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Institutions which Promote Social Services Integration:  
An Analysis of Top-down vs. Bottom-up Approaches

by

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ABSTRACT

This thesis focuses on the problem of how to build social service institutions to more effectively address the multiple needs of clients who are traditionally served by categorical, fragmented service systems. I argue that service integration initiatives which are planned from the bottom-up are more likely to have a positive impact on this problem than service integration initiatives implemented from the top-down. Federal programs implemented in the 1960s and 1970s, such as the Community Action Program, Model Cities, and Services Integration Targets of Opportunity Grants (SITO), which were intended to address the problem of fragmented services delivery imposed top-down solutions on top-down institutions, and therefore, were unsuccessful. These initiatives, by and large, did not take into account the working conditions of front-line workers. Since the mid-1980s, a paradigm shift in social services delivery has been starting to take place--away from a hierarchical, rule-bound, centralized, bureaucratic model to a decentralized, collaborative more flexible model--in which services are being implemented from the "bottom-up." Yet this paradigm shift has not been studied in great depth, nor is it well understood.

A case study of the Newark, New Jersey School-based Youth Services Program--implemented from 1988 to the present--illustrates the advantages of services integration from the bottom-up. The ideal characteristics of a top-down program are compared to the ideal characteristics of the bottom-up School-based program. Four different levels of services integration are delineated from the bottom-up: (1) worker-family, (2) intra-agency, (3) interagency (at the service delivery level), and (4) interagency (at the administrative/policy level).

I conclude that institutional design has a significant impact on social service delivery; hierarchical institutions are part of the problem of integrating social services. The case study also illustrates that political support was needed from the top-down in order for bottom-up implementation to take place. Finally, I discuss the difficulties in measuring client outcomes, and suggest how interim "process" measures can be used to more scientifically test the argument supported by this case study.

## ACKNOWLEDGEMENTS

This work has been motivated by both social and intellectual concerns. The social concern is to develop social service institutions which are more responsive to the multiple needs of the clients they serve. Based on the assumption that services integration is an important factor affecting client responsiveness, the intellectual concern is to show that certain approaches to social service delivery are more likely to lead to service integration than others. Along the way, there were several key individuals who helped to facilitate my work.

Michael Lipksy, my thesis advisor in the early and middle stages, helped to identify several state-level programs which have implemented innovative services integration programs. He also helped me to think through how best to use the evidence from my case study to structure my argument. Dick Samuels, who served as my thesis advisor in the final stages, provided a useful critique of a near-final draft which helped me to tighten my argument and to consider ways to better connect my problem to the political science literature. Margaret Weir was particularly helpful in suggesting how institutional analysis could be used to develop a theoretical framework for my case.

I wish to thank Edward Tetelman, Roberta Knowlton, and Kay Rees, of the New Jersey School-based Youth Services Program (SBYSP), who were very generous in sharing their knowledge and insights, and in indulging my curiosity. I am grateful to Mary-Ellen Mess and her staff of the Newark program of SBYSP, who took time out of their demanding schedules to share with me the operational details and challenges of implementing their program. Mr. Addo, Vice Principal of the Newark Vocational Technical High School, was also very generous in sharing information about the program and its students. Without their help, the case study would not have been possible.

I want to thank my MIT friends, Amy Blitz (especially), Chris Herrick, and Maria-Carmen Lemos, for their intellectual and emotional support. I am grateful to my parents and my sister who lent a sympathetic ear when I was feeling discouraged and who have celebrated my success.

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## Chapter 1: Introduction

According to the Children's Defense Fund, a national advocacy organization for children, one in five children in the United States currently live in poverty.<sup>1</sup> Children born into poor families--many of them headed by single mothers--are at risk of teenage pregnancy, alcohol and drug abuse, and dropping out of school. These children, who are the most likely to benefit from human service interventions, need resources and services that they aren't getting from their own families so that they can begin to overcome the circumstances into which they have been born and raised. Yet, children and youth from socially and economically disadvantaged families are a targeted population of human service delivery for whom the failure of the system is particularly apparent. Why the failure?

In most places in the United States, there is only a fragmented, categorical system of services available to address multiple needs. As the proportion of poor children who live in the most severe poverty grew in the 1980s, the social services system became even more fragmented as Congress approved narrow programs to address specific problems (i.e., child abuse, runaways, drugs) without considering how these programs would be coordinated at the local level.<sup>2</sup> This thesis examines how to integrate social service delivery so that is more responsive to the multiple needs of the children and families it serves. The question with which this thesis is primarily concerned is at what level of organization can efforts be most effectively directed to address the multiple needs of clients currently being served by categorical, fragmented service

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<sup>1</sup>Children's Defense Fund, Leave No Children Behind, 1992, p. 40.

<sup>2</sup>Alfred J. Kahn and Sheila Kamerman, Integrating Services Integration: An Overview of Initiatives, Issues, and Possibilities, September 1992, p. 10.

systems. My thesis is that service integration initiatives which are planned from the bottom-up are more likely to have a positive impact on the way services are delivered than services integration initiatives implemented from the top-down. I will make this argument by comparing how these two approaches have been implemented in the last thirty years and by illustrating the advantages of bottom-up implementation in a case study of a school-based services integration program.

### Statement of the Problem

Helping multi-problem children was the most common service delivery problem reported by state agencies in a 50 state survey of state executive branch agencies with primary responsibility for serving abuse, neglected, and dependent children, juvenile delinquents, noncriminal youthful (status) offenders, and emotionally disturbed children. According to the respondents, even though individuals often need and qualify for services from more than one agency, they must have a particular label to actually get assistance. The label which a child or family receives will usually be determined by the incident that precipitates their entry into the service system. (For example, a child who enters the system through juvenile justice will be labeled as such even though he or she may also need the help of the agency serving neglected and abused children.) "The system then responds to the behavior and not necessarily to the child's or family's overall needs." <sup>3</sup> The survey further found that "treatment is also likely to be determined by which agency, program, or facility has funds available. Instead of responding

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<sup>3</sup>Susan D. Robison, Putting the Pieces Together: Survey of State Systems for Children in Crisis, National Conference of State Legislators, July 1990. p. 4.

to the needs of the child and family, the system responds to existing funding streams." <sup>4</sup>

This tendency is further reinforced by professionals defining problems through their specialized lenses. Professional, especially medical, models control how problems are defined and addressed. Each professional agency therefore resists pressure to modify its intake, treatment, and referral pattern."<sup>5</sup> As Sid Gardner has noted, child welfare agencies focus on changing parental behavior; juvenile justice agencies focus on changing children's behavior; in the educational system, the focus is on engaging children to learn, while the role of parents is considered peripheral.<sup>6</sup> According to the Education and Human Services Consortium, which consists of 21 national organizations representing education, public welfare, child advocacy, and state, county, and local governments, "The current social welfare system divides the problems of children and families into rigid and distinct categories that fail to reflect their interrelated causes and solutions... Comprehensive service delivery must include techniques to ensure that children and families actually receive the services they need."<sup>7</sup>

In a review of state-level efforts to address this problem, Barbara Blum argues that "children can be profoundly affected by fragmented service delivery. This impact has been seen most dramatically in their unnecessary placement in foster care. Failure to provide coordinated

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<sup>4</sup>Ibid., p. 4.

<sup>5</sup>Robert Morris, "Coordinating Services for the Elderly: The Promise and Limits of Coordinating Health, Mental Health, and Social Services," in H. Orlans (ed) Human Services Coordination, p. 53, New York: Pica Press, 1982.

<sup>6</sup>Sid Gardner, Unpublished paper presented at Association for Public Policy and Public Management Conference, 1991, p. 1.

<sup>7</sup>Education and Human Services Consortium, What it Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services, 1991, pp. 7-9.

services can damage children, their families, and society. New approaches to program organization and design and new perceptions by social service professionals will be necessary if children and families are to be served effectively." <sup>8</sup>

The difficult challenges which this problem poses has also been recognized by influential national organizations and national commissions. In 1982, the National Academy of Sciences lamented the lack of coordination in children's services, dubbing it "the unorganized scramble of governmental and nongovernmental representatives for children and families." <sup>9</sup> More recently, the National Commission on Children characterized human service delivery as "narrowly defined services to narrowly defined populations," and concluded that collaboration across programs rarely occurs. <sup>10</sup>

Over the last thirty years, all levels of government have committed millions of dollars (and in the last 10 years so have private foundations), and stakeholders have spent countless hours working to improve the delivery of human services in order to more effectively addresses the multiple needs of clients and their families. These efforts generally have focused on services integration as a solution. <sup>11</sup> According to William Morrill, the Director of the National Center

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<sup>8</sup>Barbara B. Blum, "Coordinated Service: The State Experience," in H. Orlans (ed) Human Services Coordination, p. 78, New York: Pica Press, 1982.

<sup>9</sup>Cited in Sharon L. Kagan, United We Stand: Collaboration for Child Care and Early Education Services, Teachers College Press, 1991, p. x.

<sup>10</sup>U.S. National Commission on Children, Beyond Rhetoric: A New American Agenda for Children and Families. Washington, Final Report of the National Commission on Children, 1991, p. 314.

<sup>11</sup>While some analyses will use the terms coordination, collaboration, and service integration to make distinctions along a continuum of service linkages, in this analysis, I will use these terms interchangeably to refer to the same phenomenon.



for Services Integration, "The reasons that service integration remains such an intriguing option lie in the limited success that narrow functional initiatives have had in improving social performance and functioning with disadvantaged school-aged children with multiple problems. Too few of them get the services they need... Service coordination and integration are one of the few alternatives to the existing system."<sup>12</sup>

Yet, over the last twenty to thirty years, public servants, program evaluators, and scholars have questioned whether services integration is a viable solution. In 1970, James Seidman, one of the principal architects of the Model Cities program argued that coordination is the "20th Century equivalent of the medieval search for the philosopher's stone."<sup>13</sup>

### Theoretical Approach

In Political Science, both the literatures on Organizational Theory and on Policy Implementation provide analytical tools which contribute to the search for a solution to this elusive problem. In Organizational Theory, the relatively new school of New Institutionalism<sup>14</sup> focuses on how organizational structures condition political behavior. As Theda Skocpol has noted, "State structures matter because their organizational configurations, along with their overall patterns of activity, affect political culture, encourage some kinds of group formation and collective political actions (but not others), and make possible the raising of certain political

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<sup>12</sup>William A. Morrill and Martin H. Gerry, Integrating the Delivery of Services to School-Aged Children At Risk: Towards a Description of American Experience and Experimentation. February 6, 1990. Unpublished paper.

<sup>13</sup>Seidman, Politics, Position, and Power: The Dynamics of Federal Organization, Oxford University Press, 1970, N.Y. p. 191.

<sup>14</sup>See James G. March and Johan P. Olsen, Rediscovering Institutions: The Organizational Basis of Politics, Free Press, 1989.

issues (but not others)."<sup>15</sup> Evelyn Brodtkin has applied the concept of state capacity to service delivery by directing our attention to "policy delivery mechanisms as vehicles for policy politics and to the structural opportunities and constraints that animate policymaking and implementation processes."<sup>16</sup> Thus, institutional analysis provides a lens in which to study the politics of policy implementation. A useful model of how political scientists have used institutional analysis to address a policy implementation problem is in Chubb and Moe's work on educational reform.

Chubb and Moe argue that institutions of democratic control (the elected school board, the superintendent, and the district office) are the cause of poor school performance, and that the only way to improve school performance is to reform existing institutions.<sup>17</sup> In their review of the literature, Chubb and Moe found considerable research on the desirable characteristics of a successful school (e.g., clear goals, strong educational leadership, and high levels of teacher professionalism), yet they could not find scientific work which addressed how public policy could be used to create the kind of organization that would foster these characteristics. At best, they found intensive case studies which showed that school organization has a significant impact on school performance.

Based on a comparative empirical analysis of performance of public and private schools, Chubb and Moe argue that for schools to be effective, they need autonomy from the existing bureaucratic system which is too hierarchical, too rule-bound, and too formalistic. Chubb and Moe argue that efforts to address the problem of poor school performance have been misguided

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<sup>15</sup> Theda Skocpol, Bringing the State Back In, Cambridge University Press, 1985, p. 21.

<sup>16</sup>Evelyn Brodtkin, in Opening Up the Black Box, p. 108, 1990.

<sup>17</sup>See John E. Chubb and Terry M. Moe, Politics, Markets, and America's Schools, Brookings Institution, Washington, DC, 1990.

since they impose implementation of desirable characteristics in a top-down manner instead of reforming the top-down, rule-driven institutions which are the cause of the problem.

