provided. Although rules and mandates regarding confidentiality are necessary and helpful, there is room to take a closer look at these practices in light of the changing needs of families and children.

Cultural Sensitivity

The issue of cultural sensitivity carries with it the long history of abusive interactions between the majority white culture and various minority cultures. The sense of mistrust for schools and government agencies is still very strong among several minority groups. Traditional human services frequently do not take into consideration the differences in values between cultures. As a result, they cannot possibly serve those populations very effectively. Often, the services provided do not reflect the cultural diversity of the people being served. Service delivery is almost always based on the traditional values of the middle/upper class white family. Not only do the services not reflect the cultural diversity of the clients, but the staff providing the services generally do not reflect the cultural diversity of those they serve (Hennepin County Office of Planning & Development, 1992; Action for Children Commission, 1993; Chavkin & Brown, 1992). In our education system the same phenomenon is present. As a result, Hispanics, Native Americans, and African Americans are at higher risk of being undereducated than are white Americans (Chavkin & Brown, 1992).

Funding

The availability of funding has been a concern in human services and education for a long time. Both systems are experiencing the phenomenon of

increased need/decreased funds. Often, the varying systems are required to compete for the limited resources available.

Collaborations

Throughout the literature, the idea of collaboration is frequently mentioned when discussing alternatives to the present education and human service systems. Often times, collaboration is used interchangeably with the terms coordination and cooperation. However, it is important to identify the differences between each of these concepts in order to truly understand what is involved in collaboration and the roles it can play in addressing the multiple needs of families and children. The above terms are operationally defined in chapter three. However, the concept of collaboration will be explained in greater detail in this section. In addition, this section will also look at a theoretical framework of collaboration, necessary steps involved in forming a collaboration, different types and levels of collaborations, and possible barriers or limitations. Examples of current collaborative efforts and the general trend these collaborative initiatives are following will also be presented at the conclusion of this section.

Theoretical Framework

Throughout the literature, the idea of a pro family system is often the motivating force behind collaborative efforts. This type of system addresses the shortcomings of the current system by asking helping institutions to greatly expand their capacity to work together. Social workers, educators and health care providers of all kinds cannot continue to try to teach, heal or protect children in a vacuum. Communities need to stop trying to patch the holes in the

current system and move toward building a new system that put families and

children at the heart of every community (Allen, Brown & Finlay, 1992; The

Action for Children Commission, 1992; Bruner, 1992; Center for the Future of

Children, 1992; Melaville et al., 1993)

The agenda of a pro family system is not necessarily new or radical,

instead, it is a call for a renewed commitment to the success of today's families

and children. According to Melaville, et al. (1992) this commitment involves a

system that is:

> Comprehensive;
> Preventive;
> Family centered and family driven;
> Integrated;
> Developmental;
> Flexible;
> Sensitive to race, culture, gender and individuals with disabilities;
> and, Outcomes oriented (p.13).

However, these characteristics alone will not create a pro family system.

From an ecological perspective, these characteristics must be applied to a

community structure that places value on and supports the family on many

different levels.

To better understand the different levels of support and environmental

forces that affect the success of families and children, an ecosystem model is

presented in Figure 1 on page 20. Figure 1 is a modified version of " A Vision of

Communities Where Learning Can Happen" (p.7), presented by Melaville et al.

(1993). At the center of the model are families and children. The families and

children are then surrounded by three interconnected rings of care and support.

Closest to the family is a ring of caring relationships that include the extended

family, neighbors, friends and coworkers that families go to for their first source

of support. This ring is often the source of a short term loan, temporary child care and emotional support, as well as information and resources for general problem solving. The second ring consists of a wide range of helping institutions. These include schools, churches, community centers, hospitals, health care centers and a wide variety of voluntary agencies. The third ring provides crisis intervention and treatment services. Here you will find organizations such as child welfare, mental health providers, corrections, and income maintenance providers. Most often, these are intensive services provided where prevention was not utilized or was ineffective. These rings are all interconnected and should provide access for families and children to move back and forth with little difficulty (The Action for Children Commission, 1992; Melaville et al., 1992).

The next set of rings revolves around the first set of rings in a three dimensional manner as shown. Melaville et al. (1992) considers this set of rings as the community infrastructure that holds the first set of rings together. This infrastructure includes several aspects of a resilient economy and the powers that influence and create such an economy. Employment, municipal services, transportation, housing and public safety are all found in this set of rings. The set includes continual citizen participation in developing and providing for these needs as well as societal values and pressure and the mediums used in influencing them such as radio, television, newspapers, etc.

A framework of all support systems working together continues to drive the movement toward collaboration. Simply increasing the coordination among current service providers will not solve the problems that are facing families and children in our communities today. Instead, a united effort of many partners is

Crisis-Intervention and Treatment Services

Helping Institutions

Family

Caring Relationships

Community Infrastructure
Employment
Municipal Services
Transportation
Housing
Public Safety
Citizen Participation
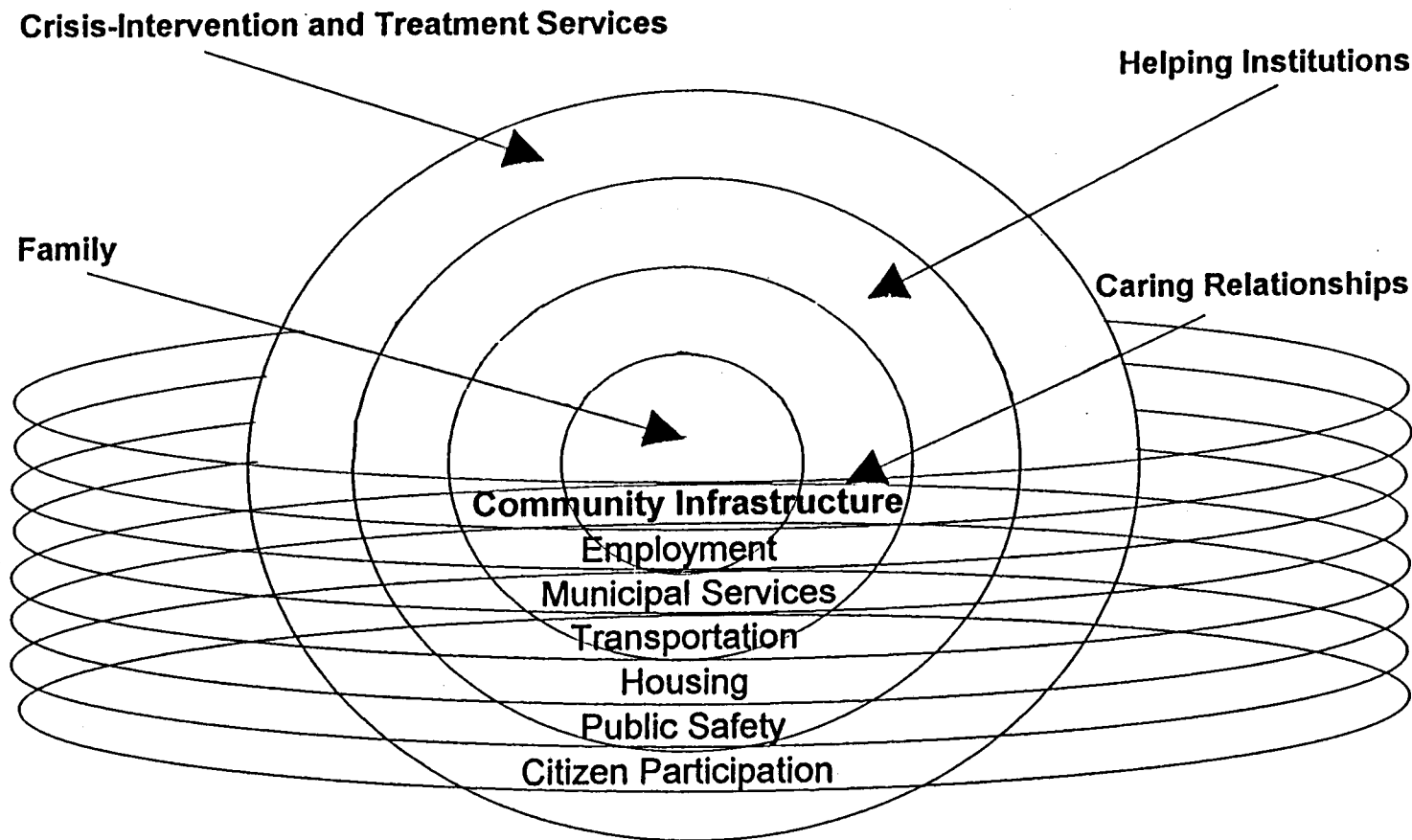
Figure 1: A Vision of Communities Where Learning Can Happen

(Adapted from Melaville et al., 1993)

needed to create a pro family system that will not only benefit families and

children but will benefit the entire community in which they live. Collaboration is

often presented as a vehicle by which to make this systems change.

<u>Collaboration - Defining the Concept</u>

<u>Collaborate</u> = "to work together, esp. on work of an intellectual nature//

to help an enemy country or an occupying power" (Webster, 19 p.191).

<u>Collaboration</u> = A mutually beneficial and well-defined relationship

entered into by two or more organizations to achieve a common goal,

that is characterized by a high level of commitment; informal and formal

communication channels; shared leadership, mutual accountability and

responsibility; a jointly developed structure; and shared resources and

rewards (Mattessich & Monsey, 1992)

Above is the definition of collaborate according to Webster, and the operational

definition of collaboration for this project. What exactly do these definitions

mean to those trying to create systems change? According to the literature,

collaboration is more than just a strategy, it is a developmental process

involving several necessary stages that allow those working together to be

flexible enough to adjust to new circumstances and overcome barriers, while

maintaining their focus on their long term goals (Himmelman, 1992; Mattessich

& Mosey, 1992; Melaville et al., 1993).

Figure 2, presented on page 25, is a diagram entitled "Building a New

System: A Five Stage Process". This is the model that Melaville et al. (1992)

use in their work on collaboration. This model will be used as the main point of

reference in looking further at the developmental process of collaborations.

The first stage is referred to as "getting together". In this stage, a small

group comes together to find ways to improve services or reach goals that individual organization cannot do alone. This requires involving the right group of people who have a shared commitment on a unifying theme. This group of people must establish shared leadership, set ground rules and determine how to finance the collaborative's planning process. Similar characteristics are addressed in a model developed by Michael Wiser and Karen Ray (1992). The first stage in this model is called envision, which is a combination of Melaville et al.'s stages one and two. It addresses the process of bringing people together in conjunction with the process of building trust. Himmelman (1992) also addresses the stage of bringing people together in the form of questions designed as a guide for the collaborative process. He uses the following questions to address the process of bringing people together: (1) Should your organization participate in a collaborative initiative? (2) What is your vision? (3) Who is currently involved in your collaborative and who else should be? (4) What expectations do you have of each other? (5) What are the ground rules?

The second stage Is called "Building Trust and Ownership". Some believe this is the hardest stage of collaborating, yet, it is imperative that those involved in the collaboration develop the kind of trust necessary to present a united front. This means partners must learn as much as they can about each other, from beliefs and cultural strengths to personal and organizational limitations. They must also assess the strengths and limitations of the community and the current service delivery system. This will help the partners to define a shared vision and develop a mission statement and a set of goals as they begin to establish their place in the community. Himmelman (1992) addresses this stage through his design steps 5 and 6. Number 5 looks at the

mission statement of the collaborative, and number 6 looks at formulating the goals and objectives of the collaborative.

Stage three involves developing a strategic plan. This stage can take anywhere from six to eighteen months in development. Partners decide to focus on a specific geographic area and then conduct an analysis of the leadership, assets, needs, and existing resources of the area. Target outcomes are then defined and an interagency service delivery model is designed to promote change at the service delivery and systems levels. The collaboration must also develop the technical tools necessary to put its plan into action such as case management systems, intake and assessment systems as well as tools for collecting data from these systems. At this stage it becomes critical to formalize interagency relationships. Wiser and Ray (1992) refer to this stage as "empower". They also emphasize the need to organize the effort and confirm organizational roles during this stage. Himmelman (1992) proposes that the collaborative look at questions such as: How will the work get done?; What can each partner contribute; and How can you link specific individuals and organizations to specific objectives?

The fourth stage is the implementation stage and is titled, "Taking Action". This stage is the true test of a collaboration's commitment to creating change. During this stage, roles get redefined and a strategy for selecting, training and supervising staff is developed. Outreach and cultural sensitivity strategies are also developed and an ongoing evaluation strategy is developed to measure the results and identify any changes needed throughout the process. This stage is similar to Wiser and Ray's (1992) third stage, called ensure. The key elements of the ensure stage also include "going to work, creating joint systems

and evaluating the results" (Wiser & Ray,1992, p.1). Himmelman (1992)

suggests questions such as: How are staff provided for your collaborative? and

How will people find out about your activities? in beginning to address this

developmental stage of taking action.

The final stage is referred to as "Going to Scale". This is the stage in

which the collaboration adapts and expands its model in order to recreate them

in other communities in need. This is the point at which the collaborative aims

to ensure that its strategies and model are promoting lasting change at a

systems level as well as at the service delivery level. This stage places a great

deal of importance on developing and deepening the collaborative culture by

providing a pool of leaders, training, a formal governance structure and long

range fiscal planning to ensure permanent resources for restructured services.

This is the stage of keeping the collaborative alive. Wiser and Ray (1992) call

this the endow stage. And Himmelman (1992) asks the questions: How does

your collaborative identify and encourage new members? and How does the

collaborative offer training?

Collaboratives using this five stage process or some variation of this

process will go through each stage in their own unique manner and on their

own time frame. Many may move back and forth between stages or be working

on parts of two different stages simultaneously which is represented by a spiral

motion versus a straight line. As with any process of change, there is often

some form of backward motion prior to a leap forward. This helps those in the

process of change continue to assess their work and make adjustments for any

new developments along the way. This model also addresses the notion that

change never ends. Instead it provides a guide for continuing to change on a

GETTING
TOGETHER

- Build community constituency
- Build governance structure
- Design a fiscal strategy
- Deepen collaborative culture
- Develop interprofessional training
- Develop collaborative leaders
- Adapt and expand prototype

Repeat
the Process

STAGE 5
GOING TO SCALE

Reflect &
Celebrate

- Evaluate progress
- Recognize diversity
- Implement outreach strategy
- Formulate staffing strategy

STAGE 4
TAKING ACTION

Reflect &
Celebrate

- Formalize interagency relationships
- Develop technical tools
- Design service delivery prototype
- Define target outcomes
- Conduct a neighborhood analysis
- Focus on neighborhood

STAGE 3
DEVELOPING A
STRATEGIC PLAN

Reflect &
Celebrate

- Develop a mission and community presence
- Define shared vision and goals
- Conduct a community assessment
- Develop a base of common knowledge

STAGE 2
BUILDING TRUST

Reflect &
Celebrate

CHANGE

- Commit to collaborative
- Involve the right people
- Decide to act

STAGE 1
GETTING
TOGETHER

↗ **MILESTONES** ↖
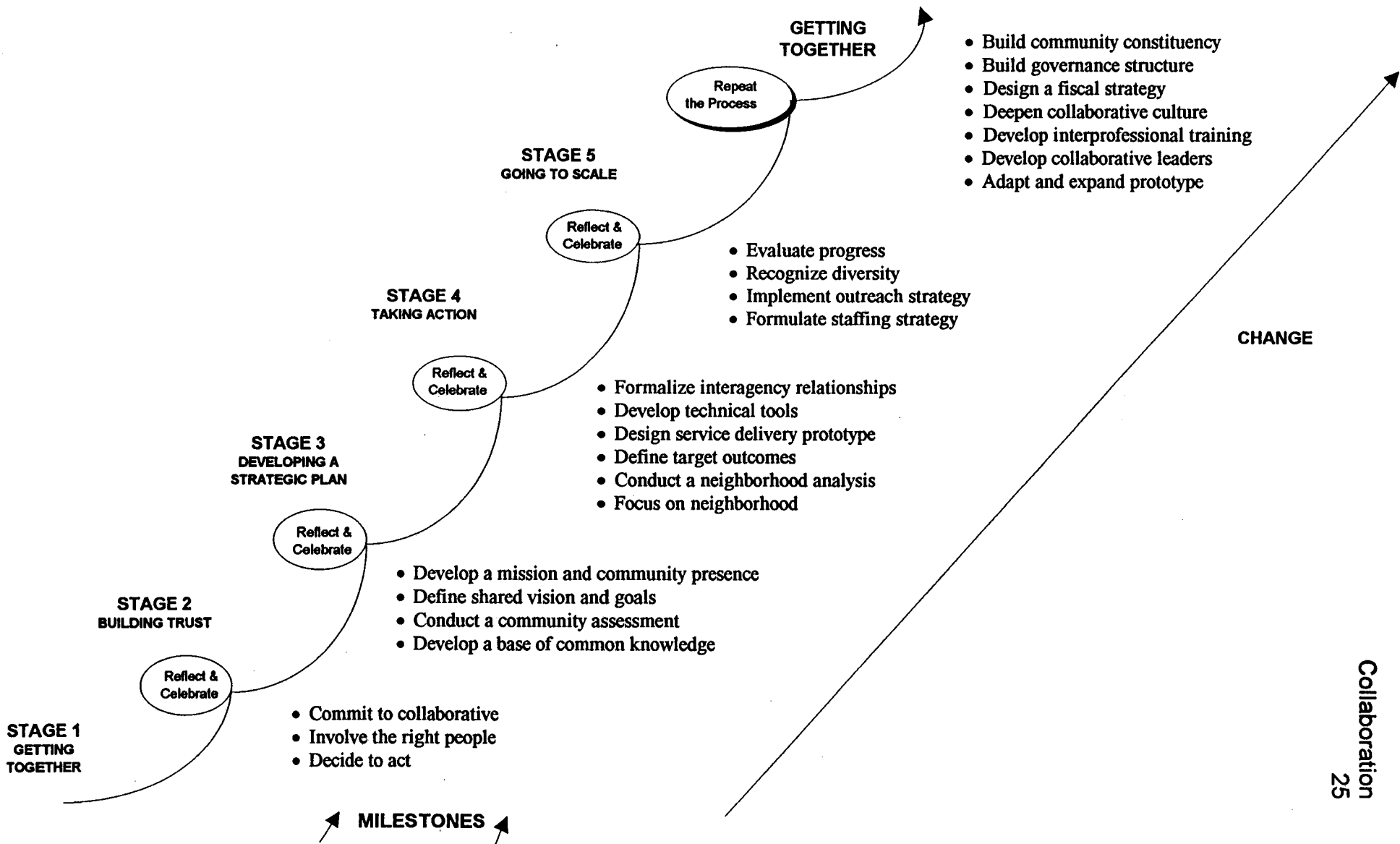
Collaboration
25

Figure 2: Building a New System: A Five-Stage Process for Change
(Melaville et al., 1993)

systems level in order to respond effectively to the ever changing needs of families and children (Melaville et al., 1993).