Chubb and Moe also explain that the reason it is so difficult to reform existing institutions is that they are controlled by individuals who have an interest in maintaining them (elected Board members, Board superintendents, etc). Similarly, in my analysis of efforts to better coordinate services, I will show how difficult it is to achieve institutional reform because of resistance by those who would lose power and control in the process. As Evelyn Brodtkin has observed, "Implementation is the continuation of conflicts to define social policy... Bureaucratic analysis provides a means of exploring what happens when social politics continues under the rubric of policy delivery."<sup>18</sup>

The structure of my argument on addressing the problem of social services coordination is strikingly similar to Chubb and Moe's institutionally-based argument on educational reform. Like the deficiencies in social science research on education policy prior to Chubb and Moe's work, the research on services integration characterizes the dimensions of a well-integrated system without explaining how these conditions are developed and nurtured. For example, Patricia Martin and her associates, building upon a model developed by Lawrence Lynn, specified five distinct dimensions of services integration: (1) a unified vs. (other form) of administrative structure, (2) local (vs. non-local) administrative control, (3) coordinative case management, (4) co-location of multiple program services, and (5) a single point of intake/application procedure. Similarly, an evaluation of Services Integration Targeted Opportunity (SITO) grants in the early 1970s, referred to services integration as a problem of

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<sup>18</sup>Op.Cit., Evelyn Brodtkin, pp 107-110.

"engineering design."<sup>19</sup> In general, the research on services integration takes a formalistic approach by taking an inventory of those characteristics which are important without taking into account organizational incentives that would allow these characteristics to develop. This formalistic approach doesn't explain the features that need to be assessed. It overlooks the role of individual workers and how their behavior is conditioned by their environment.

Like most of the research on educational reform, studies of services integration have assumed that these desirable characteristics can be implemented through top-down, hierarchically organized social service institutions. As Michael Lipsky has noted, studies of policy development and implementation tend to work from the same assumptions of hierarchy in organizations.<sup>20</sup> Interpretations of law and regulation are made at the highest level, and then passed to lower levels, where they are implemented. This approach requires the clearest possible policy directives and the greatest possible specification of administrative responsibility at each level so that decisionmakers at the highest level of the organization can control how policy is implemented at the lowest level. The activity of "top-down" administration involves developing standardized solutions at the highest level to control discretion at the lowest level.<sup>21</sup>

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<sup>19</sup>See *Managing the Human Service "System": What Have We Learned from Service Integration?* Human Service Monograph Series, Number 4 (August 1977).

<sup>20</sup>See Michael Lipsky, "Standing the Study of Public Policy Implementation on Its Head," in W. Dean Burnham and Martha Weinberg, eds., *American Politics and Public Policy*, p 392.

<sup>21</sup>For the original view of social organization as a hierarchical, rational-bureaucratic machine, see Max Weber, eds. Talcott Parsons, *The Theory of Social and Economic Organization*, New York, Oxford University Press, 1947. In particular, see Weber's discussion on "imperative coordination" which, in light of the evidence presented in this thesis, will seem oxymoronic.

In my review of service integration efforts over the last 30 years, I found that the single most important institutional feature affecting the success of these efforts is that hierarchical structure of social service delivery systems in the U.S. does not support front-line workers' efforts to address the comprehensive needs of their clients in a coordinated way.

Michael Lipsky's analysis in Street-Level Bureaucracy helps to explain why it is so difficult for social service providers working in a top-down system to provide coordinated services.<sup>22</sup> Lipsky argues that social services policy is most directly experienced by clients through street-level bureaucrats--workers who directly serve clients. Yet, because street-level bureaucrats require considerable discretion and autonomy to address the multiple and complex needs of their clients, their behavior cannot be fully circumscribed by rules and regulations from the top-down.

Lipsky explains that the bureaucratic imperatives of traditional top-down human service organizations and the goals of street-level bureaucrats are inherently conflictual: the street-level bureaucrat has client-centered goals of responsiveness while the organizational imperative is to process clients as efficiently as possible. Because street-level bureaucrats are overwhelmed by having to process far too many cases than they have time to address, they develop coping mechanisms such as shortcuts and simplifications. For example, street-level bureaucrats can reduce program expenditures, and still give the appearance of providing service without providing service, by referring patients to other agencies. By making it difficult for clients to access services as they get bounced from one bureaucracy to the next, they may be discouraged them from seeking services altogether.

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<sup>22</sup>Michael Lipsky, Street-Level Bureaucracy, Russell Sage Foundation, New York: 1980.

Lipsky further argues that the working conditions of the street level bureaucrat lead them to feel alienated from their clients in four ways: (1) Street level bureaucrats are required to process people into established categories, and thus they are only able to focus on one part of the presenting problem. In addition, professional specialization further reinforces this tendency for a worker to look at the presenting problem through his or her professional lens. (2) Street-level bureaucrats do not control the outcome of their work since they only focus on part of a client's problem and do not have control over other bureaucracies to which the client may be referred. (3) Street level bureaucrats are unable to control the input. The example which Lipsky uses to illustrate this point is the frustration a good teacher who has to greet every morning children who are hungry and exhausted from lack of sleep. (4) Street level bureaucrats do not control the pace of their work. For example, they may fall behind in paperwork, and are unable to respond fully to demanding situations. This alienation, Lipsky argues, cumulatively leads the street level worker to feel less connected to his or her clients. Put another way, the structure of the their work environment makes it impossible for front-line workers to address the needs of their clients in a holistic way.

To cope with these working conditions, it becomes functional for the street level worker to lower his or her expectations as to how responsive he or she can be in meeting clients' needs. The coping mechanisms which street level workers develop become the policies of the bureaucracies for whom they work. Specialization is one method which bureaucracies and workers use to deal with the pressures of processing clients. In particular, it simplifies the work of the worker by permitting him or her to concentrate on one aspect of clients' needs, rather than the whole. For example, teachers only focus on students learning even though there may

be family problems that are so distracting that they also require teachers' attention.

Thus, the very work conditions of street-level workers in a top-down organization gives rise to coping mechanisms such as specialization, which contributes to fragmented service delivery. A distinguished panel of experts focusing on the social service needs of children and youth, which included academicians, policymakers, and practitioners, made a similar observation:

Our current system saps providers' initiative and endurance. Providers are often discouraged by their lack of power--they have little input in key management decisions--and the difficulties of navigating in a confusing array of services. Many are inadequately supported by their agencies--or are supported in narrow, exasperating ways...Many are demoralized by bureaucratic regulations--intended to prevent misconduct--that also prevent them from responding to the glaring needs of children they serve.<sup>23</sup>

Service integration initiatives will need to take into account the underlying work conditions of front-line workers if they are to address effectively the problem of fragmented service delivery. Instead of workers having to create their own routines in response to top-down commands which are in conflict with the realities of the front-line, what is needed is a new approach to public administration which supports workers' efforts to address the comprehensive needs of their clients.

The solution to the fragmented delivery system has remained elusive for so long because scholars and practitioners have been searching in the wrong places--within existing institutions. As Janet Weiss, a long-time scholar on the subject, has noted, services integration is used "as evidence to which decisionmakers turn of their efforts to structure and simply the system, instead

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<sup>23</sup>Report of the Executive Session for Children and Youth, "Making the System Work for Children and Families," John F. Kennedy School of Government, Harvard University, 1990.

of reforming the system itself."<sup>24</sup> It is next to impossible to achieve coordination when program administrators come to the negotiating table from the perspective of their bureaucracy's top-down mandate instead of the multiple needs of the children and families which each of the bureaucracies serve.

In an interorganizational analysis of coordination efforts of the Model Cities program, Warren, et.al. found that coordination occurs both through *cooperation* and by *contest*.<sup>25</sup> If we think of coordination as a bargaining process rather than a process in which one party seeks to impose its definition of the problem (or in this case, the client's needs) on the other, then we may have the intellectual foundation for countering the skeptics charge that the solution of services integration is merely a restatement or avoidance of the problem.<sup>26</sup> Yet it is clear that bargaining can hardly be encouraged under the current top-down system, where each agency is narrowly following its particular legal mandate. For example, even though a child may require the help of other service agencies to address the causes of delinquent behavior, a juvenile justice worker operating in a top-down agency, will only be able to address the behaviors required by his or her's agency's regulations.

In order to encourage coordination through cooperation, a new form of organization is

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<sup>24</sup>Janet Weiss (1981), cited in Sharon L. Kagan, United We Stand: Collaboration for Child Care and Early Education Services, Teachers College Press, 1991, p. x.

<sup>25</sup>Roland Warren, Stephen Rose, and Ann F. Bergunder, The Structure of Urban Reform, Lexington Books, 1974, pp. 74-76

<sup>26</sup>For further discussion on defining the problem of coordination in an intergovernmental context, see James Sundquist, Making Federalism Work--A Study of Program Coordination at the Community Level, The Brookings Institution, Washington, D.C. pp. 17-19. For a more general discussion on the comparative advantages of "central coordination" and "mutual coordination," see Charles Lindblom, The Intelligence of Democracy, Free Press, 1965.



needed. As social scientist Lester Salamon noted, "Where traditional public administration emphasizes stresses hierarchical lines of authority and the mechanisms of command and control, the newer forms of action utilize decentralized modes of operation and the techniques of bargaining and persuasion."<sup>27</sup> Similarly, in his case study of coordination of the Bay Area Regional Transportation System, Donald Chisholm noted:

Informal channels of communication, informal bargains and agreements, and norms of reciprocity all contribute directly and indirectly to processes of coordination...The parties to the bargain are determined not by an organizational chart but by the character of the issues at hand.<sup>28</sup>

In my study of social services coordination, I will show that an institutional environment which supports decisionmaking made from the bottom-up is more conducive to bargaining and persuasion than the traditional top-down approach to implementation.

#### An Alternative Institutional Approach: Implementing Social Services from the Bottom-Up

In an institutional setting where social services are implemented from the bottom-up, individuals at the top of the organization are assumed to have far less control over implementation than is traditionally assumed. The bottom-up approach takes into account the varying interests of key stakeholders at various levels of an organization. Elmore, an advocate of a "bottom-up" or "backward-mapping" strategy, argues that "the closer one is to the source of the problem, the greater is one's ability to influence it; and the problem-solving ability of complex systems depends not on hierarchical control but on maximizing discretion at the point

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<sup>27</sup>Lester M. Salamon, Beyond Privatization: The Tools of Government Action, p. 255, The Urban Institute, 1989.

<sup>28</sup>Donald Chisholm, Coordination without Hierarchy: informal structures in multiorganizational systems, Berkeley: University of California Press, 1989, p. 12.

where the problem is most immediate."<sup>29</sup> In contrast to "top-down," the "bottom-up" approach liberates the individual street-level worker from the constraints of a hierarchically imposed standardized solution, and empowers him to use his discretion to address the complexity of clients' multiple needs. Further, without the restrictions of narrow rules and regulations imposed from above, a "bottom-up" structure encourages bargaining at the local level among providers from different agencies. In chapter 4, I will show how this takes place in a case study of a bottom-up services integration program.

As I will show in chapter two, services integration initiatives of the 1960's and 1970's did not address the service delivery problem from the bottom-up. Instead, these initiatives imposed top-down initiatives on top-down organizational structures. The very factors which Elmore lists as the analytical solution offered by "top down" approaches--formal organizational structures; authority relationships among administrative units; and administrative controls (budget, planning, and evaluation requirements) are among the very failed solutions to the problem of fragmented service delivery which were tried in the sixties and early seventies.<sup>30</sup> Conversely, the factors which Elmore lists as the analytical solution offered by "bottom-up" approaches--knowledge and problem solving ability of lower-level workers; incentive structures that operate on the subjects of policy; bargaining relationships among political actors at various levels of the implementation process; and the strategic use of funds to affect discretionary choices--characterize many of the initiatives implemented in the last half of the eighties and the

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<sup>29</sup>Richard Elmore, "Backward Mapping: Implementation Research and Policy Decisions," Political Science Quarterly, Volume 94, Number 4, Winter 1979-80, p. 65.

<sup>30</sup>Some of these top-down approaches are still being tried today, but to a far lesser degree.

first half of the nineties. Early evaluations of these more recent service integration initiatives suggest that they seem to be more effective in addressing multiple needs than the top-down initiatives of the 60s and 70s.<sup>31</sup> In chapter 4, I will report on a state-wide school-based program which seems to be successful because it has taken a bottom-up approach to services integration.