<u>Levels of Collaboration</u>

Collaboration is most often viewed as a strategy for working together toward a common goal. There are countless situations in which small or large groups of people are required or choose to work together. Therefore, we see collaboration happening on many levels. These levels include an individual or family level, an organizational level, a community level, and a systems level. There are also many variations of collaborative efforts within and between the different levels. In the areas of human service and government, collaborations have been present for a long time. However, recently there have been pressures from funders and governmental mandates for education and human service organizations to work together toward the common goal of promoting successful families and children.

Looking at services for families and children, Bruner (1992) presents four levels of collaboration among those who work with that population. The first level Bruner (1992) describes is the Interagency Collaboration at the Administrative level. This type of collaboration occurs at the administrative and managerial levels in state or local government, human service organizations and education systems. The type of activities seen at this level of collaboration include creating administrative structures such as task forces and coordinating councils to improve understanding and planning efforts in addressing areas of mutual concern. This is also the level at which service areas in need of more coordination are often identified and researched.

Level two is Interagency Collaboration at the Service Level. This level

involves collaboration among line workers in different organizations. Workers are often mandated or provided incentives to work jointly with staff of other agencies. There is also a level of administrative support that is necessary for these joint efforts to be effective. Line workers cannot effectively collaborate without the support of the organization and its administration.

The third level described is Intra-Agency Collaboration. At this level, Bruner looks at the relationships between all levels of staff within one organization. Front line workers must be able to collaborate with supervisors and other front line staff around individual cases and agency goals. Bruner believes that this level of collaborating helps to balance responsibility with authority in addition to enhancing the workers capacity to collaborate with clients, leading us to level four.

Level four is Worker-Family Collaboration. This level of collaboration seeks to create a non hierarchical relationship between the worker and the family or individual. The goal is to create a partnership between the worker and the family in order to develop and achieve goals that will lead the family towards success. Here again, the effectiveness of this level of collaboration is dependent on the support and necessary tools provided by the organization.

It is apparent that these four levels of collaboration are all interrelated. There is some form of interaction between each of these levels. Collaboration within and among systems and organizations requires complete and total commitment from the top down and the bottom up. Collaborative efforts can, however, start at any level, as long as those on either side are willing to support and or join the collaboration when necessary.

Community vs. Institutional Collaboration

The two types of collaborations most often talked about in the literature regarding human services are school linked and community based collaboratives. There are varying opinions on which type of collaboration communities should focus on. Many believe that one of the characteristics necessary for an effective collaboration serving families and children is that they are school linked (Center for the Future of Children,1992; Melaville et al.,1993; Pennekamp, 1992). Schools are becoming a central focus in collaboratives because of the broad belief that education is a good thing and is necessary in achieving success and self sufficiency for both families and children. If additional supportive services are needed to ensure educational success, it appears logical that the school should be involved in these efforts. In addition, school is the one institution with which all families come in contact. The school also can provide skilled staff who have access to building quality relationships with families and often times a central location in which families can access services (Gonzalez-Ramos, 1990; Levy & Shepardson, 1992; Newton-Logsdon & Armstrong, 1993; Pennekamp, 1992).

Several others question whether the school should be placed in the central position of a collaboration in order to facilitate access to an array of needed services. Although the schools may appear to be the logical choice, there is concern about linking access of necessary services to any one institution. The community-based approach uses the community as its structural basis. It suggests that joint governance within the community structure, that is inclusive, is the best way to meet the diverse needs of the entire community.

This model involves a wide range of institutional players including the schools

and offers several access points within the community. This helps to maintain

the richness and diversity of services required for the successful development of

all families and children (Bruner, 1992; Chavkin & Rich man, 1992).

Barriers to Collaboration

Collaboration among education and human services appears to be the

direction that the majority of American communities are heading. In 1991, at the

Presidents Education Summit, collaboration among schools and human

services was presented as essential in meeting the educational goals of our

nation (Pennekamp, 1992). However, this does not mean that there are no

concerns or barriers in developing collaborations. The barriers may vary

according to the specific type or level on which the collaboration takes place.

Himmelman (1992) presents six barriers that are inherent in American society

and often present significant obstacles to collaborative efforts. These barriers

are;

> (1)   The maintenance of excessive commitments to individualism in American life which often restricts our thinking and acting in relationship to others;
> (2)   The continuing reduction of federal support for local community needs and the erosion of public sector leadership for domestic spending on human needs;
> (3)   Structural changes in the national and international economy compounded by private investment and public tax policies that produce increasing disparities between rich and poor and the loss of essential family wage employment;
> (4)   Growing patterns of institutional racism and gender discrimination combined with corresponding increases of violence and abuse against women and children;
> (5)   Increasing economic and interpersonal stresses upon families

particularly among single parents and families of color; and
(6)   The lack of political will to effectively provide for early childhood development, to transform public educational systems, to provide decent housing and universal health care, including AIDS prevention, care and research, and to engage in long-term, systematic drug and alcohol abuse prevention and treatment (p.10).

Despite these barriers and the concerns about the different types of collaborative models, there is still a general movement toward collaboration in the private, public and nonprofit sectors of American society. In the education and human service arena, the current trend points toward school-based models. However, it is clearly acknowledged throughout the literature that collaboration needs to take place on all levels in order to bring about a systems change (The Action for Children Commission, 1992; Allen, Brown & Finlay, 1992; Bruner, 1992; Chavkin & Richman, 1992; Melaville et al., 1993; Mattessich & Mosey, 1992;). There is clearly no single model that will be effective in every community, yet, there are common developmental stages and barriers involved in collaborating in general. In addition, there is the common need to continue to develop and evaluate the collaborative process as the needs and abilities of our communities continue to change.

CHAPTER III

METHODOLOGY

The purpose of this project is to examine the perceived need for a collaborative service model that provides for the educational/social/emotional needs of families and children who receive services from the IDEA program in Dakota County.

Research Questions

This study will focus on the following three questions:

1. Are there unmet educational, social and emotional needs in families receiving services from IDEA as perceived by experts in the community?

2. Is there a need for a collaborative service model to address educational, social, and emotional needs of families and children receiving services from IDEA?

3. If so, what would the structure and functioning of this collaborative service model look like?

Operational Definitions

Cooperation: Informal relationships that exist to share information as needed among organizations. These relationships do not have a mutually defined mission, structure or planning effort. Each organization retains its individual

authority which eliminates risk. Resources

and rewards remain separate (Mattessich &

Monsey, 1992).

Coordination: A more formal relationship between

organizations with compatible missions.

Some planning and division of roles takes

place and communication channels are

established. Authority is maintained by each

organization. Resources are available to

participants and rewards are mutually

acknowledged. There is some risk involved

(Mattessich & Monsey, 1992).

Collaboration: A mutually beneficial and well defined

relationship entered into by two or more

organizations to achieve a common goal,

that is characterized by a high level of

commitment; formal and informal

communication channels; shared leadership;

 mutual accountability and responsibility;

 a jointly developed structure; and

shared resources and rewards (Mattessich &

Monsey, 1992).

Fragmentation: regarding services that are broken up or

separated by area of need, location,

eligibility requirements, costs, etc.

Accessibility: the state or quality of human services

being able to be reached or utilized in terms

of location, costs, qualifications, etc.

Needs Assessment

For the purpose of program planning and design, a needs assessment

was conducted during the last three weeks in March, 1994,to better understand

and respond to the perceived needs of the families and children who receive

services from the IDEA program. The needs assessment was structured in two

parts: (1) A review of the literature, including the 1990 census, to examine the

possible needs of the target population, how the current human services

systems in America respond to those needs, and the types and development of

collaborations used throughout human service systems, and (2) The results of

key informant interviews conducted by the researcher.

Target Population

The target population chosen for this project consists of the families and

children who receive services from the IDEA program. The collaborative

service model developed as a result of this study will be designed to meet the

needs of this specific population. This population was chosen due to the

multiple needs it presents. These needs are evident in the entrance criteria

given below that must be met by each student.

1.   The primary disability is emotional/behaviorally disordered.

2.   There is an active Individualized Education Plan (IEP), that

indicates that the student is receiving more than three hours per

day in direct special education services with an emphasis on emotional/behavioral disorder (E/BD) services.

3.   The student is failing academically and/or socially and/or emotionally and/or behaviorally in his or her current educational setting.

4.   There are two documented interventions that indicate that the student has not been able to be successful in his or her current educational environment. At least one of these interventions is of a positive nature and was in place for a minimum of thirty school days.

5.   The student has been labeled seriously emotionally disturbed by an appropriately licensed mental health professional or agency and recommended to receive educational services in an educational setting like IDEA.

In addition, these families are either eligible for other social services or are currently receiving them from other providers.

Key Informants

The individuals chosen to be key informants in this study were professionals in Dakota County who worked in the areas of education, social services, corrections, or mental health and had significant knowledge of the IDEA program. These individuals were chosen to participate in this study due to their position in the community and their experience in working for Dakota County Social Services, Dakota County Community Corrections, mental health providers in Dakota County or the IDEA program. Eight individuals were

identified as key informants for this study and seven were interviewed. A complete list of agencies from which key informants were selected can be found in Appendix C. Four of the key informants are in supervisory or management positions and three hold administrative positions in their field.