#### Services Integration from the "Bottom Up"

In contrast to an earlier top-down services integration classification scheme<sup>32</sup>, Charles Bruner has developed a classification scheme which defines different levels of services integration from the bottom-up:<sup>33</sup>

(1) Worker-family collaboration: joint development of family goals with worker and family members determining needs, setting goals, and working toward greater family autonomy and functioning.

(2) intra agency--Workers at service delivery level are given discretion in serving clients, provided support for decision-making, and involved in agency planning.

(3) Interagency collaboration at the service delivery level--workers at service delivery level in various agencies are given incentives and support for joint efforts with staff in other agencies. The incentives and support might include information systems (including information and referrals) and collocation of services. Joint efforts would include the informal ways in which providers from various agencies help each other to address the multiple needs of their clients.

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<sup>31</sup>See, for example, GAO Report 92-108, Integrating Human Services, September 1992.

<sup>32</sup> See R.A., Agranoff and A.N. Pattakos, Dimensions of Services Integration, Human Services Monograph Series, 13. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1979. Agranoff and Pattakos propose that services integration takes place on four dimensions: (1) service delivery, (2) program linkages, (3) policy management, and (4) organizational structure-- reorganization or creation of government structures (e.g., through super-agencies) to support and facilitate the other three dimensions.

<sup>33</sup>Charles Bruner, Thinking Collaboratively: Then Questions an Answers to Help Policy Makers Improve Children's Services, Education and Human Services Consortium, 1991, pp. 9-11.

(4) Interagency collaboration (administrative and policy level)--Efforts at the policy or administrative level (whether at the state or local level) which address joint budgeting, joint planning, and issues of administrative reorganization. Any formal decisions or actions which affect agency policies or an agency's role in service delivery.

This classification of approaches to services integration shares several analytical advantages inherent in a bottom-up framework. First, level two reflects the importance of working conditions which support discretionary decisionmaking by street-level workers. According to Bruner, a hierarchical work setting with the worker at the bottom of the pyramid is not consistent with the worker being given greater discretion to work with families. A collegial setting, where line workers collaborate with supervisors, other workers, and staff both in handling individual cases and in setting agency goals and enhances the capacity of workers to collaborate with clients.<sup>34</sup>

Second, as I will show in chapters three and four, initiatives which focus interagency collaboration at the service delivery level are less susceptible to coercion and more conducive to bargaining. When faced directly with the source of the problem--client needs--providers from different agencies are more likely to recognize that they need resources from one another in order to successfully address clients' multiple needs. This recognition provides the basis for the bargaining process.

In the next chapter, I will review top-down initiatives of the 60's and 70's, and explore in some detail why they failed. After reviewing the implementation of several federal programs, I will focus on the disadvantages of primarily focusing on interagency collaboration on the administrative and policy level (Bruner's level 4 above). In chapter 3, I will review more recent

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<sup>34</sup>Ibid., p. 10.

bottom-up initiatives and suggest that the reasons which they might be expected to succeed is due to the advantages of directing efforts at the service delivery level (Bruner's levels 1, 2, and 3). In chapter 4, I provide a detailed case study of a program planned from the bottom-up--the New Jersey School-based Youth Services Program (SBYSP). I will argue that the bottom-up approach of this program appears to provide a model that allows street-level workers to capitalize on their discretion (level 2), and which supports workers' efforts to effectively "bargain" with one another on behalf of the client (level 3). In the final chapter, I will review the program and political factors that contribute to what appears to be a bottom-up initiative which is responding effectively to the multiple needs of children and their families. Then I will consider what makes the NJ SBYSP unique among bottom-up initiatives which seek to address the service delivery problem. Finally, I will review recent progress that has been made to address the difficult task of measuring services integration.

## Chapter 2: Top-Down Approaches to Services Integration

In the late 1960's and early 1970's, there were several "top-down" approaches tried at the federal and state levels which sought systematic changes in service delivery by requiring agencies to change how they planned and financed services. Characterized by Sharon Kagan as "systems-oriented," examples of these strategies include:

- developing multi-agency budgets that provide more flexible funding (for example, trying to get individual agencies to pool discretionary funds for a single population or provide fiscal incentives for agencies to coordinate).
- developing multi-agency service plans that document the responsibility of each agency to provide services. (Through joint planning, state and local officials hoped to ensure that state regulations, administrative procedures, and reporting requirements did not conflict, while gaps in and duplication of services are eliminated.)<sup>1</sup>

In addition to changes in planning and financing, these top-down strategies also included administrative restructuring. An example at the state level would be the consolidation of separate health, education, and human service agencies into one umbrella or super-agency. An example at the federal level would be the provision of funds to create new administrative structures at the state and local level, and a mandate to provide integrated services.

In this chapter, I will discuss several top-down initiatives, and explain why they seemed to fail. This chapter begins with a description of two federal programs, implemented initially in the late 1960's--Community Action and the Model Cities Program. Both of these programs

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<sup>1</sup>See Sharon L. Kagan, et al., Collaboration in Action: Reshaping Services to Young Children and Their Families, Bush Center in Child Development and Social Policy, Yale University, New Haven, Connecticut, January 1991, cited in GAO Report to the Chairman, Subcommittee on Children, Family, Drugs and Alcoholism, Committee on Labor and Human Resources, U.S. Senate, "Integrating Human Services, Linking At-Risk Families with Services More Successful Than System Reform Efforts," September 1992, pp. 12-13.

provided federal funds to support local, community-based collaboration. Despite the local loci of these efforts, I have classified them as top-down because they were planned from the administrative or policy level (level 4 of Bruner's framework), not at the point of service delivery (levels 1, 2, and 3). Then, I will discuss several federal initiatives of the early 1970's which supported state-level top-down services integration efforts--the Services Integration Targets of Opportunity (SITO) grants and the Allied Services Act, an important piece of legislation which was never implemented. Following a review of these initiatives, I will discuss the general reasons why top-down services integration initiatives are not likely to succeed. In the last part of the chapter, I will discuss a "paradigm shift" which seems to have taken place in which services are being implemented from the bottom-up.

#### The Community Action Program: A Mandate to Coordinate Without Authority

A major initiative of President Johnson's War on Poverty, the Community Action Program (CAP) was intended to bring together federal, state, and local programs in an effort to achieve a unified and intensified approach to focusing on the roots of poverty in urban and rural areas. The intellectual foundation for this program originated in projects funded in 1960-1964 by the Ford Foundation and the Juvenile Delinquency and Youth Offenses Control Act of 1961. A critical underlying assumption of these projects was that existing institutions of education and welfare had failed to address the root causes of poverty because of the tendency of institutions to become bureaucratized and preoccupied with self-preservation, thereby losing sight of their original organizational goals. According to Marris and Rein, only a newly created, outside entity could effectively coordinate the efforts of existing programs and reorient them towards their original organizational goals of addressing societal ills. "By pressing for

innovation, and providing attractive funds in support of it, the projects hoped to prevail over the natural conservatism of bureaucracy."<sup>2</sup>

Authorized through the Economic Opportunity Act of 1964, funding from the federal government went directly to local community action agencies (CAAs) which were designed to serve as umbrella coordinating agencies of existing programs while functioning as independent, free-standing political entities (i.e., not connected to any other agency or governing body). By June 1965, the Office of Economic Opportunity (the federal Office which monitored implementation of the program) had funded 415 community action agencies, exceeding its own prediction of 300. A year later the number had grown to more than one thousand. After that, the total remained relatively stable.<sup>3</sup> How coordination was to be achieved was not specified in the original legislation. (One Congressional member insisted that planning should not be a requirement since it would delay action!) However, several years after initial implementation of the program, in the 1967 amendments to the Act, a stringent planning requirement was added as a condition for assistance. Section 221(d) of the Economic Opportunity Act required:

A planning and implementation process which seeks to identify the problems and causes of poverty in the community, seeks to mobilize and coordinate relevant public and private resources, establishes program priorities, links program components with one another and with other relevant programs, and provides for evaluation.<sup>4</sup>

While representation of public and private agencies on the governing boards of CAAs offered an opportunity for coordination, agency representatives became board members of the

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<sup>2</sup>Peter Marris and Martin Rein, Dilemmas of Social Reform, University of Chicago Press, 1982, p. 45.

<sup>3</sup>James Sundquist, Making Federalism Work, 1969, p. 39.

<sup>4</sup>Op.cit., p. 40.



CAAs for other reasons. According to a former CAA director at a Brookings Round Table discussion of community action in 1968, the local agencies weren't on the boards to coordinate, but to protect their vested interests."<sup>5</sup> This is because many of the already existing community agencies (e.g. chambers of commerce, housing agencies, boards of education, churches, and the United Way) viewed the new CAAs as a threat to the status quo either because they were already charged with performing the coordinating function themselves or because they perceived CAAs as confrontational, ideological and partisan. Ironically, some CAAs were also criticized for duplicating services already provided by public agencies. For example, services provided through CAAs, such as Head Start and employment services, were considered duplicative of services provided through departments of welfare and education, respectively.<sup>6</sup>

The Community Action Program did not create an organizational structure which encouraged "bargaining" as a means of coordination. To the contrary, a study done by the Senate Committee on Labor and Public Welfare of 35 communities in which the CAAs were operating found that "the attempt to coordinate in cities is perpetually bumping into resisting agencies... Competition has made it difficult to achieve broader planning and fuller coordination."<sup>7</sup> The Advisory Commission on Intergovernmental Relations stated that the more striking organizational and procedural features of this effort were the extent to which it sought

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<sup>5</sup>Ibid., Sundquist, p. 75.

<sup>6</sup>Sharon L. Kagan, Integrating Services for Children and Families, Yale University Press, 1993, p. 17.

<sup>7</sup>Op.Cit. p. 75.

to bypass, alter, and restructure the existing federal, state, and local governmental arrangements.<sup>8</sup>

Because the CAAs were created outside of the existing political structure without any newly vested powers, they lacked sufficient authority and political support at both the federal and local levels to influence agencies practices and alter service delivery. From the start, the CAAs were asked to do the impossible--to achieve system-oriented or top-down goals but through a process which denied the CAA's the authority they needed to influence other stakeholders.

#### The Model Cities Program: A Mandate to Coordinate Without Top-Down Support

Based on a similar premise--that better coordination of existing programs would be more responsive to the needs of the urban poor--the Model Cities Program sought to coordinate housing construction and rehabilitation in combination with education, health, and social services, in poor, urban neighborhoods. President Johnson specified that each city must designate a "single authority with adequate powers to carry out and coordinate all phases of the program."<sup>9</sup> Learning from the CAA experience, the framers of the Model Cities Program required the coordination process to be tied into the local governing structure. HUD specified that the single designated authority--the city demonstration agency (CDA)--must be "closely related to the governmental decisionmaking process in a way that permits the exercise of

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<sup>8</sup>Improving Federal Grants Management, Advisory Commission on Intergovernmental Relations (1977), cited in Report to the Chairman, Subcommittee on Children, Family, Drugs and Alcoholism, Committee on Labor and Human Resources, U.S. Senate, Integrating Human Services, GAO/HRD-92-108, September 1992.

<sup>9</sup>Sundquist, p. 82-83.

leadership by responsible elected officials."

Another departure from the Community Action Program, the development of a detailed plan was initially required as part of the application process. Federal funds were provided to finance plans of community demonstration agencies (CDAs) which demonstrated "a potential to change the total environment of the demonstration area" and a capacity for comprehensiveness by making use of "every available social program." One long-time observer and student of services integration noted, "The application guidelines are the best short text on social planning I've ever seen."<sup>10</sup>

Model Cities was also much better funded than the Community Action Program. For the fiscal year ending June 30, 1968, "the President asked for almost two-thirds as much federal money for an estimated 140 model cities, as was being sought for the thousand CAA's that then existed." By 1972, with the program fully in place, HUD funded 150 communities across the country with 500 million. Yet, some have argued that Model Cities Program was never given an opportunity to be fully implemented because Congress appropriated far less money to many more communities than HUD originally envisioned. HUD had originally planned on funding 66 demonstrations nationwide with a total budget of \$750 million annually.<sup>11</sup>

Because these CDAs were integrated with existing political structures they did not experience the political fallout experienced by the CAAs, and so there existed greater potential

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<sup>10</sup>Irving Lazar, A Brief History Of Federal Efforts in the Integration of Human Services, Paper presented at the annual meeting of the Association for Public Policy and Management, Bethesda, MD, October 1991.

<sup>11</sup>Morton J. Schusheim, The Modest Commitment to Cities, Lexington Books, Lexington, Massachusetts, 1974.

for coordination to take place. Yet the Model Cities Program was still vulnerable to the liabilities inherent in top-down implementation--policy slippage at each level of the policy chain due to resistance by different stakeholders with distinct and competing interests.