Key Informant Interviews

Structured, open-ended interviews were used to explore the key informant's perceptions of unmet educational, social, and emotional needs, the current systems providing services to meet those needs, and the need and/or usefulness of collaborations in responding to those needs. Information about past or present experiences with collaborative efforts as well as their perceptions and ideas about a collaborative effort involving IDEA, Dakota County Social Services, Dakota County Community Corrections and mental health providers in Dakota County were also gathered in the key informant interviews. The interviewing schedule was pretested on two professionals in Hennepin County who are currently involved in collaborative efforts that provide services for families and children in Hennepin County. There were no modifications made as a result of the pretest. The interviewing schedule can be found in Appendix B.

Key informants were contacted by phone to determine their willingness to participate in this study. Information regarding the nature of the study was presented to the key informant at this time and an interview date and time were determined. All potential participants were informed that participation was voluntary and they could withdraw from the interviewing process at any time prior to or during the interview. Participants were also informed that their

individual identity and all information gathered from the interviews would be kept confidential.

Limitations of the Study

Key informants were chosen based on input from professional contacts the researcher knew in Dakota County. These contacts were asked for referrals of professionals that may be appropriate for this study. As a result, a limitation of this study is presented in that the key informants interviews do not necessarily reflect information or perceptions from all Dakota County Social Service programs or every mental health provider in Dakota County.

Ideally, a needs assessment would also include direct input from the population experiencing the need. This is a second limitation of this study. The perceptions of the target population could have offered insight into the actual needs experienced as well as ideas in how those needs could be effectively met, which would have greatly enhanced the validity of this study.

The degree of subjectivity involved in the use of open-ended questions in the interviews provides a third limitation. The information gathered from the key informants is only representative of that person's perceptions and does not necessarily represent the viewpoint of the organization he/she work for or the view point of the community at large. Therefore, the information gathered cannot be generalized to be reflective of all of Dakota County.

A fourth limitation of this study is the lack of input from families and service users regarding their unmet needs and strategies for addressing those needs. In future studies it will be extremely important to include those using the services in the planning and development process for providing services.

CHAPTER IV

CURRENT COLLABORATIVE EFFORTS

IN MINNESOTA

Currently in Minnesota there are over forty-five county social service agencies that have been, or are currently involved in, some form of a collaborative project where school aged children are the target population (Wattenberg et al., 1993). Throughout the literature, there is mention of many other collaborative efforts involving various types of human service organizations and education programs. Many projects were inspired by the increasing complexities of families, the fragmentation of services as well as service overlap, and the competition for limited amounts of funding. In 1990, monies for collaborative projects that served families and children were appropriated by the Minnesota Legislature to the Department of Education. In 1991, the legislature also funded an initiative through the Minnesota Department of Human Services that further stimulated the development of collaborative efforts. In addition, collaborative projects have been encouraged by funding though the Handicapped Children's Act, Title XX, corrections, general county funds and a variety of foundations including PEW and McKnight (Wattenberg et al., 1993; MSSA Conference, 1993).

Most of the collaborative efforts in Minnesota are just beginning to find out what it takes to be effective. According to the literature, there are basic areas of concern that all collaborative efforts need to address (Bruner, 1992; Gardner,1992; Himmelman, 1992; Mattessich & Monsey, 1992; Melaville et al.,

1993; Wattenberg et al., 1993). These areas are described using various names, steps and stages throughout the literature. However, for the purpose of this chapter, the five areas of concern depicted by Esther Wattenberg et al., (1993) will be used as a guide to further explore the functioning of current collaborative efforts. These areas include:

Leadership: The area of leadership involves issues of mutual respect, authority to negotiate, and access to higher administrative authority when necessary.

Planning: Planning is a broad area that requires a great amount of time and encompasses several activities. It includes stages one through three on the five stage process for change developed by Melaville et al. (1993). Activities such as developing a commitment and building trust are at the core of planning. Planning also requires several levels of communication in order to develop specific tasks, informal roles, and formalized interagency relationships.

Fiscal Matters: Fiscal matters are generally an area of ongoing concern for most collaborations. Initial funding for collaborative projects is usually short-term in nature and the collaboration must look at pooling and/or reallocating existing resources in addition to recruiting new funds when designing their fiscal strategy.

Implementation: Implementation is closely connected to planning and derives its basis in the planning process. Issues of service delivery, technology and staffing, and support services are often revisited once implementation has taken place.

Evaluation: Evaluation of collaborative projects is necessary to measure effectiveness and success. Evaluations also require time and money to

develop and implement. It is these two elements that often leave the success and effectiveness of existing collaborative efforts unmeasured.

This chapter will focus on three current collaborative efforts in Minnesota including: (1) a collaborative effort in Kandiyohi County, a primarily rural county; (2) a collaborative effort in Hennepin County, an established metropolitan area; and (3) a collaborative effort in Dakota County which is a metropolitan county, primarily suburban, that is rapidly growing and changing.

Family-Based Integrated Service Project

The first program is the Family-Based Integrated Services Project in Kandiyohi County. The agencies involved in this collaborative are:

Kandiyohi County Family Services

Kandiyohi County Community Corrections

Kandiyohi County Community Health Services

Wilmar Public Schools

Little Crow Special Education Cooperative

West Central Community Services Center, Inc.

Lutheran Social Services

The main objective of this project is to strengthen families in order to raise their children to the best of their ability. Their focus is on families with children and/or youth that have experienced severe emotional disturbances and are at risk of involvement in the juvenile corrections system (Wattenberg et al., 1993). Through this project, in-home mental health services are provided for these children and their families. These services are the result of a common vision that in-home family services cost less and are more effective than out of

home placements.

This project uses a team approach that is community-based, accessing both public and private resources. In addition to the team of providers, parents are also involved in identifying family needs and planning how to address those needs. The leadership of the collaborative is said to be strong and has gained the confidence and support of the local government (Wattenberg et al., 1993). The strong sense of leadership and shared commitment is promoted through on-going training retreats provided for staff from the collaborating agencies.

A grant of $45,000 from the state's Integrated Family Preservation Project was the seed money for this project. However, this project is in need of additional resources and support services. Finding and securing the necessary resources involves time and staff that the collaboration does not currently have. This collaborative is also hoping for funding for additional staff to evaluate the program. Currently there is a large amount of data that has been collected for the purpose of evaluation but, without staff, the collaborative can only project its effectiveness through intuition and anecdotal information (Wattenberg et al., 1993).

School-Human Services Redesign Initiative

The second program explored is called the School-Human Services Redesign Initiative (SHSRI). This collaborative effort exists in Hennepin County and includes the following organizations:

Minneapolis Public Schools

Robbinsdale Public Schools

Hennepin County

United Way of Minneapolis Area

Minneapolis Youth Coordinating Board

Forum for Nonprofit Leadership

The purpose of this collaborative is to improve the healthy development and school success of children and youth in Hennepin County. This collaborative effort evolved out of the Learning Readiness Initiative which was a partnership between United Way of Minneapolis Area and Hennepin County. The Learning Readiness Initiative was developed to prepare children for learning on a daily basis by improving accessibility and coordination of social service programs and schools. The funding for the Learning Readiness Initiative consists of $595,000 raised through a special campaign run by United Way of Minneapolis Area and $400,000 in matching funds from Hennepin County. Eleven pilot projects were selected to carry out this initiative.

Currently, the SHSRI is moving beyond the pilot projects to the development of prototype sites. These sites were developed with the intent to provide an experience of success that will be extended to other schools and communities in efforts to reform the delivery of human services. The financing of this collaborative is focused on reallocating existing resources. This includes making reimbursements from entitlement programs and third party reimbursement more accessible to families and children. However, there are several barriers inherent in the structure of these entitlement programs. The SHSRI is looking at ways to eliminate these barriers. The struggle for ongoing funding is definitely a concern for this collaborative as it is for many others (Minneapolis Public Schools; Robbinsdale Public Schools; Hennepin County; United Way of Minneapolis Area; Minneapolis Youth Coordinating Board; and

Forum for Nonprofit Leadership, 1993).

As the mission of this collaborative changed from learning readiness to school and human services redesign, there was an expressed need for a change in leadership. SHSRI is currently looking at establishing a decision making body that would have the authority necessary for systems change. This body would be called the Hennepin County Family Futures Commission and would be charged with implementing the intent of the SHSRI county wide. The development of this commission is still in the planning stages and will require a community wide discussion prior to implementation. Those working on the SHSRI feel there is a great need for this type of decision making structure and are considering establishing an interim commission to fulfill this need during the planning process (Minneapolis Public Schools et al., 1993).

Evaluation is an important part of the SHSRI on many levels. This initiative is outcome based, therefore, it requires measurable objectives and outcomes of those delivering services in addition to the collaborating body itself. The findings from the initial eleven pilot projects of the Learning Readiness Initiative will help guide the SHSRI in further systems change. In addition, evaluating the prototype sites will also help further systems reform(Minneapolis Public Schools et al., 1993).

Project Fast Forward

The third program is located in Dakota County and is called Project Fast Forward due to the rapidly changing community in which it exists. The members of this collaborative include:

Dakota County Community Services

Scott/Carver/Dakota Community Action Program

Dakota County Technical College

Neighbors, Inc.

Inver Hills Community College

Hastings Family Service

Dakota, Inc.

South Suburban Family Service

Dakota County Housing and Redevelopment Authority

The focus of this collaborative is to promote self-sufficiency in low-income families with dependent children. Approximately 100 families are currently served by this collaborative effort which is in its fourth year. It was initiated as part of a three year pilot project that was funded by The McKnight Foundation. Leadership was provided through the development of the Economic Self-Sufficiency Council (ESS), which includes the nine participating agencies mentioned above. This council is charged with overseeing the development of the project as well as providing policy direction (Wattenberg et al., 1993).

Fast Forward is often noted for its use of highly developed computer technology. The service delivery model in this program is a combination of case management enhanced by a computerized database. This database allows for decentralized access to an information and referral database while providing the participating agencies the technical ability to communicate and share information about families who are receiving services. Trust was developed in this collaborative effort as well as a sense of limitation which allowed the participating agencies to work through critical elements of data privacy and sharing of risks, resources and rewards (Wattenberg et al., 1993).

Fast Forward is client-focused and actively involves the client in planning through empowering activities. However, clients do not have a current position on the ESS Council which governs the project. Furthermore, there is a need for training strategies to be developed. Other concerns arise when looking at where the needs of the children in these families fit in and why the school districts are not participating agencies. Project Fast Forward is included on the list of collaboratives that are uncertain about securing future funding. The resources committed by the participating agencies are only of the in-kind nature including staff time and space. This program currently relies on new monies for its continued functioning (Wattenberg et al., 1993).

An ongoing evaluation of Project Fast Forward is currently funded by the McKnight Foundation. This evaluation is designed to measure progress and has been used by the ESS to make changes and improve the project. However, there is still a need for a cost-benefit study to further evaluate the effectiveness of this project (Wattenberg et al., 1993).

Each of the collaborative efforts mentioned above have experienced a sense of success and determined the need for continued problem solving and change. They all possess strengths in leadership, planning and implementation. The areas that seem to be of most concern are those regarding fiscal matters and evaluation. However, collaborating is a process that allows for groups to evaluate and make changes at any stage and at any time.

CHAPTER V

PRESENTATION OF THE FINDINGS

Seven key informants were interviewed for this study during March of 1994. Of these seven key informants, two work for Dakota County Social Services, two work for IDEA, one works for Human Resource Associates, Inc., one works for Wilder Child Guidance Center - Dakota County Branch, and one works for Dakota County Community Corrections. The individual interview responses were collectively reviewed and summarized to determine common perceptions and needs expressed by the key informants by type of organization. The themes of the summaries are presented in three parts: (1) perceived unmet educational/social/emotional needs of the target population; (2) the perceived need for a collaborative between social services, IDEA, community corrections and mental health providers to address the needs of families and children receiving services from IDEA; and (3) if needed, what a collaborative between these agencies would look like in terms of structure and functioning. These parts are directly correlated in response to the three research questions of this project. The implications of these findings will be presented in the following chapter.

Dakota County Social Service Interviews

Educational/Social/Emotional Needs

The first two questions of the interview focus on educational/social/ emotional needs of families receiving services from the IDEA program. It was the unanimous opinion of the key informants of Dakota County Social Services

that families and children currently receiving services from IDEA have educational/social/emotional needs that are unmet. The needs were most often related to the untreated mental health needs of both parents and children. In addition, needs regarding transportation and the social knowledge or ability of parents to coordinate services were expressed. There was also complete agreement that families and children served by Dakota County Social Services have multiple needs. The needs range from general information and referral to case management regarding mental health services, economic assistance, medical assistance, and educational services for both parents and children. When asked how often these needs were met by existing resources in the community, the responses fell between sometimes (3) and frequently (4) when measured on a five point scale. When asked if services were considered fragmented, there was collective agreement that services are fragmented in Dakota County. Services were also reported as inaccessible due to issues of location, transportation and eligibility requirements. Social services reported that they had reports or complaints of fragmentation sometimes (3) and reports or complaints about inaccessibility frequently (4) from their clients.

The Need for Collaboration

The key informants from social services agree that a collaborative effort between Dakota County Social Services, IDEA, Dakota County Community Corrections and mental health providers would be very helpful in addressing the needs of the target population. Dakota County Social Service has been involved in several collaborative efforts over the past five to ten years that were considered effective to some degree. The informants from social services are also aware of other collaborative efforts involving human service providers that

they consider to be effective. Dakota County Social Services provides several different types of services. It was estimated by the key informants that across these services 95 to 100 percent of those served by the county are receiving services from other human service organizations (Information and referral services are not included in this estimate). Mental health providers were rated as the type of provider most often involved with their clients. Special education providers including IDEA were rated second and correction was rated as a the third most often involved.

It was also reported that communication between social services, corrections and mental health providers regarding mutual clients happened "always" (5) when measured on a five point scale from "never to always". Communication regarding mutual clients between social services and IDEA was rated a four on this scale indicating that this type of communication took place "frequently". When asked if issues of data privacy kept them from providing the most effective services possible, the response varied by service. In regards to coordinating ongoing services, it is standard procedure to obtain a release of information signed by the agencies involved and the client. However, there have been circumstances regarding crisis situations where data privacy procedures may have prohibited the client from receiving immediate care. Although data privacy practices were considered to be cumbersome at times, they were generally a routine practice.

The Structure and Function of a Collaborative Model

When asked what a collaborative effort between Dakota County Social Services, IDEA, Dakota County Community Corrections and mental health providers in Dakota County should look like, the responses included:

* Services should be co-located.

* There should be a team representative of providers that assess and develop a service plan for the family as a whole.

* The family should be a part of making planning decisions regarding its needs.

* Those using the services should be involved in developing the collaborative service model.

* The collaborative should use the latest technology for sharing information.

* There needs to be a commitment on all levels from administration to line workers to make it work.

There was consensus among the social service interviews that the main objective for this type of a collaborative should be better client service. It was also agreed that this type of a collaborative could potentially help to better identify the types of services needed and the order in which they should be received. In addition, it may also result in a reduction in the duplication of services provided. There were also several barriers mentioned that may prohibit the development of this type of collaboration. The barriers mentioned included: turf issues, time, money, personalities, and large caseloads.

Intra-Dakota Educational Alternative, IDEA Interviews

Educational/Social/Emotional Needs

Among those interviewed at the IDEA program, it was believed that the families and children they serve do have unmet educational/social/emotional needs. These needs were generally related to mental health and concrete

services such as parenting education, respite, personal care attendants and recreational or community activities. It was also suggested that many of the needs experienced by these families grow from a lack of connection between the family and its community. There was also complete agreement that families and children served by IDEA have multiple needs. These needs include mental illness and other mental health needs, parenting education, basic needs (food, clothing, shelter), basic educational needs, special educational needs, organization and planning skills, etc. On a five point scale from never to always, it was expressed that these needs are seldom (2) met by existing community resources.

When asked about fragmentation of services, there was agreement that services were fragmented and that they received reports or complaints from families frequently. However, the nature of this fragmentation ranged from the structure of the social service system to the result of the families' efforts to keep services fragmented or separate. Many dysfunctional and/or abusive families do not want human services providers to obtain a complete picture of the families ability to function. These families purposely withhold information from providers in order to maintain the current family structure. The issue of services being inaccessible was also agreed upon to the extent that if the families could get through the bureaucracy and red tape to qualify for certain services then they were accessible. It was estimated that IDEA received reports or complaints about accessibility from families between "sometimes" (3) and "frequently" (4) on a five point scale.

The Need for Collaboration

Those interviewed at IDEA had been involved in collaborative efforts and

were aware of existing collaborative efforts they considered to be effective. The staff interviewed also agreed that a collaborative effort between Dakota County Social Services, IDEA, Dakota County Community Corrections and mental health providers in Dakota County would be helpful. It was estimated that 45% of the families served by IDEA are involved with other human service organizations. It was stated that a much larger percentage of students would qualify for a variety of services, but are not currently receiving them. Dakota County Social Services was rated as most often involved with families served by IDEA. Mental health providers were rated second and Dakota County Community Corrections was rated third in terms of incidence of involvement.

When asked about the frequency of communication between the organizations, it was agreed that communication regarding mutual clients "always" (5) occurred between IDEA and mental health providers. However, communication between IDEA and Dakota County Social Services and Dakota County Corrections was rated as happening between "sometimes" (3) and "frequently" (4). It was stated that the communication varied significantly from worker to worker in the county and corrections. Data privacy issues, however, were rarely reported as a problem in providing services for families and children.

The Structure and Function of a Collaborative Model

The staff interviewed at IDEA expressed the following thoughts in terms of structure and functioning for a collaborative service model:

* Past feelings need to be worked through first.

* It must be a team approach.

* It must involve all levels of participating organizations.

* Should provide training to all.

* Involve parents in planning.

* Co-location at the school.

* Develop a better system of communication between organizations.

* Include direct service staff in developing the model.

* Make sure necessary ground work is done regarding needs and service delivery.

The main objective for this type of collaborative was to better serve the students and their families. It was felt that this type of collaborative could stretch the dollar further in the amount and appropriateness of services provided. The ability to be creative in providing services and eliminate duplication or wasted effort were also reported to be possible opportunities that this type of collaborative could offer. The barriers mentioned were money, turf, lack of interest by the county, and negative perceptions of the IDEA program by county agencies.