As a model of coordination (distinct from Community Action), the Model Cities required the involvement of local elected officials; their leadership and authority was critical in the planning and implementation process.<sup>12</sup> Yet CDA directors often felt that they did not get enough involvement of mayors and department heads with clout to achieve coordination. As Sundquist explains, in large part, this is because the mayor does not have control over all the services which Model Cities sought to coordinate. He may have responsibility for the city's physical planning--its streets, utilities, and parks--but have little to do with social planning. In addition, a mayor's powers may be strictly limited if he or she is functioning under a "weak mayor" or city counsel model of local governance.<sup>13</sup>

In addition to political barriers at the local level, Model Cities lacked the support of key officials at the federal level, and so it was unable to convince federal human services agencies to commit the resources necessary to support the program. "Although the highest officials of HEW championed Model Cities demonstrations, they encountered a variety of barriers within particular HEW agencies and within Congress... Most notably, they faced opposition to

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<sup>12</sup>See Neil Gilbert and Harry Specht, Coordinating Social Services, Praeger Press, 1977. Their evaluation of the Model Cities Program showed that the support and leadership of the chief executive were important predictors of success.

<sup>13</sup>Sundquist, p. 111.

redirecting funds from existing HEW grantees to Model Cities projects.<sup>14</sup> The Model Cities Program was also confronted with a program design problem which affected its funding base: state-level government was not included in the implementation chain, and yet the CDAs depended upon the access to formula funds allocated to the state.

Further, because Model Cities was housed in the Department of HUD, the local CDAs lacked incentives to pursue additional funding from other categorical sources, while other local agencies which did have access to these funds, had no incentive to share them. Without these funds, the CDAs were significantly limited in their capacity to provide comprehensive health and social services.

This lack of consensus on program priorities between levels of government and an absence of incentives to cooperate limited the effectiveness of the Model Cities Program.<sup>15</sup> Model Cities lacked the top-down support (i.e., political and financial support at each level of the policy chain) needed to achieve the ambitious, broad-based goals originally envisioned through a community-level planning process.

#### Services Integration Targets of Opportunity Grants and the Allied Services Act of 1972

Several years after the federal government had invested in two major initiatives to develop community-based coordination of services, which at best, had mixed results, the Nixon Administration, in 1972, introduced the Allied Services Act. The bill would allow governors

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<sup>14</sup>U.S. Congress. Senate. Committee on Banking, Housing and Urban Affairs. The Central City Problem and Urban Renewal. A study prepared by the Congressional Research Service, Library of Congress, 93rd Congress, 2nd Session, GPO, Washington, 1973.

<sup>15</sup>See Improving Federal Grants Management. Advisory Commission on Intergovernmental Relations (1977).

to designate a state agency to develop a statewide allied services plan that would (1) designate statewide services areas, (2) select local areas to participate in the plan and designate a local agency to develop the plan, (3) select service types to be included in the plan, and (4) approve local service plans and their incorporation into a statewide plan. Before moving forward with this legislation, the federal government first invested in research and demonstration grants called Services Integration Targets of Opportunity (SITO) to test various methods and approaches. The research findings of the SITO grants were intended to inform the approach taken by the Allied Services Act--federal legislation promoting the purest form of top-down services integration yet.

Beginning in 1972, the Department of Health, Education, and Welfare's Office of Social and Rehabilitative Services initiated the SITO grants which attempted interagency planning to redesign a local or regional human service delivery system. In total, 45 SITO projects were funded at a cost of about \$12 million. Approximately 22 grants supported administrative (top-down or system-oriented) integration efforts. Examples of administrative integration projects include: creation of a joint planning mechanism; establishment of a joint-planning-programming-budgeting-evaluation system for several agencies; centralization of budgetary authority; consolidation into regional planning districts; legal consolidation of previously separate agencies; creation of "super agencies" with responsibility for coordinating the delivery of services by subordinate agencies.<sup>16</sup>

While the Allied Services Act was intended to take the findings of the top-down SITO grants one step further by supporting the development of state level and local level planning for

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<sup>16</sup>See Sheldon P. Gans and Gerald T. Horton, Integration of Human Services, The State Municipal Levels, (New York: Prager, 1975) pp. 52-53.

services integration, the research findings raised questions as to the value of this approach as a strategy for integrating services. For example, Gans and Horton (1975) found that creation of a super-agency does not automatically create a unified service delivery system, and that the capacity of local agencies to develop local allied services plans is limited.<sup>17</sup> These negative findings and those corroborated by Kaplan, Gans, and Kahn<sup>18</sup> ultimately contributed to the Administration's decision to withdraw from Congress the Allied Services Act of 1972.<sup>19</sup>

In general, assessments of the top-down SITO projects were not very favorable. According to Scott Briar, "So formidable were the political, fiscal, and administrative obstacles, that most of the SITO projects were unable to implement the particular model they were designed to test."<sup>20</sup> Reviewers concluded that though these projects attempted interagency planning to redesign a local or regional human service delivery system, they had limited success. State and local program officials often felt these exercises threatened their program, budgets, and agency identity. These officials had difficulty reaching consensus during the planning process. For example, a project in Duluth, Minnesota, found that its planning process was ineffective

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<sup>17</sup>For an evaluation which specifically focused on state and local level capacity to implement the Allied Services Act, see Sheldon Gans and Gerald Horton, Integration of Human Services: the State and Municipal Levels, Praeger Publishers, 1975, pp 255-342.

<sup>18</sup>Kaplan, Gans, and Kahn, and the Research Group, 1973. Integration of human services in HEW: An evaluation of services integration projects. Vol.1. Report No. SHR-0000a127. Washington, D.C.: U.S. Department of Health, Education, and Welfare.

<sup>19</sup>Sharon Kagan, *Ibid.*, pp 48-49.

<sup>20</sup>Scott Briar, "Services Integration and Coordination in the West: The Washington State Experience," in H. Orlans (ed) Human Services Coordination, p. 115, New York: Pica Press, 1982.

because participants could not agree upon the project's goals.<sup>21</sup> The SITO projects, failed because of its architects' limited understanding of the communities it was designed to serve. The SITO model, while theoretically powerful, did not deal effectively with the political and social realities of everyday life in the target communities.<sup>22</sup>

This overview of three federal initiatives--Community Action, Model Cities, and SITO, provides the basis for a more focused analysis on the reasons for why top-down services integration initiatives are not likely to succeed. These reasons will be reviewed in the next section.

#### Why top-down initiatives generally have not achieved their objectives

There are at least four general reasons as to why top-down services integration initiatives are not likely to succeed.

1. Since human services delivery does not have an agreed upon technology that can be systematically applied, it does not lend itself to routine solutions to problems implemented from the top-down.
2. Top-down initiatives can be motivated by agendas other than collaboration, such as economic self-interest and expanding control over categorical programs.
3. Demands from the outside political environment create goals which compete with the goal of achieving more integrated service delivery.<sup>23</sup>

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<sup>21</sup>See Managing the Human Service "System": What Have We Learned From Service Integration? Human Services Monograph Series, Number 4, (August 1977)

<sup>22</sup>Yessian and Lang, "The Quest for Human Services Integration as Reflected in HEW," J. Health and Hum. Resources Admin., 3, 1981, pp. 519-527, cited in Michael Soler and Carole Shauffer, "Fighting Fragmentation: Coordination of Services for Children and Families," Nebraska Law Review, Vol. 69 (1), p. 281.

<sup>23</sup>This barrier to success may exist in a bottom-up or top-down initiative. I will suggest in the next chapter and in my case study (chapter 4) that this barrier is more easily overcome when services integration is implemented from the bottom-up.



4. Front-line workers often "decouple" themselves from the organization when rules undermine their ability to respond to clients' needs. Ironically, this often results in more responsive service delivery.

### **1. Human Services Delivery Does Not Lend Itself to Routine Solutions that Can Be Implemented from the Top-Down**

While the goal of services integration initiatives (whether top-down or bottom-up) is to ensure that clients receive comprehensive and appropriate services which improves outcomes, how this actually gets defined in practice remains elusive. This is because human service delivery organizations (1) lack agreed upon techniques or treatments and (2) lack of agreed upon measures of desired outcomes. Within the same service system there may be no agreement on what is the most appropriate goal. For example, in the child welfare system, is the goal the rate of return of children to their natural parents, or the healthy development of children in long-term, short term, and adoptive care? The answer to this question is that it will depend on the individual circumstances of the child and his or her family of origin. If a family is so dysfunctional that it would hurt the child, then the goal should be to place the child in a healthier environment. As Martin Rein has reflected: "Choices cannot be made without some criteria or rule for choosing. Is it possible to organize a system based on indeterminate and multiple goals in which choices are morally and professionally difficult to make?"<sup>24</sup>

In part, this explains why Community Action, Model Cities, and SITO demonstration projects encountered obstacles in the implementation process. In all three programs, a lack of agreement on priorities and goals became political barriers to collaboration.

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<sup>24</sup>Martin Rein, Coordination of Social Services, 1972.

Given the elusiveness and complexity of the problem being addressed at the service delivery level, a mandate to collaborate is a very blunt policy instrument. As Milbrey McLaughlin observed, "you can't mandate what matters."<sup>25</sup> Sharon Kagan characterized this dilemma as the "myth of the mandate:"

Legislators, in their zeal to "do good," mandate collaboration because they feel mandates will legitimize collaborative effort and catalyze energy for the issues being addressed. What few realize is that mandates can impede activity as well. Our respondents indicated that mandates can constrain activity. For example, some collaborations formed in response to children and families in crisis become so treatment oriented that they lose sight of prevention activities.<sup>26</sup>

The lack of agreed upon treatments and ways of measuring their outcomes is also why the call for system restructuring from the top-down in the name of services integration, may very well be a guise for organizing the system around a particular economic or professional self-interest. This leads us to a second reason as to why top-down approaches are likely to fail.

**2. Top-down initiatives can be motivated by agendas other than collaboration, such as economic self-interest and political control.**

The Community Action Program and the Allied Services Act serve as two examples which help to illustrate this general problem:

a. While an objective of the Community Action Program was to achieve better coordination of social services to address the problem of poverty in urban and rural communities, community action agencies often had their own political agenda of organizing the

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<sup>25</sup>M. McLaughlin, "Evaluation and alchemy," In J. Pincus (ed.), Educational evaluation in the public policy setting, Santa Monica, Calif: Rand, 1980.

<sup>26</sup>Sharon L. Kagan speech entitled "Collaborations in Early Care and Education: Are They Working? What Are the Barriers to Success?" Presented at the Grantmakers for Children and Youth Annual Conference, St. Paul, Minnesota, October 1, 1990.

poor against the establishment. Clearly, established agencies had no interest in collaborating with newly funded community action agencies who were organizing against them.

b. In the absence of empirical evidence that administrative restructuring of the type envisioned by the Allied Services Act results in improved service delivery, Redburn has argued that efforts to consolidate human service agencies into one umbrella agency, for example, are politically motivated by those who stand to gain from such a reorganization. In hearings on the Allied Services Act, those commenting in support of the proposed Act included seven state government representatives, the National Association of Counties, and the Advisory Commission on Intergovernmental Relations. Special interests who stood to lose through consolidation included the National Education Association, the American Foundation for the Blind, and the National Rehabilitation Association.<sup>27</sup>

As Sharon Kagan has noted, "When not backed up by reform in other domains, restructuring of the human service system may simply be a front for agency expansion or alternately, a placebo for change to assuage reform advocates."<sup>28</sup>

### **3. Demands from the outside political environment create goals which compete with the goal of achieving more integrated service delivery.**

Even if an organization is committed to integrated service delivery, it is still vulnerable to elements from its external political environment. Sarri described this problem very succinctly: "Human service organizations become captives of external units and thus come to

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<sup>27</sup>U.S. Congress, House of Representatives, Committee on Education and Labor, Hearings on the Allied Services Act of 1974, H.R. 12285, 93rd Congress, 2nd Session, 1974. Cited in F. Stevens Redburn, "On Human Services Integration," Public Administration Review, May/June 1977, p. 267.

<sup>28</sup>Op.cit., Sharon Kagan, p. 154.

serve their interests rather than the interests of the population they were established to serve."<sup>29</sup>

This quandary is illustrated in each of the top-down initiatives discussed.

In the case of Community Action, local agencies sat on the boards of community action agencies not because they wanted to improve coordination but because they were protecting their vested interests. In the case of the SITO research and demonstration grants, many of the models were not implemented because state and local program officials often felt that their program, budgets, and agency identity were threatened.

There were several elements in the Model Cities political environment which impeded implementation: (1) Even though the local elected leadership was a critical element of the program design, mayors did not have control over all the services which Model Cities sought to coordinate, particularly social services. Or in some cases, the mayor's powers were limited if he or she is functioning under a "weak mayor" or city counsel model of local governance. (2) There was a lack of support from particular HEW agencies and from Congress.

Another illustration of this dilemma is Florida's reorganization of the Department of Health and Rehabilitative Services, which was one of the test cases for the Allied Services Act. In this reorganization, the various agencies which serve social welfare clients were integrated and decentralized in order to give providers at the local level greater flexibility to address the specific needs of their clients. However, while decentralization was implemented on a programmatic level, the most important aspects of personnel management were retained at the

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<sup>29</sup>Rosemary C. Sarri, Yeheskel Hasenfeld (Eds.) The Management of Human Services, Columbia University Press, New York, 1978, p. 4. For a more recent and extended discussion on how the external environment influences the internal dynamics of an organization, see Charles Perrow, Complex Organizations, Newbery Award Records, Inc., 1986, pp. 157-218.

state level resulting in personnel decisions significantly hampering organizational flexibility. Thus, a conflicting political goal for state-level budgetary control resulted in retaining a centralized structure which undermined the goal of client responsiveness envisioned by the Department's reorganization.

**4. Front-line workers often "decouple" themselves from the organization when rules undermine their ability to respond to clients' needs. Ironically, this often results in more responsive service delivery.**

When the demands of the external political environment results in rules and procedures which impede service delivery, front-line workers are likely to decouple themselves from the organization. For example, in the Florida reorganization plan discussed above, the state legislature held middle and upper level managers accountable for their programmatic appropriations through state regulations requiring time-consuming record-keeping by front-line workers. So that they could devote more time and attention to client problem solving, front-line workers systematically gave these tasks to clerical personnel.

Organizational theorists studying the effects of the Florida administrative reorganization service delivery, observed:

Following decoupling, participants providing direct service to clients become more responsive to them than to demands from the organization's formal structure or political environment. An interesting implication of this analysis is that under these conditions, the decoupling process will actually enhance the organization's effectiveness in meeting client needs.<sup>30</sup>

Based on the preceding analysis, it is not surprising that the top-down services integration initiatives which were tried in the sixties and seventies did not succeed. First, there was and

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<sup>30</sup>Allen W. Imershein, et.al., "Measuring Organizational Change in Human Services," New England Journal of Human Services, Fall 1983, Vol. 3, Issue 4, pp. 26-27.

continues to be no agreed upon human services technology which lends itself to routine top-down solutions to the complexity of clients needs. Given the difficulty in "mandating what matters," top-down policy solutions can easily be captured by individual interests. The array of interest groups which supported and opposed the Allied Services Act illustrates this point: those groups which stood to gain more power and control supported the legislation while those organizations representing providers who serve special needs populations, and therefore had the most to lose, opposed the legislation.<sup>31</sup>

In addition to top-down services integration being highly questionable as a matter of policy, we also found that other competing demands in the political environment can hamper implementation. This was illustrated in the case of the Florida reorganization in which state regulations required front-line workers to do cumbersome record-keeping which resulted in workers having less time to provide direct service. These demands from the outside political environment created conditions which led providers to "decouple" themselves, or as Lipsky described, to develop coping mechanisms which allowed them to reconcile their goal of responsive service delivery with the realities of their work environment. They went outside the formal structure to better address needs at the service delivery level because the institutions of social service delivery in which they worked did not support their discretionary decisionmaking.

In sum, the top-down 60s and 70s services integration initiatives did not start at the source of the problem--at the point of service. Instead, either at the stage of policy development or implementation, outside competing political forces thwarted these policy/administrative level top-down initiatives. In the end, the problem of fragmented service delivery remained

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<sup>31</sup>This array of interests is identified on pp. 31-32.

unresolved.

In the next chapter, I will illustrate by example, the advantages of bottom-up services integration initiatives which were tried in the late eighties and early nineties. I will show how these initiatives (1) empowered workers to use their discretion to address the complexity of clients' needs, (2) by directing policy interventions at the source of the problem--client needs--providers from different agencies are more likely to recognize that they need to depend on one another in order for any one of an individual client's needs to be effectively addressed. In other words, there is a recognition that each provider of a separate service individually can be more effective through collaboration. I have argued that this recognition provides the basis for the bargaining process--an important precondition for services integration.

### **Chapter 3: A Paradigm Shift in Services Integration Initiatives--from "Top-down" to "Bottom-up"**

Clearly, the top-down strategies to reform top-down institutions were not successful in addressing the problem of fragmented service delivery. Existing institutions of social service delivery undermined incentives for service providers to respond to client needs; as a consequence, providers had to circumvent these institutions and "decouple" themselves in order to be more responsive.

However, by the mid-1980s, a combination of factors pressed reformers to consider ways that they could "reinvent" human service institutions. Increases in the child poverty rate increased demands on human services. According to the Children's Defense Fund, "the recessions of the 1970s and 1980s hit children much harder than earlier downturns, pushing children into poverty at a rate of more than 500,000 per recession year in the 1970s and 884,000 children annually in the 1980s."<sup>1</sup> Meanwhile, the proportion of poor children who live in the most severe poverty--in families with incomes below half the poverty line--grew from 31% in 1975 to 44 percent in 1987."<sup>2</sup> As discussed earlier, the system available to meet these increasing needs became even more fragmented as Congress approved narrow programs to address specific problems (i.e., child abuse, runaways, drugs) without considering how these programs would be coordinated at the local level.<sup>3</sup> Finally, fiscal pressures "to do more with less" forced

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<sup>1</sup>Children's Defense Fund, An Opinion Maker's Guide to Children In Election Year 1992, 1991.

<sup>2</sup>Children's Defense Fund, Child Poverty in 1990, September 27, 1991, p. 5.

<sup>3</sup>Alfred J. Kahn and Sheila B. Kamerman, Integrating Services Integration: An Overview of Initiatives, Issues, and Possibilities, September 1992, p. 10.



reformers to look outside the box of existing institutions and to consider whether there were more efficient, cost-effective means to address the problem of fragmented service delivery.

Efforts at a practical and scholarly level began to look at how to create a new set of institutions from the bottom-up which supported providers efforts to be responsive. Theodora Ooms noted a paradigm shift in human services in 1993: "The structures and rules that govern human service institutions are clearly becoming obsolete... There is a shift from a hierarchical, rule-bound centralized bureaucratic model to a decentralized, collaborative, more flexible paradigm for managing large service institutions."<sup>4</sup>

The ideal originally envisioned by Community Action and Model Cities--of community agencies coordinating their efforts to address the needs of people in poverty--is beginning to take hold some 25 to 30 years later. According to Sharon Kagan, "collaborations are forming in communities and states throughout the nation... Their very existence acknowledged that America is at the brink of a practical renaissance, reshaping how it wants to deliver goods and services."<sup>5</sup> By the late 1980's, a new generation of services integration initiatives were implemented which were less ambitious in nature, and therefore, less threatening to the existing power structure than the earlier top-down approaches.

These initiatives were local, and in some cases, state initiated bottom-up projects which provided funding to support joint efforts which were already beginning to take place, to some degree, in local communities. In contrast to earlier top-down strategies, many of which were

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<sup>4</sup>Theodora Ooms, "Changing the Paradigm: Strategies for Family-Centered, System Reform," Wingspread Conference, May 20-22, 1993, pp. 3-4.

<sup>5</sup>Sharon L. Kagan, United We Stand: Collaboration for Child Care and Early Education Services, Teachers College Press, 1991, p. xi.

mandated, these more recent initiatives have enhanced collaboration among community agencies who voluntarily collaborate because they see it to their advantage to do so, and have benefitted. Several authors have also noted that the more recent initiatives have a client-based focus in contrast to earlier services integration initiatives which focused at the administrative/policy level.<sup>6</sup> Rather than focusing on the administrative organization of service providing agencies, these bottom-up initiatives focused on the source of the problem--providing comprehensive services to address clients' multiple and complex needs.

Interestingly, the very examples of reform which Lipsky outlined in the conclusion to Street-Level Bureaucracy in 1980, such as developing small group units for street-level decisionmaking and street-level units having responsibility for group case loads, are typical of the bottom-up services integration initiatives which have been implemented in the last five to ten years. Many of these efforts have gained political momentum as frustrated street-level workers have sought different work conditions which would allow them to be more responsive to the clients they serve. "Not only are the supporters of integration growing in prominence, but they now include some of the leadership and staff of the mainline service providers who are frustrated by the minimal impacts of the services they manage."<sup>7</sup>

When local political conditions permit, these initiatives generally have been able to

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<sup>6</sup>See Sharon Lynn Kagan and Peter R. Neville, Integrating Services for Children and Families: Understanding the Past to Shape the Future, Yale University Press, 1993, p. 26. See also Alfred J. Kahn and Sheila B. Kamerman, "Integrating Services Integration: An Overview of Initiatives, Issues, and Possibilities," National Center for Children in Poverty, September, 1992, p. 33.

<sup>7</sup>Mathtech Inc, "Proposal to Establish a Resource Center for Community-based Service Integration," In Response to Federal Register Notice Vol. 56, No. 125, Submitted August 19, 1991, pp. 1-5.

overcome battles over political turf (typical at the administrative/policy level)<sup>8</sup>, and have fostered cooperation among street-level providers who are frustrated by rules "from above" and who seek to address the source of the problem--addressing client need. As I will show, bottom-up approaches support working conditions which encourage street-level workers to be more "advocacy" than "mass-process" oriented.

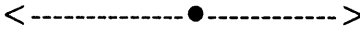
### The Advantages Services Integration from the "Bottom-up"--An Illustration of a Synergistic Relationship Among Three Levels

As described in Chapter 1 in Bruner's bottom-up classification scheme of services integration, there are three distinct levels below the administrative/policy level (level 4) in which services integration takes place: (1) the worker-family level, (2) intra-agency level, and (3) interagency service delivery level. Table 1 (top of next page) summarizes the characteristics of each of these levels which will be discussed below. As I will show, intra-agency collaboration, an often overlooked dimension, is critical for collaboration to take place at the other two levels.

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<sup>8</sup>When I refer to battles over political turf, I am generally referring to middle and high level bureaucrats who typically perceive their interests in protecting the funding base and authority of their particular agency. Therefore, any collaborative ventures (e.g., blending funding streams) which could potentially diminish either an agency's funding base or its authority, will be perceived as threatening. In order to protect his or her agency's interests, the bureaucrat is likely to be very circumspect about efforts to collaborate.

Table 1. Characteristics of Levels 1, 2, and 3 of Bottom-up Services Integration

<b>Worker-family</b> (level 1)	<b>Intra-agency collaboration</b> (level 2) 	<b>Interagency collaboration at service delivery level</b> (level 3)
<ul style="list-style-type: none"> <li>● workers take an individualized approach to clients' needs</li> <li>● workers take a holistic/comprehensive approach to clients' needs</li> <li>● client and worker share decision making</li> </ul>	<ul style="list-style-type: none"> <li>● agency support for discretionary decisionmaking</li> <li>● workers involved in agency planning</li> <li>● managers encourage worker autonomy</li> </ul>	<ul style="list-style-type: none"> <li>● "bargaining" relationships (sharing of resources) among providers</li> <li>● person-to-person (informal) contacts</li> <li>● team approach to client referral</li> </ul>

Intra-agency collaboration refers to the support within an agency which a provider receives for discretionary decisionmaking. Through the 1970s, the services integration literature focused little attention on the importance of the individual social worker; rather, its major focus was on top-down solutions which focused primarily on administrative structure. As John Dempsey noted in the National Association of Public Administration's (NAPA) 1982 volume On Human Services Integration, "The psychology of the service delivery worker may be the most important and least understood dimension of coordination."<sup>9</sup> While his analysis did not focus on the problem of services integration per se, in Street-level Bureaucracy, Lipsky pointed to the impact of working conditions on service providers' capacity to develop an

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<sup>9</sup>John T. Dempsey, "Coordination of Human Services in the 1980s," in H. Orlans (ed) Human Services Coordination, New York, Pica Press, 1982, p. 107.

individualized/advocacy orientation towards their clients. It wasn't until 1990, however, that the services integration literature incorporated the importance of the worker and his or her relationship to the working environment as an important dimension of services integration. This is reflected in Bruner classifying intra-agency collaboration as distinct level at which services integration takes place.