Dakota County Community Corrections Interviews

Educational/Social/Emotional Needs

The opinion of the key informant interviewed in corrections was that families and children receiving services at IDEA have unmet educational/social/emotional needs. It was also stated that families and children served by corrections have multiple needs including financial needs, parenting education and support, mental health needs, and mediation needs within the community. However, it was expressed that these needs are "frequently" (4) met by existing resources in the community when measured on

a five point scale ranging from never to always. The key informant interviewed in corrections stated that services were fragmented but did not consider them to be inaccessible. There was some concern expressed regarding clients perceiving services as inaccessible because they did not want to participate in the recommended services. It was also noted that the clients receiving services from corrections were involuntary clients so they were not necessarily seeking the services being provided.

The Need for Collaboration

The key informant stated that a collaborative effort between Dakota County Social Services, IDEA, Dakota County Community Corrections and mental health providers in Dakota County would be helpful. Corrections is currently involved in a collaborative effort regarding issues of truancy and is aware of "informal collaborative efforts" that they believe to be effective. It was estimated by the key informant that approximately 40% of the population corrections serves is receiving services from other human service providers. When ranked in order of frequency of involvement, Dakota County Social Services was seen as most often involved with mental health providers while IDEA and special education providers ranked second and third, respectively.

The key informant was also asked to rank the frequency of communication they had with other providers regarding mutual clients. The key informant considered communication with county social services and mental health providers to happen "frequently" (4) when measured on a five point scale. However, with IDEA or other special education providers, communication regarding mutual clients happened only "sometimes" (3). When asked if issues of data privacy kept those in corrections from providing effective

services, the answer was "no". It was presented that corrections uses standard

release of information practices to obtain information; however, it also has the

power of the courts on its side and can most often obtain any information that is

needed to provide appropriate services.

The Structure and Function of a Collaborative Service

When the participant in corrections was asked what the structure and

functioning of a collaborative effort between Dakota County Social Services,

IDEA, Dakota County Community Corrections and mental health providers in

Dakota County should look like, the following suggestions were presented:

* Team planning approach for providing services.

* Formal communication or dialogue procedure.

* Multiple access points for clients.

* Team players from all levels of organizations.

* Complete commitment by all players.

* Speedier service delivery process.

* Economically appropriate services.

The major objective of this type of collaborative was considered to be to

better serve the clients. It was suggested that the opportunities this type of effort

could bring may include: the elimination of duplication of services, services that

are more individualized to meet the needs of the each family, and, a reduction

in caseloads to more effectively service the client. The barriers that may prohibit

a collaborative effort of this type include funding, peoples' level of comfort with

where they are, the status quo, and that this type of movement may be

considered very threatening to some.

Mental Health Providers Interviews

Education/Social/Emotional Needs

According to the mental health providers interviewed, there are definitely unmet education/social/emotional need among those serviced in the IDEA program. These needs were considered to be generally related to issues of mental health and economic stability. There was agreement among providers that the families and children they served usually presented multiple needs. Again, these needs included emotional support, parenting education, systems education, advocacy, and economic needs. However, these needs were considered to be met by existing resources in the community "seldom" (2) to "sometimes" (3) when measured on a five point scale. When asked if they considered services for families and children to be fragmented, all agreed that they were. The major cause of this fragmentation was considered to be limitations placed on providers due to funding requirements. The issue of accessibility was viewed differently by the individual providers. One provider felt that services were definitely inaccessible and the other provider described the services as challenging to access but not inaccessible. The reasons for the above answers were the same. They included fragmented funding streams and managed care systems that implemented restrictions on services.

The Need for Collaboration

Both providers interviewed agreed that a collaborative effort between Dakota County Social Services, Dakota County Community Corrections and mental health providers in Dakota County would be helpful. Both providers are currently involved in collaborative efforts and are aware of other collaborative

efforts that they consider effective. Both providers stated that 80% of the population they serve also receive services from other human service providers. When ranked in order of involvement, it was agreed that Dakota County Social Services was most often involved and other mental health providers, IDEA or other special education services were ranked second and third, respectively. However, the frequency of communication the providers had with other organizations regarding mutual clients differed. One provider stated that communication regarding mutual clients happened "frequently" (4) with county social services while communication with all other organizations only happened "sometimes" (3) when measured on a five point scale. The other provider stated that communication regarding mutual clients happened "frequently" (4) with corrections and IDEA, and happened "always" (5) with county social services and other mental health providers when measure on a five point scale. Data privacy issues were generally not seen as a problem in providing effective services yet they could complicate matters at times.

The Structure and Function of a Collaborative Service

When asked what the structure and functioning of a collaborative effort between Dakota County Social Services, IDEA, Dakota County Corrections and mental health providers in Dakota County would look like, the following answers were given:

* Players involved should be equally distributed among service providers.

* Share power, no one organization should carry more weight than others.

* Integrated funding pool.

* Team structure to decision making and planning.

* Involvement of all levels of structure from administration to clients.

* Develop trust and dispel myths.

* Design a strategy to identify the needs of the individual family.

* Involve family in service planning early on.

* Provide training to all involved.

The main objective for such a collaborative effort was considered to be improved family functioning and economic self sufficiency. This collaborative was seen as possibly providing the opportunity to eliminate duplication of services, to eliminate the effort that goes into people working at cross purposes, and a comprehensive package that addresses all of the possible needs in a single family. Both providers also agreed on the barriers to developing a collaborative service model. These barriers included time, money and turf issues.

Conclusion

In summarizing the findings, it is apparent that there are educational/social/emotional needs experienced by families and children receiving services at IDEA that are not being met. It was also agreed that generally, families served by all of the participating organizations experienced multiple needs. All of those interviewed had been involved in or were currently involved in a collaborative effort and felt that a collaborative among Dakota County Social Services, IDEA, Dakota County Community Corrections, and mental health providers in Dakota County would be helpful. However, a broad range of ideas was presented when discussing the structure and functioning of

such a collaborative. The next chapter will look at the implications of these

findings as they relate to the current human service systems in Dakota County.

CHAPTER VI

IMPLICATIONS OF THE FINDINGS

Within the findings of this researcher's interviews, three implications will be discussed. First, it is apparent that the current human service systems are not adequately providing for the educational/social/emotional needs of families and children receiving services in Dakota County, indicating the need for a systems change. Second, the needs of families and children are changing rapidly due to the changes in family structure and economic changes and are becoming increasingly multifaceted in nature. These changes are creating the need for a system that is family centered and addresses the needs of the family as a whole. Third, a collaborative effort between Dakota County Social Services, IDEA, Dakota County Community Corrections, and mental health providers in Dakota County is one strategy for creating a new system of services for families and children that would be more comprehensive in its service delivery.

System Change

In reviewing the findings in the previous chapter, it was stated throughout all of the interviews that there are unmet educational/social/emotional needs of those receiving services from the IDEA program. In addition, it was unanimously indicated that existing resources in the community are not meeting all of the needs of families and children who receive services from any of the participating organizations. The implication is that the current system is not

effectively meeting the needs of the families and children throughout Dakota County, creating a need to change the system. According to the ecological perspective, it is important to look at the relationships that are actually taking place between families and the systems that surround them, in order to better understand how each affects the other in the process of meeting their separate needs (Constable, Flynn & McDonald, 1991). Once we understand this relationship we can then begin to work together to better to meet all needs.

The current system of services is believed to be fragmented by the majority of those interviewed. One cause of this fragmentation stems from the philosophy of funders. It is highly probable in the current human service system that funding for a particular program comes from a grant that provides specific eligibility criteria on how the money is to be spent. Usually, funding sources focus on an individual problem area such as parenting or prenatal care and do not take into consideration other problems or issues that directly affect this area of focus. The trend toward specialization over the past decade has also contributed to the fragmentation of the current system. Again, this means that the family or child receives help only for the original presenting problem and must seek additional services to address other needs that may arise.

Accessibility was also presented as problematic in the current human service system. Complaints and reports from families regarding accessibility were generally focused around issues of bureaucratic red tape. Often, the process families must go through to become eligible for services is long and cumbersome. Many of the families needing those services do not possess the cognitive and/or literacy skills necessary to get through the eligibility process. In Dakota County, location and transportation are also issues that limit

accessibility. Dakota County covers a very large geographic area that is mainly suburban and rural in nature. Public transportation is very limited throughout the county which intensifies the problems created by specialization of services due to the number of places families must go to receive service.

When considering a systems change, it will be important for those involved to address the current issues of fragmentation and accessibility.

A Family Centered System

The information gathered in the interviews not only indicated a need for systems change, but for the new system to be one that is family focused, or family centered. Ecologically, providers need to look at the interrelationships of the problems and their effects on the functioning of the entire family. Individual family members do not exist in isolation and cannot effectively be treated in isolation (Constable, Flynn & McDonald, 1991). It was indicated throughout the interviews that families and children have multiple needs. These needs are considered interrelated by several of those interviewed. Those interviewed reported that of the families receiving services from their agency, an average of 65% were receiving services from other agencies as well. Of those interviewed, 85% agreed that the needs of families should be addressed as a whole. Many have indicated that families with multiple problems were often receiving services that only addressed parts of the problem; therefore, they were basically being maintained at a lower level of functioning instead of heading in the direction of complete resolution.

The findings from the interviews did show that there is a certain level of communication among agencies with regard to mutual clients. However, in

discussing with the key informants the kind of communication that takes place among organizations, it was stated that communication was often initiated to gather historical data on past treatment strategies and very little current case coordination happened as a result. Yet, those interviewed did feel that there is a need for increased coordination among agencies serving mutual clients as well as a need for families to be involved in the assessing and planning of their own needs and services. Those who reported having experience involving the family at these early stages of planning found it to be very helpful in making the services appropriate and effective.