By giving the worker autonomy and discretion to carry out his or her work, intra-agency collaboration enables the worker to be more responsive to individual clients and their families (worker-family collaboration) and to work more flexibly and cooperatively with other agencies (inter-agency collaboration). In turn, increased capacity for interagency collaboration at the service delivery level also gives the provider additional resources to be responsive at the worker-family level. In the remainder of this section, I will draw from several examples of services integration programs implemented in the last several years to illustrate the advantages of bottom-up services integration and the synergistic relationship among these three levels.

#### The Advantages of Bottom-up Services Integration

As part of a project to advise state welfare departments on their efforts to implement the Family Support Act of 1988, Olivia Golden researched seven cases in which state welfare departments were collaborating (to varying degrees) with other agencies to address the multiple needs of poor families. Based on her research, Golden concluded that a bottom-up approach to implementing the Family Support Act would be more effective than implementation from the top-down:

State policy-makers and administrators should start from the realities of serving children through the welfare department and then ask how the Family Support Act can aid them in this effort. They should not start from the provisions of the Family Support Act and think about how to apply them. Because the sites illustrate multiple approaches to the

problem of serving children and families and multiple conceptions of the welfare department's mission towards them, they suggest that a state needs to choose at some point among these possible approaches and missions, rather than simply following procedures laid out in the FSA regulations....<sup>10</sup>

#### How intra-agency facilitates inter-agency collaboration

Golden's interviews with managers from each of seven sites supports the importance of intra-agency collaboration and its positive effect on inter-agency collaboration:

Managers in the studied programs believe that local staff will act creatively and effectively to solve problems only if they have considerable autonomy in program development. If, on the other hand, their instruction from central office is to follow the rules, they are likely to approach a sticky problem with another agency by trying to apply those rules strictly--rather than trying to find a solution that is better for both agencies and for the clients.<sup>11</sup>

#### How "bargaining" takes place in inter-agency collaboration

In contrast to a top-down, rule-driven organization, an environment which supports workers' efforts to address the root of the problem gives him or her the flexibility to enter into bargaining relationships with providers of other agencies. As we discussed in chapter 1, bargaining is an important precondition for services integration to take place. Clearly, there is an incentive to collaborate when agencies recognize that they each have something to gain from one another. Irving Lazar has suggested that there are at least two kinds of situations in which this is likely to occur:

(1) Where problems are defined in such a manner as to so clearly cut across service and professional categories as to make it impossible for any one agency or profession to address the problem alone, and

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<sup>10</sup>Olivia Golden with Mary Skinner and Ruth Baker, Welfare Reform and Children: Collaboration and Case Management Approaches, (p. 215), Wiener Center for Social Policy, Kennedy School of Government, September 1990.

<sup>11</sup>Golden, pp. 169-170.

(2) Where the coordinative mechanism itself became a service that other services needed. These "nodal" services then became the links through which voluntary collaboration around families could occur.<sup>12</sup>

A bottom-up initiative funded by the Annie Casey Foundation in Prince George's County, Maryland illustrates how the first situation might take place. According to the director of Maryland's Annie Casey initiative, officials of different human services agencies within Prince George's county agreed that individually their agencies were not reducing out-of-home placements of children and some clients were not receiving services. However, as a group, they were able to direct their attention more to family preservation strategies in the hope of reducing out-of-home placements. According to local officials, there were several preconditions which made this possible:

- Support was established for the initiative and agreements were made among service providers.
- Agency participant had made time and resource commitments toward achieving common service goals.
- An administrative structure was in place with the credibility and authority to sustain service relationships and facilitate ongoing communication.<sup>13</sup>

This project's success can be more clearly understood by contrasting it to a top-down Annie Casey initiative funded in the same county which sought to create fiscal incentives to get agencies to change the way they delivered services and to develop ways to make funding

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<sup>12</sup>Irving Lazar, Institute for Policy Studies, Vanderbilt University, "A Brief History of Federal Efforts in the Integration of Human Services," page, 7, presented at the annual meeting of the Association for Public Policy and Management, Bethesda, MD, October 1991.

<sup>13</sup>GAO, Integrating Human Services, 1992, p. 27

sources more flexible to meet the needs of at-risk families having multiple problems not easily addressed by existing programs. Officials involved in the project commented that once the Casey foundation stopped providing support, the funding structure would be as it was before the initiative. The project had not changed the way child welfare services were funded, as funding streams remained inflexible.<sup>14</sup>

In the former example, the proximity to the problem allowed providers to define the issue in such a way that they recognized that they depended upon one another to affect a solution. In the latter example, several steps removed from the source of the problem, agency officials were often unable to reach broad-based agreement on the need for change, the goals of the effort, and how reform would be accomplished. Faced with a lack of commitment and support, the program wasn't able to create a strong administrative entity with the authority to make and enforce decisions.<sup>15</sup> Thus, the three preconditions which existed in the bottom-up initiative--support, commitment, and administrative structure--were more easily achieved at the source of the problem, rather than several steps removed.

Another way in which "bargaining" takes place is when one agency provides financial resources to another agency for its assistance in addressing the service needs of its population. For example, in Detroit, Golden and her associates found that the drop-out prevention program demonstrated in its first two years that it could meet some specific needs of the schools--assistance in keeping kids in school, a capacity for home visits and connection to families, and an ability to run interference in the DSS bureaucracy. The schools, in turn, responded with

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<sup>14</sup>Ibid., pp 18-19.

<sup>15</sup>Ibid., p. 20.



some commitment of resources for the planned expansion.<sup>16</sup> In the next chapter, my case study will also show how a school-based youth services program was able to develop a collaborative relationship with the school because of concrete ways it was able to assist school personnel in keeping students in school as well as to address social service needs so that students were better equipped (physically and emotionally) to learn.

#### Interagency collaboration through informal contacts and team process

Golden also found that person-to-person (informal) contacts is an important component of interagency collaboration at the service delivery level (level 3). In two instances where collaboration did not last in the site projects, personal links seem to have been missing; in one of these cases, there was personal contact and collaboration at the state level but considerably less at the site level.

Interagency collaboration can also become more formalized through team staff meetings in which providers from different agencies who are working with the same clients discuss their clients' progress. Team staffing can build trust among providers which can lead to more responsive service delivery at the worker-family level. For example, in one of the sites researched by Golden, a child protective services (CPS) worker initially was reluctant to use the Institute for Family Services (IFS) to provide the mother of the child with whom she was working with needed services to help the mother to be a better parent. "But the potential conflict of mission between the CPS workers' role as protector of the child and the role of other professionals who were serving the mother was resolved through the IFS team process."<sup>17</sup>

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<sup>16</sup>Golden, p. 166.

<sup>17</sup>Golden, p. 162.

### Collaboration at the Worker-family Level

While the capacity to provide responsive services will depend upon intra-agency and interagency collaboration, ultimately, it is at the worker-family level (level one) where the services are delivered. Golden and her associates found that "developing a strong personal relationship with families is part of providing successful, high quality services to children and families on welfare." Further, the evaluation literature supports the effectiveness of this service delivery approach often referred to as "case management." For example, in an organizational analysis of WIN (Work incentive) programs (Mitchell, et al., 1980), the highly performing offices emphasized personal counseling, referral to a range of needed support services, and individualized approaches toward job placement.<sup>18</sup>

As described in the 1992 GAO Report on Integrating Human Services, local projects funded by the Annie Casey Foundation used case managers to assess the families' situation and needs, engage and motivate families, develop a service plan with the family, secure the resources to implement the plan, advocate for the family when necessary, and monitor the delivery of services.<sup>19</sup>

Similarly, since its inception during the War on Poverty, Head Start centers have used various staff members to act as health, social service, and nutritional coordinators. Together these Head Start personnel assessed a family's health, social support, and nutritional needs, provided information on available community resources and how to obtain and use them, and,

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<sup>18</sup>cited in Golden, p. 188.

<sup>19</sup>GAO, 1992, p. 27.

when necessary, made referrals to local service providers.<sup>20,21</sup>

In the "bottom-up" framework, all of these three levels--worker-family, intra-agency, and inter-agency at the service delivery level--are critical to services integration taking place.

Level 4--the administrative/policy level--provides the financial and political support so that implementation can occur at each of the other three levels. This is in contrast to a "top-down" approach in which policy originates at the administrative/level and is dictated to lower levels.

The recent wave of school-based services integration initiatives--some are bottom-up and top-down

While many of the services integration initiatives of the last 10 years have emphasized a "bottom-up" approach, some of them have also included a combination of top-down and bottom-up. School-based or school-linked programs are a good example of an increasingly popular approach to services integration which emphasizes the worker-family level (level 1), and depending upon the particular initiative, may also have a "top-down" influence. Because of the heightened recognition among educators that the "whole child" must be taken into account in the learning process, the school-based services integration model, which links education, social services, employment and health systems together on a one-stop shopping basis on the school site, has received considerable attention. In the early eighties there were about a dozen independently operated school-based or school-linked clinics, by 1988 there were at least 125,

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<sup>20</sup>GAO, 1992, p. 26.

<sup>21</sup>Head Start, a program with a services integration "bottom-up" orientation, is an exception to the generalization made in this thesis-- that only "top-down" federal programs were implemented during the 1960s and 1970s. Interestingly, it is one of the few programs with services integration as a component of its mission which was initiated during this period, and that has continued to thrive till today.

and estimates are that this number has more than doubled in the last three years.<sup>22</sup> As William Morrill, executive director of the National Center for Services Integration, has noted, "The schools as central institutions in the community provide an important, if not critical, organizing focus for the coordination and integration of services."<sup>23</sup> In her review of 100 successful programs designed to combat adolescent pregnancy, substance abuse, school failure, and delinquency, Joy Dryfoos argues most of the successful were school-based, in part, because the school setting offers a safe and stable environment which makes these programs more accessible to more youth.<sup>24</sup>

In 1991, the U.S. Department of Health and Human Services (HHS) demonstrated its interest in this program model by awarding three of the six grants for Community-based Services Integration projects for school-based programs.<sup>25</sup> One of these programs, New Beginnings, of San Diego, has gained national recognition for its ambitious strategy for reforming the service delivery system. In contrast to my case study, this program seeks to address the family worker-level, but through a top-down strategy.

New Beginnings is an interagency collaborative involving the city of San Diego (services

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<sup>22</sup>Theodora Ooms and Todd Owen, "Promoting Adolescent Health and Well-Being Through School-Linked, Multi-Service, Family-Friendly Programs," Background Briefing Report and Meeting Highlights, p. 19, Family Impact Seminar, July 12, 1991.

<sup>23</sup>William A. Morrill, et. al., Integrating the Delivery of Services to School-Aged Children At Risk: Toward a Description of the American Experience and Experimentation, paper sponsored by the U.S. Department of Education for the Conference on Children and Youth at Risk, February 6, 1990.

<sup>24</sup>Dryfoos, J.G., "School-Based Social and Health Services for At-Risk Students," Urban Education, Volume 26, No.1, April, 1991, pp. 118-137.

<sup>25</sup>HHS apparently received over a 100 applications.

through police and parks and recreation), the county of San Diego (services through the departments of health, social services, and probation), the San Diego Unified School District, the San Diego Community College District, and the San Diego Housing Commission.<sup>26</sup> This program is top-down in that it was initiated by the top executives of each of these agencies. As unmet needs and fragmentation of services became focal points of discussion among the executives, they turned to school-linked services as a key strategy in an overall effort to improve the way the city deals with concerns such as the growing number of children in poverty.<sup>27</sup> Four categories of services are provided: social services and counseling, health care, education, community service and improvements. On-site services are provided in portable classrooms located on the grounds of Hamilton Elementary School.

An important program innovation of New Beginnings is the Family Service Advocate (FSA) and the concept of "extended teams." FSAs are outstationed and redeployed from one of the specialized areas agencies, and have overall responsibility for the coordination of the total needs of families in a particular geographic area. Similarly, additional agency personnel are redeployed from other specialized agencies (other than the agency from which the FSA is redeployed) to the same geographic area and share responsibility with the FSA to address families' needs. The FSA, together with the other redeployed agency personnel, make up the "extended team;" this arrangement allows agency staff who are assigned to the same geographical area to be responsible for the same students. In theory, the FSAs and agency staff

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<sup>26</sup>Mathtech, Selected Collaboratives That Integrate Services for Children and Youth, January 8, 1992.

<sup>27</sup>"A Look at Current School-linked Service Efforts." *The Future of Children*, Spring 1992, p. 51.

then can decide who will take the lead on a given family and can communicate regularly with one another to coordinate services.<sup>28</sup>

While this top-down strategy seemed to fulfill the services integration "ideal," it encountered bureaucratic resistance upon implementation. In a comparison of nine school-based program sites, Morrill and associates found that "programs that provide intensive, comprehensive services and have the resources to develop an effective delivery system, such as New Beginnings, comes closest to the true meaning of service integration."<sup>29</sup> Yet, in a subsequent evaluation of the program completed two years later, it was found that system resistance to making basic changes in how each agency works has been tenacious.<sup>30</sup> "FSAs at Hamilton Center risk becoming traditional referral agents to agencies that are still fragmented and categorized."<sup>31</sup> Even one of the co-founders, Tom Payzant, former superintendent of schools in San Diego, has acknowledged that New Beginnings was criticized in the early stages for being too "top-down."<sup>32</sup>

In contrast, while the New Jersey School-Based Youth Services Program (SBYSP)--the case study which I will present in the next chapter--was initiated at the state level as a matter

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<sup>28</sup>Don Barfield, et.al., The Evaluation of New Beginnings, First Report: February, 1994, pp 20-21.

<sup>29</sup>William A. Morrill, et.al., "Collaborations That Integrate Services for Children and Families: A Framework for Research," January 8, 1992, p. 6.

<sup>30</sup>Don Barfield, et.al., The Evaluation of New Beginnings-- First Report, February 1994, p. 21.

<sup>31</sup>Ibid, p. 29.

<sup>32</sup>The Institute for Educational Leadership Policy Exchange, "Lessons from San Diego's New Beginnings: Perspectives from Thomas Payzant, 1994, p. 18.

of public policy, the program has been implemented from the bottom-up since each local school-based site has developed its own program design and administrative structure in response to needs at the service delivery level. The SBYSP is the first statewide initiative of its kind--implemented in early 1988--and now operates in 36 (29 high school and 7 elementary school) school-based sites. The program has already been recognized nationally by the American Public Welfare Association and by the Innovations in State and Local Government Program cosponsored by the Ford Foundation and the Kennedy School of Government for its outstanding efforts to integrate the delivery of health, human and educational services to children through the schools. According to Ooms and Owen, seven other states have already followed New Jersey's lead by funding ambitious school-based, multi-service initiatives in several sites.<sup>33</sup> There are important lessons to be learned from this program, both in terms of furthering our understanding of bottom-up vs. top-down approaches to services integration, and in terms of practical lessons for other states trying to implement similar models.

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<sup>33</sup>See Theodora Ooms and Todd Owen, "Promoting Adolescent Health and Well-Being Through School-Linked, Multi-Service, Family-Friendly Programs," Family Impact Seminar, pp 23-33, 1991.

## **Chapter 4: The New Jersey School-Based Youth Services Program (SBYSP): A Bottom-Up Approach to Services Integration**

### Introduction to the Case Study

In human service organizations in which policy is implemented from the top-down, front-line workers must reconcile the mass processing priorities of their managers with the needs of their clients. Under such conditions, front-line workers typically "decouple" themselves from their institutions, or as Lipsky described, they develop their own coping mechanisms. As described in chapter one, they may simplify their tasks through specialization; this permits the worker to concentrate on one aspect of clients' needs, rather than the whole. In addition to the more familiar causes of service fragmentation such as categorical funding streams and professional turf, I have argued that the work conditions of front-line workers is an important contributing factor. In contrast to the failed top-down programs described in chapter 2, the more recent efforts discussed in chapter 3, create working conditions which support workers' efforts to be responsive to their clients' needs. This approach requires institutions which implement services from the bottom-up. In this chapter, I will illustrate what this means in practice. I will illustrate the process of implementing integrated social services from the bottom-up. I will show how the SBYSP was able to "replicate the unique; to institutionalize the noninstitutional; to mass produce human, one-to-one, interaction."<sup>1</sup>

The research on the impact of coordinated services is not conclusive, by any means. Several contributors to the mental health services literature argue that an integrated system of

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<sup>1</sup>Charles Bruner, "Is Change From Above Possible? State-level Strategies for Supporting Street-level Services," paper presented at Assoc. for Public Policy Analysis and Management 11th Annual Research Conference, November 2-4, 1989



care must be individualized, comprehensive, and fully involve families in the planning and delivery of services in order to achieve positive behavioral outcomes for children with mental illnesses.<sup>2</sup> Preliminary research results show a positive relationship between a coordinated system of care with these attributes and functional improvements in mental health/quality of life domains, including self-control, emotional adjustment, family relationships, peer relationships, and school adjustment.<sup>3</sup> However, while integrated social service delivery may be a necessary condition, it is not sufficient for positive outcomes. In their evaluation of a nine city demonstration program to develop a community-wide system of care for the chronically mentally ill, Morrissey, Calloway, et al., found that while greater coordination generally had been achieved, the impact on clients was still uncertain.<sup>4</sup> Clearly, there are other factors besides services integration, such as service quality, which impact on outcome.

This case study illustrates the process of how integrated services can be implemented from the bottom-up. Put in more scientific terms, an integrated service system (process) which meets the comprehensive needs of children is the independent variable. The functional outcomes for children and youth within such a system is the dependent variable. While additional research

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<sup>2</sup>See for example, Beth Stroul and Robert Friedman, A System of Care for Severely and Emotionally Disturbed Children and Youth, Washington, DC: Georgetown University Child Development Center, Child and Adolescent Service System Program Technical Assistance Center, 1986.

<sup>3</sup>R. Illback, Evaluation of the Kentucky Impact program for children and youth with severe emotional disabilities, year two. Frankfort, KY: Division of Mental Health, Children and Youth Services Branch, 1993.

<sup>4</sup>Joseph Morrissey, Michael Calloway, et al., "Local Mental Health Authorities and Service System Change: Evidence from the Robert Wood Johnson Program on Chronic Mental Illness," Milbank Quarterly, Vol. 72, No.1, Cambridge, MA: Blackwell Publishers, 1994.

is necessary to further test this relationship<sup>5</sup>, this case study clarifies and defines the independent variable. If the relationship between process and outcome is demonstrated, process-oriented analysis is valuable since it explains the characteristics of the process which contributed to the outcome. Conversely, if a program did not achieve its intended outcome, a process evaluation can be used to assess whether the result can be attributed to failed program implementation.<sup>6</sup>

Table II (on the next page) compares service delivery practices which are typical of a program implemented from the top-down program (column A) to service delivery practices which are typical of a program implemented from the bottom-up, as exemplified by one of the program sites of the N.J. school-based program (Column B).

Using Bruner's classification scheme on the different levels of services integration, I will show how implementation from the bottom-up of a local SBYSP operationalizes the service delivery practices in column B. What this analysis will also show is that successful bottom-up implementation is dependent upon political support from the highest level of state government--in this case, political leverage created through the contracting relationship that local SBYSP's have with the N.J. State Department of Human Services (support at the administrative/policy level).<sup>7</sup> Secondly, there must be permissive political/organizational conditions at the local level.

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<sup>5</sup>The Annie Casey Foundation has funded a three-year evaluation study to address this question.

<sup>6</sup>For a discussion on the merits of process vs. outcome evaluations, see Deanna S. Gomby, "Basics of Program Evaluation for School-linked Initiatives," Working Paper No. 1932, The David and Lucile Packard Foundation, Center for the Future of Children, February, 1993.

<sup>7</sup>As Corbett noted in his analysis of ongoing coordination initiatives, "Coordination is more plausible if there is serious high level and or external support." See Tom Corbett, "Coordination: A View from the Streets," unpublished paper, Institute for Research on Poverty and Department of Government Affairs, University of Wisconsin-Madison, 1991. p. 11.

**Table II. Ideal-Type Differences Between Top-Down and Bottom-up Services Delivery**

A. Top-down Implementation Results in Service Delivery Practices Typical of a Street-Level Bureaucracy	B. School-based Youth Services Program as an example of Bottom-up Implementation
1. Managers focus on adherence to standardized rules and procedures	Managers focus on client responsiveness
2. Managers constrain worker autonomy	Managers encourage worker autonomy
3. SLB's work under conditions of limited time and resources	Workers have time to address individual needs of clients
4. SLBs control clients in order to better manage their working conditions	Workers empower clients
5. Quantity of clients processed takes precedence over quality of service	Quality of service takes precedence over quantity of clients processed
6. Mass processing goals of organization are in conflict with advocacy goals of SLB	Both management and workers share goal of client responsiveness
7. Work conditions sanction client processing	Work conditions sanction client responsiveness
8. SLBs focus on one aspect of the person	Workers focus on the whole person
9. SLBs do not control the outcome of their work	Staff work together to have a positive impact on the whole person
10. SLBs unable to control the input of their work	Teachers work with mental health counselor to address barriers to learning, such as abuse at home.
11. SLBs do not control work pace.	Staff members control work pace.
12. Clients are defined by eligibility categories	Students define their own goals

Of the 29 high schools in which the state-wide program is based, I focus on one program site at the Newark Vocational Technical High which was recommended by the statewide program director as being particularly successful in fulfilling the goals of the program. This program site also offers potential as an important test case for responding to the neediest of students since the program is located in one of the poorest cities of the country. After first describing policy goals and design of the NJ SBYSPP, I will describe in detail how the program was uniquely

implemented in the Newark Vocational Technical High School.

A critical challenge to collaboration between the school-based program and the Newark Vocational Technical High School is that the school is ultimately accountable to its funding source--the State Department of Education--which evaluates school performance on the basis of the percentage of children who graduate from a given class, attendance rates, standardized tests scores, etc. Principals, for example, generally do not perceive human service providers as contributing to achievement of these short-term goals.

An important finding of this case study is how these professional differences were overcome so that the needs of the "whole child" could be addressed. Rather than one agency and its workers seeking to impose its definition of a child's needs on another child-serving agency, I will show how bottom-up implementation encouraged "bargaining" to take place between school personnel and social service workers of the school-based program. The ability of the New Jersey Department of Human Services to intervene on behalf of the local program in its political struggles with the education "power structure" (administrative/policy level 4) will be an important part of the explanation.

This case study will illustrate the general argument of this thesis that bottom-up approaches to services integration are more likely to be successful than top-down approaches because they support worker discretion and autonomy and encourage "bargaining" among front-line workers. "Success" is defined as being able to implement the service delivery practices enumerated in Column B of Table II. I will show how intra-agency collaboration (level 2) supports inter-agency collaboration (level 3), and how this in turn has a positive effect on worker-family collaboration (level 1).

In the first section of this chapter, I will explain how the SBYSP was placed on the political agenda as a matter of state-level policy, and I will review the policy process leading up to program implementation. This section illustrates how a bottom-up approach to implementation became a critical feature of the program design in the early stages of the policy process.

### **I. THE POLICY PROCESS: PROGRAM GOALS AND DESIGN<sup>8</sup>**

Drew Altman, a former Program Officer at the Robert Wood Johnson Foundation (RWJF), was hired 6 months into Governor Kean's second term in mid-1986 as Commissioner of Human Services, and was given a mandate from the Governor to develop a program which would be a real "political winner"--one whose success would give the Governor national recognition. Altman had six months to design a program which the Governor could announce as part of his State-of-the-State address to be given in January of 1987. Aware of the Governor's interest in education and children's issues and drawing upon his experience at the RWJF where he spearheaded an in-school health services program, Altman conceptualized a program which expanded upon the educational mission of schools by also addressing childrens' health care and social service needs. Altman learned from his experience at the RWJF that underserved teens used health services when they were made available in the school setting. Building on that finding and knowing that teens had many other unmet needs, the School-Based Youth Services Program was designed to provide comprehensive and culturally sensitive services

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<sup>8</sup>Most of the information from this section is based on a hour-and-a-half long interview with Drew Altman of the Kaiser Family Foundation in June, 1992.

in or near schools. Furthermore, Altman wanted to develop a lasting program; he sought to institutionalize to ensure its existence beyond the Kean administration. Rather than recommending "seed money" for a short-term demonstration program, Altman recommended to the Governor that a separate line item in the budget be specifically allocated to fund this program on an ongoing basis.

In January of 1987, the Governor announced the School-Based Program in his State-of-the-State address with a request for \$6 million from the state legislature. This directive by the Governor for a line item created an unusual set of circumstances which would be a source of great envy among high level bureaucrats in other states who had similar ambitions. Commissioner Altman did not have to conduct a huge public education campaign on the need for such a program since the Governor had already placed the program on the political agenda. Nor was there a need for a blue-ribbon task force to study the problem, and so much of the effort which is often necessary to create a new public program was short-circuited.