Overall, key informants expressed a great deal of support for a system that could address the needs of families as a whole. However, there is some skepticism on just how that would happen in light of the current system's functioning.

A Collaborative Model

After summarizing the information gathered through the interviews, it is apparent that a collaborative effort is perceived as a useful strategy in meeting the needs of families and children. All of the key informants stated they were currently involved in at least one collaborative effort. Many of these efforts were focused on providing programs and services for a specific population and did not necessarily address the need for changing the larger system. From the descriptions provided by the key informants, several of the collaboratives were actually attempts to better coordinate multiple services provided by more than one agency to a single family. Several key informants spoke of the challenges of being involved in a collaboration. The issues of time and money alone

presented barriers that were, at times, too difficult to overcome. However, all of those interviewed believe that despite the barriers, collaboratives are a useful strategy in addressing the complex needs of families and children today.

Collaboration is a very time consuming process and many are still learning how to address the barriers and challenges involved in effectively collaborating. The barriers and challenges stem from both the collaboration as a group and the environmental issues that affect the group's functioning. From an ecological framework, it is important that a collaborative be aware of how it affects the community as well as how the community affects the collaborative effort (Constable, Flynn & McDonald, 1991). Through trial and error, those interviewed have also discovered that there are several necessary characteristics and/or steps that a collaborative effort must possess. A few of the main characteristics include: trust between players, all players considered equal despite their available resources, total commitment of the entire organization, and an ongoing evaluation process. (These characteristics and others will be discussed in greater detail in the following chapter.) Collaborating is considered a process that has the flexibility to respond to changing needs. In Dakota County, the population is growing and changing so rapidly that other strategies for meeting the needs of families and children are quickly becoming outdated (Chatfield, Schneider & Seidelmann, 1992).

A collaborative effort among Dakota County Social Services, IDEA, Dakota County Community Corrections and mental health providers in Dakota County was considered to be a strategy that would benefit the families and children who are currently receiving services from the IDEA program by those interviewed. In addition, several of those interviewed would like to see a

collaborative model that would address the needs of all the families and children in Dakota County. This would imply that such a collaborative should be discussed further by the community. Despite the skepticism of some of the players, it is apparent that the majority opinion of the participants in this project is that this type of collaborative could work if people and organizations were committed and willing to leave their old biases and feelings at home and together, build a system that would work more effectively.

CHAPTER VII

A FRAMEWORK FOR A

COLLABORATIVE INITIATIVE IN DAKOTA COUNTY

Through the course of this study, it has become apparent that collaboration is currently considered a valuable strategy for implementing change in the delivery of health and human services. There are over 45 small collaborative efforts currently functioning in Minnesota and other states across America. Although they appear to be effective in helping a small number of families, there is no concrete evidence that these collaborative models can be replicated on a larger level and continue to maintain their strengths and effectiveness (Wattenberg et al., 1993). However, the use of collaborative strategies continues to be highly recommended by both the literature and those interviewed in this study as a strategy for providing for the multiple needs of families and children.

Throughout this study, collaboration is often referred to as a process by which a group of organizations can work together. In addition, this study has presented several stages and elements that are considered necessary in building effective collaboratives. It is important, however, to look at collaborative efforts from an ecological framework and remember that collaboratives are continually affected by the environment or community in which they are developed and implemented. In turn, collaborative efforts also affect and impact the community in which they function, whether or not they are considered to be effective. The literature often warns those developing collaboratives of the barriers that the community or environment may present.

Yet, seldom are the strengths of the people and the community considered as resources which a collaborative could utilize. For example, collaborations are often developed in order to better meet the increasing needs of families and children, but rarely do they include or draw from the strengths of the families in the initial planning stages.

The literature presents several different models that include necessary stages in developing collaborative efforts. In presenting a framework for a collaborative initiative in Dakota County that is focused on the needs of families and children who receive services from the IDEA program, a summarization of existing models will not be made. Instead, a list of resources that contain this information will be provided in Appendix D. The following section will focus on a suggested framework for a collaborative initiative that addresses the needs of families and children who receive services from the IDEA program. This framework will present suggested members for this type of collaboration, key roles of members, and critical issues that face this type of collaborative group.

Membership

The suggested membership for a collaborative effort that aims to provide for the needs of those receiving services from the IDEA program include the following:

Intra-Dakota Educational Alternative, IDEA

Dakota County Social Services

Dakota County Community Corrections

Wilder Family Service

Human Resource Associates, Inc.

Linden Psychological Service

South Suburban Family Service

In addition to the above members, it is suggested that the possibility of additional mental health providers and medical care providers be considered as potential partners. Often, one or more persons in the family deal with issues of mental illness which may require a doctors supervision for medication purposes. It is also possible that one or more persons could be considered medically fragile and require on-going medical care for a variety of reasons. Also, with the increased number of managed health care providers, many families are required to utilize specific providers for both medical and mental health.

Key Roles of Members

Membership and the roles of the members are extremely important in the development of a collaboration. There are several key characteristics or roles that are consistently referred to throughout the literature regarding the members of the collaboration. Below is a list of several factors that all collaborative groups should consider in the initial stages of development. This list has been modified from a list of factors that influence the success of collaboration developed by Mattessich & Monsey (1992):

* Mutual respect, understanding and trust

* Appropriate cross section of members; including consumers

* Include a skilled convener

* Members see collaboration as in their self interest

* Complete commitment from all levels of the member organization; including shared risk, responsibility and resources

* Shared vision

* Shared leadership and decision-making

* Mutual development of clear roles and policy guidelines

* Ability to adapt to change and compromise

To better understand these roles and the importance of their functions within the development of a collaborative effort, it may be helpful to refer back to the diagram in Chapter II entitled Building a New System: A Five Stage Process, that was developed by Melaville et al. (1992).

Critical Issues

When considering the factors above in developing a collaborative initiative among human service organizations in Dakota County, there are several critical areas in need of further discussion. These areas were stated during interviews with key informants as concerns and/or possible barriers that may prohibit the development of this type of collaborative effort in Dakota County and stem from the environment as well as the current service delivery system. According to the information gathered from key informants in Dakota County, these issues involving social values and service delivery have, historically, been present in Dakota County. However, there is an expressed need to look at these issues in relation to economic changes and the changing needs of families and children in Dakota County. The following list of concerns reflects only the ideas of this researcher that were developed by incorporating the information gathered through a review of the literature and interviews with key informants.

(1) Membership needs to include players that represent all levels of each organization. It was commonly expressed throughout the interviews that

many past collaborative efforts involved only administrative level players at the planning stage. As a result, problems were presented in the implementation of the project due to a lack of communication or understanding as to what the line staff could or would actually provide. Membership also needs to include the consumer, the families that experience multiple needs and utilize services. The literature speaks very favorably regarding family involvement in building collaborative service models (Bruner, 1992; Himmelman, 1992; Mattessich & Monsey, 1992; Melaville et al., 1993; Wattenberg et al., 1993). One key informant in this project also identified that involvement of the families early on in the planning stages was a key to the success of meeting the family's needs collaboratively.

(2) All players need to be willing to sit down and "hash out" all of the old feelings and resentments they harbor about the participating organizations. The majority of those interviewed stated that this was extremely necessary in order for a true collaborative effort to be established. There appears to be a mixture of history and myth around hidden agendas that directly affects the ability of these organizations to work together.

(3) A genuine commitment of time, staff and resources from all players on a long term basis is necessary. This would mean that all resources would be pooled and considered the collaborative's resources eliminating the ownership tie to the organization that brought the resource. In addition, past experience of key informants presented some concern as to whether or not all the above organizations would follow through on a long term basis. Collaborative efforts involve an enormous amount of time and energy and it is imperative that participating organizations are not only aware of the time commitment, but

consider it a priority in their organization (Himmelman, 1992; Mattessich &

Monsey, 1992; Melaville et al., 1993).

(4) In the suggested collaborative effort in Dakota County, it will be

important for Dakota County Social Services to be positioned as an equal

partner especially in power and decision making. From the interviews and

reports on collaboratives involving Dakota County Social Services, this

researcher has gathered that Dakota County Social Services has a history of

being extremely powerful and influential in the provision of services for families

and children. Despite its size, level of current power, and ability to provide or

access resources, this organization needs to make an extra effort to be a

member of this collaborative that is considered an equal. Dakota County Social

Services has many strengths that a collaborative of this nature could utilize.

However, if close attention is not paid to the level of influence it exhibits, the

collaborative effort could run the risk of becoming a new Dakota County Social

Service program or structure. At times, it is easier to give in to familiar ways of

doing business than to implement change in that process.

(5) Training on the process of collaborating and teamwork needs to be

implemented as soon as membership is established. Training is considered to

be an essential part of building a collaboration throughout the literature

(Bruner,1992; Himmelman, 1992; Kagan et al., 1992; Mattessich & Monsey,

1992; Melaville et al., 1993). During the interviews, it was reported that training

on collaboration was rarely provided for the members of existing collaborative

efforts with whom they were involved in or familiar.

(6) The collaborative members need to establish mutual goals that

involve a long range plan. The goals and plan must be concrete, attainable and

exclusive to the collaboration (Mattessich & Monsey, 1992; Melaville et al., 1993). This will help to prevent the collaboration from becoming a vehicle for one organization's goals.

(7) The collaboration should seriously consider utilizing a team approach for service delivery. Of the collaborative efforts mentioned throughout the interviews, the models that were considered as most effective by the key informants were those models that involved a team of providers and the family. The team and family get together and make decisions regarding the types of services and the delivery model in order to best serve the family. The characteristics of this team approach should include formalized communication and intake processes which are considered important in the collaborative process as well as its service delivery plan (Bruner, 1992; Himmelman, 1992; Mattessich & Monsey, 1992; Melaville et al., 1993).

(8) The collaborative should explore the possibility of utilizing processes and resources already in place for gathering and coordinating information and services. For example, IDEA currently utilizes the IEP form and Dakota County Social Services has developed a central intake process that may prove to be useful in meeting the goals and objectives of the suggested collaborative effort.

(9) The collaborative should utilize and further develop the technology available for interagency information sharing systems. Dakota County covers a very large geographic area which makes it difficult and time consuming for agency members and staff to get together on a regular basis. Much of the information sharing could be done via mutually accessible computer data bases to make the process more timely and cost effective (Smith, 1994; Wattenberg et al., 1993). However, technology should not be used to replace the human

contact that is necessary in providing effective human services to families and children.

(10) The development of an evaluation process is also critical in measuring the success of a collaborative effort. (Bruner, 1992; Himmelman, 1992; Kagan et al., 1992; Mattessich & Monsey, 1992; Melaville et al., 1993; Wattenberg et al., 1993). An evaluation tool would be needed to help a collaborative in Dakota County continue to update and make changes in relation to the rapidly changing needs of the community (Chatfield, Schneider & Seidelmann, 1992). As a result of the key informant interviews, it was this researcher's observation that several of the existing collaborative efforts in Dakota County do not have an evaluation process in place.

Conclusion

Throughout this research project, collaboration has been considered as a strategy for addressing the needs of families and children. More specifically, this project looked at the need and projected effectiveness of a collaborative initiative in Dakota County focused on meeting the needs of families and children receiving services from the IDEA program. However, it is not the intent of this project to present collaboration as the only way to address these needs or the most effective way. Through the examination of the literature and interviewing key informants in Dakota County, it has become evident that there is still a lot to be learned about the process of collaboration. There is an indicated need for further research to be conducted in order to establish the effectiveness of collaborative efforts in terms of service delivery and cost (Kagan et al., 1992; Mattessich & Monsey, 1992; Wattenberg et a., 1993).

APPENDIX

APPENDIX A

CONSENT STATEMENT

My name is Amy Clark and I am a student in the Master of Social Work Program at Augsburg College in Minneapolis. I have contacted you to request your participation in a research study that I am conducting as a part of my graduate program. This study will examine the need for a collaborative initiative between the IDEA Program, Dakota County Social Services, Dakota County Corrections and mental health providers in Dakota County. I am interested in learning about any experiences you may have had with collaborations and if you think a collaboration involving the systems mentioned above is needed. I am also interested in how you would visualize a collaborative initiative of this type.

You have been selected as a potential participant because of your position in the community and your experience working with the above mentioned systems. I will be conducting approximately ten interviews with professionals like yourself, who currently work in one of the human service systems in Dakota County.

Participation in this research project is voluntary. If you choose to participate, you will be asked to take part in an interview either face-to-face or by phone that will take approximately 90 minutes. You may choose to end the interview at any time, skip over any questions, or withdraw completely prior to the scheduled interviewing date.

Your responses to the interview questions will be kept confidential. With your verbal consent the interview will be taped. No individual will be identified by name in this paper. All tapes and written data collected will be kept in a locked file cabinet; only myself and my Augsburg advisor, Sharon Patten, Ph.D.,

will have access to these records. All written and taped information will be destroyed upon completion of this project which is estimated to be August 30, 1994.

Do you have any questions at this time? Do you consent to participate in this study? Do you consent to this interview being taped?

APPENDIX B
INTERVIEWING SCHEDULE

1.   From your professional experience, do you think families and children receiving services from IDEA have unmet educational, social, and emotional needs?_____

If so, can you tell me more about the nature of those needs?

	FAMILIES	CHILDREN
Educational	_____	_____
Social	_____	_____
Emotional	_____	_____

2.   From your experience, do the families and children that your organization serve have multiple needs?_____

   a.   What do you perceive those needs to be?_____

                    _____

   b.   How often are those needs met by existing resources in the community?

      Never   Seldom   Sometimes   Frequently   Always

3.   Of the families and children served by your organization, estimate what percent receive services from other human service organizations ?___%

     Rank the top three organizations that most often provide services to the families mentioned above:

_____ Dakota County Social Services

_____ Dakota County Corrections

_____ Mental health provider   (ask names)

_____ IDEA

_____ Other

4. Can you describe the type of communication your organization currently has with the following service providers?

Dakota County Social Services_____

_____

Dakota County Corrections_____

_____

Mental Health Provider_____

_____

IDEA_____

_____

PROBES: Voluntary information sharing

Mandatory information sharing

Complete access to client information
with a release of information

Limited access to client information
with a release of information

No access to client information

One way communication

Two way communication

a. How often do you communicate with the following organizations regarding mutual clients?

County Social Services: Never   Seldom   Sometimes   Frequently   Always

Corrections:	Never	Seldom	Sometimes	Frequently	Always
Mental Health:	Never	Seldom	Sometimes	Frequently	Always
IDEA:	Never	Seldom	Sometimes	Frequently	Always
Other:	Never	Seldom	Sometimes	Frequently	Always

    b.   Do you see a need for changes in these relationships? If so, what would these changes be?

County Social Service

_____

_____

Corrections:

_____

_____

Mental Health:

_____

_____

IDEA:

_____

_____

Other:_____

_____

5.   Do you think services for families and children are fragmented?_____
If yes, can you tell me about the cause and nature of this fragmentation? _____

_____

    a.   Do you think services for families and children are inaccessible? _____
If yes, can you tell me about the cause and nature of the inaccessibility?_____

b. How often do families served by your organization make reports or complaints regarding fragmentation?

Never   Seldom   Sometimes   Frequently   Always

c. How often do families served by your organization make reports or complaints regarding accessibility?

Never   Seldom   Sometimes   Frequently   Always

6. Are there issues of data privacy that keep you from providing the most effective services possible to your clients? If so, what are these issues?_____

_____

What strategies do you think would address these issues in the best interest of the client?_____

_____

(Operationally define collaboration for the participant)

7. Has your organization ever been involved in any collaborative efforts?
If so, who were/are the participating organizations?_____
What were/are the goals of the collaborative effort?_____

a. Did the collaboration possess the following characteristics:

____ backed by the community   how_____

____ supported by state government   how_____

____ structured to fit the population

____ redirected existing resources; no new funds   how _____

____   professional training provided

____ developed a new design for service delivery

_____ developed trust   how_____

_____ developed its own strategic plan and mission

_____ developed an evaluation process

b. What were/are the positive aspects of the collaborative effort ?_____

_____

c. What aspects were/are in need of change or further development? _____

_____

8. Are you aware of any existing collaborative efforts between organizations that serve families and children that you think are effective?_____
What do you think makes them effective? _____

_____

(use the above categories for probes if needed)

9. In your perception, do you think it would be helpful for IDEA, Dakota County Social Services, Dakota County Corrections and mental health providers in Dakota County to participate in a collaborative initiative that responds to the needs of families and children?_____ If so, what do you think this collaborative should look like? _____

_____

a. What barriers or challenges might prohibit the development of this type of collaboration? _____

b. What opportunities might present themselves in this type of collaboration? _____

c. What do you think the major objectives should be for this type of collaboration?_____

Professional Questions:

10. How long have you worked with families and/or children?_____

11. How much of your time is currently spent in direct contact with families

or children?_____

12. How long have you been familiar with the IDEA program?_____

13. What is your current position ?_____

14. How long have you been in this position?_____

15. How long have you worked in Dakota County?_____

16. Do you currently reside in Dakota County? _____

APPENDIX C

PARTICIPATING AGENCIES

Dakota County Social Services
14955 Galaxie Avenue West
Apple Valley, Minnesota 55124
(612) 891-7400

Dakota County Community Corrections
1560 Highway 55
Judicial Center
Hastings, Minnesota 55033
(612) 438-8288

Wilder Child Guidance Center - Dakota County Branch
15025 Galaxie Avenue West
Suite 260
Apple Valley, Minnesota 55124
(612) 432-2400

Human Resource Associates, Inc.
161 North Concord
South St. Paul, Minnesota 55075
(612) 451-6840

APPENDIX D

RESOURCES FOR DEVELOPING COLLABORATIONS

Author: Charles Bruner

Title: Thinking Collaboratively: Ten Questions and Answers to

                Help Policy Makers Improve Children's Services (1992)

Description: Provides a series of 10 questions regarding the

                development of collaborations. These questions

                encompass the definition of a collaborative, membership,

                roles of the members and key strategies to develop.

Author: Arthur T. Himmelman

Title: Communities Working Collaboratively for Change (1992)

Description: Addresses the issues of developing a collaborative service

                model through a series of design step questions. These

                questions serve as a guide through the necessary steps

                and stages in the development of a collaboration.

Authors: Paul W. Mattessich, Ph. D.

                Barbara R. Monsey, M.P.H.

Title: Collaboration: What Makes It Work (1992)

Description: Provides an overview of factors that influence the success

                of collaborations. The overview includes a definition of

                each factor and the implications of these factors for

                collaborative groups.

Authors: Atelia I. Melaville

                  Martin J. Blank

                  Gelareh Asayesh

Title: Together We Can (1993)

Description: Offers a strategic five stage process for developing

                  collaborations. Each stage provides milestones that allow

                  the collaborative to monitor their progress.

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