On the administrative side, this commitment also avoided the need to connect, balance, and leverage existing funding streams which saved a lot of time and circumvented major political obstacles among agency heads since they weren't being asked to give up any of their own dollars. Thus, Altman says that he and his colleagues "cheated" because they were operating in an environment which was more akin to a foundation than to a state department of human services: freed from the political constraints of different bureaucracies jockeying for their own "piece of the monetary pie," Altman and his colleagues had the discretion and control to use the \$6 million as they chose to achieve their objective of making schools more responsive to children's health, mental health, and social service needs.

Rather than using state dollars to make changes from the top-down--at the higher levels of the bureaucratic hierarchy among the various agencies that serve the needs of children--Altman targeted the \$6 million at the service delivery level, supporting implementation from the bottom-up. This had the effect of bringing the political turf battles to the local level. Instead of changes in the social services delivery system being fought out by middle and higher level bureaucrats several steps removed, these changes were fought out at the local level, usually between the director of the local school-based program and the local school administrator. As I will show, this is where the State Department of Human Services played a critical role in providing political leverage to the local school-based director.

Not only was funding for the local program targeted at the local level, but input into the local design of the program was solicited from a variety of interest groups. In fact, before the program was finalized, 4,000 program descriptions were mailed out from the Department of Human Services to solicit input. Ed Tetelman, a Deputy Commissioner for Human Services at the time, consulted with a variety of statewide organizations which were involved with youth to get their input as well as their support for the program.<sup>9</sup> Because individual interest groups wanted the new dollars allocated for the specific services which they represented rather than the funds being used to support integrated services generally, it took a considerable amount of persuasion on Tetelman's part to convince the variety of interest groups that the proposed approach would be the most effective use of funds. Their resistance anticipated some of the

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<sup>9</sup>These organizations included the New Jersey School Boards Association, New Jersey Education Association, Association for Children of New Jersey, School Nurses Association, Principals and Supervisors Association, Parent Teachers Association, National Alliance for Business, and individual school personnel, mental health, community organizations, and legislators, as well as the state Department of Education, Labor, and health.

political turf battles which school-based programs encountered when the program was actually implemented. Nevertheless, local ownership, a key ingredient to the program's success, was established early on--in the policy development stage of the program. The key issue in implementation would be which agency or agencies "owns" the program.

True to the goal of creating a program that would respond to "teenagers' needs," focus groups sessions were held with teenagers, including school leaders and students with behavior problems, who shared with representatives from the Department of Human Services what they thought was needed in a School-based program. According to the Director of the N.J. School-based Youth Services Program, Roberta Knowlton, "The students asked for a non-stigmatized environment where they could talk confidentially with adults who would help them to solve problems which were too big for them to solve themselves."<sup>10</sup>

By July of 1987, the legislature authorized \$6 million for statewide SBYSP as a specific line item in the budget, and in August, a request for proposals (RFP) was distributed and a bidders conference was held. In January of 1988, the Governor announced the successful sites; in April 1988, the first clients were served, and by September of 1988, all 29 sites were operational.

In contrast to Model Cities and the CAP which sought to achieve coordination at the administrative/policy level, the N.J. SBYSP supported coordination at the service delivery level. The principle of the program was that coordination of services would increase the ability of agencies to address the multiple problems of teenagers from disadvantaged backgrounds, and therefore increase the probability that they will grow up healthy and drug free, graduate, and

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<sup>10</sup>Telephone interview with Roberta Knowlton, December, 1994.



become employed. To achieve this objective, the RFP required agency applicants to meet a number of criteria:

- An applicant must represent a broad coalition of local voluntary and public agencies.
- The application itself must be jointly submitted by the school district and one or more community nonprofit agencies.
- The application must include a written commitment by the administrator and school board that the school will work to coordinate and integrate existing school services and activities with the center.
- Cooperation and commitment by the local teachers union, parent/teacher organizations, community organizations, nonprofit agencies providing social services, health, or employment services, and the area Private Industry Council, must be demonstrated in the application.
- All programs must contain the core series of employment and training mental health and family counseling (including substance abuse counseling), and health services.
- Applicants are required to establish local advisory boards which will be reflective of the services provided by the project and which will advise the managing agency of the projects operations and need for the addition of services. In addition to the groups mentioned above, teenagers and parents of teenagers enrolled in the school served by the project must be included as members of the Advisory Board.

In sum, the formal RFP process required the applicant to demonstrate that each of the participating agencies had a commitment to collaboration, and that through such collaboration, the applicant would be able to address the comprehensive social service needs of teens and their families.

### **The Nuts and Bolts of the Program**

Although overall social spending has been cut significantly over the last several years, the SBYSP budget has increased by \$1 million since FY '88, bringing the FY '95 budget to \$7 million in direct state funds. Site budgets range from approximately \$175,000 to \$300,000 annually, with local funding covering 20% of expenses. By October of 1992, sites were located

in 24 high schools (10 of which serve junior high schools) and 5 vocational technical high schools. In addition, there are two school districts with 8 elementary and 2 middle school sites. This expansion began in 1991.

The School-Based Program contracts with a variety of agencies who manage the local sites. Originally, these included 10 boards of education/schools; 5 medical schools and hospitals; 6 mental health agencies; 2 non-profit agencies; 1 Urban League; 1 Private Industry Council; 1 county health department; 1 city human resources department; and 1 community development corporation. While there have been some changes, they have not been significant.

These agencies may subcontract out to family services agencies, health clinics, substance abuse service providers, etc., for additional program components. Specifically, they can use their funding allotment to contract for service time to the program by employees from various agencies, or they may use the funds to hire new staff to deliver the core services of the program, or some combination of both approaches. Pam Brink, Program Director of Somerset County Vocational Technical high school SBYSP, characterized her program as "collaboration to an extreme" since she contracts with six different community agencies, which is more than any other program in the state. Each program is different in terms of the mix of services which are available because it is based on the unique needs and resources of each community.

In the next section, I will describe in detail how one program, at the Newark Vocational Technical High School, implemented the SBYSP. The information for this case study is derived from in-depth interviews with program staff, teachers, students, guidance counselors, the school nurse, and the school principal.

## II. IMPLEMENTATION OF THE N.J. SBYSP AT THE NEWARK VOCATIONAL-TECHNICAL HIGH SCHOOL

### A. Background on Newark Vocational Technical High School and The Needs of Its Students

The Newark Vocational-Technical High School is located in the jurisdiction of Essex County which elects its own Board of Education, and hires its own County Board Superintendent. While the Newark SBYSP is housed in a county school, and therefore can draw students from throughout Essex County, 80-85% of the students come from the city of Newark. Because of the students who attend the Newark Vo. Tech. High School come from such poor families, it is reasonable to expect that they would have complex and multiple needs that would require an intensive service integration strategy.<sup>11</sup>

The riots of the nineteen sixties took a heavy toll on Newark. The population of 400,000 twenty-five years ago now is 275,000. Only since 1985, have the vacant lots been replaced with new buildings. For example, across the street from the school, a for-profit corporation has developed an attractive housing complex called Society Hill, which is not affordable to the vast majority of low-income families with students attending the school; a few units are made available because of a state law which requires that a small percentage of units be set-aside for low-income families. In the neighborhood adjacent to the school, a consortium of universities-- University of Medicine and Dentistry of New Jersey (UMDNJ), Essex County College, New

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<sup>11</sup>See Drew Altman's argument that intensive integrated services are only necessary for a small percentage of low-income children with multiple problems:

Drew Altman, "The Challenges of Services Integration for Children and Families," in Effective Services for Young Children: Report of a Workshop, National Research Council Institute of Medicine, 1991, p. 79.

Jersey Institute of Technology (NJIT), and Rutgers--replaced and renovated old buildings with a mix of residential and commercial buildings called University Heights.

According to the Director of the Division Of Welfare for Essex County, Newark is the fourth or fifth poorest city in the country, and it has the eighth highest number of welfare recipients (followed by New York City, Los Angeles, Chicago, Detroit, Philadelphia, Cleveland, and Boston). According to the 1990 U.S. Census, 58.8% of the population of Newark is Black, 28.6% is White, 2.4% is Asian or Pacific Islander, and 26.1% is Hispanic origin of any race. Further, 22.8% of families in Newark have incomes below the poverty line, and 17.2% of households is headed by a single female with children under 18 years.

With eighty-nine percent of the student body consisting of Newark residents, it is no wonder that so many require a high level of advocacy to obtain the necessities of life--for food assistance, financial assistance, and health care. According to the director, "It isn't uncommon for a student not to attend school because he or she has no money for transportation to get to school." In fact, seventy-five percent of the students meet the eligibility requirements to participate in the school-lunch program.<sup>12</sup>

In addition to the needs which stem from being poor, many of these students come from families where their parents have substance abuse problems. According to the Assistant Principal, some students have to work just to support the drug habits of their parents. In addition, a significant number of female students become pregnant. Further, many of the students are either abused or seriously neglected by their parents. Some of these students have

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<sup>12</sup>According to N.J. Department of Education FY 1996 guidelines, a child is eligible for a reduced priced meal in a household of four if the gross annual household income is \$28,028 or less.

been subject to hunger and homelessness, as well as their parent's incarceration. Not only do some students need services to get some of their basic needs--food, clothing, and shelter--met, but because of the neglect and abuse to which they are subjected, many students develop emotional problems which require professional and immediate attention.

However, the Department of Youth and Family Services (DYFS), whose responsibility it is protect children from abuse and neglect, is ill-equipped to address the high demand for its services due to limited resources. Rationing of services, often means only serving those children who are least able to protect themselves from abuse and neglect. Under these circumstances, DFYS is more likely to add younger children and infants into their caseload than fifteen and sixteen-year-olds. For these students, the SBYSP becomes a "safety net." Thus, the School-based Youth Services Program (SBYSP) in Newark is responding to an overwhelming set of economic and social problems facing students who have been and/or would otherwise be bounced from one agency to another, each ill-equipped to respond to their multiple needs.

It is important to note the conditions of the SBYSP is different than the conditions of DYFS--a typical street-level bureaucracy. Lipsky argues that street-level bureaucracies will be chronically under-resourced because an increase in resources will simply lead to an increase in the demand for services. Rather than additional resources being used to lower the client-to-staff ratio, instead, additional clients are added to the existing caseload.<sup>13</sup> By contrast, the SBYSP does not have an unlimited demand for its resources. While many of its students its have multiple needs, still, the demand for services is limited by the number students in the student body. Further, the SBYSP was originally designed to provide enough funding at the program

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<sup>13</sup>See Michael Lipsky, Street-level Bureaucracy, pp 33-39.

level so that there are sufficient resources to deliver individualized services. Roberta Knowlton, Director of all of the local SBYSPs, estimates that a local program is cost-effective when it is funded at \$200/student/year.<sup>14</sup> In most cases, this minimum amount per student is met in the annual allotment which each local program receives from the Department of Human Services.

**B. A Political Base of Support Was Already Established in the School Before the Newark SBYSP was Implemented**

The bottom-up approach of the Newark SBYSP is reflected in the way it got started: the Newark SBYSP provided additional momentum for a collaboration that had already begun between an adolescent health education program and the school. In 1985, Mary-Ellen Mess, now the director of the program, worked for Rutgers University in the Essex County Center for Community Education as a coordinator of a network of adolescent programs addressing issues around adolescent pregnancy. In her role as coordinator, she met with and worked with many different service providers. At that time, Mess initiated a new program called Teens Networking with Teens (TNT) with her current boss, Marilyn Torri, who is the director of the Family Planning Project at the University of Medicine and Dentistry of New Jersey, and with Ravenel Williams of the YMCA.

Having successfully acquired a grant for \$60,000, they hired two part-time people in 1985 to operate in a health education program based at the Rutgers University Hospital. Mess recruited students who were in close proximity to the hospital, and 45 students attended the first meeting. However, over the course of the first year, transportation to the hospital became a problem, and attendance decreased significantly. Mess was then able to get TNT's meetings

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<sup>14</sup>Telephone interview with Roberta Knowlton, December, 1994.

held at the school instead, and as a result, participation increased three-fold. In the process of moving the program into the school, TNT made connections with school personnel and school nurses. What started as a simple educational program for 45 minutes, also developed a basis for working with the school. By moving into the school, TNT was positioned to provide an array of school-based health, mental health, and employment services, but all it was missing were the resources to hire the staff to provide these services. In 1987, the TNT program was well-established to respond to the state Request for Proposal (RFP) to provide school-based services, and by April of 1988, the program was granted funding, and was in operation.

In contrast to a top-down approach of many of the 60's and 70's efforts, this is an excellent example of how state funds increased momentum for local collaborative efforts already under way at the local level. At least one other program site--the Somerset County Vocational Technical High School--had similar program origins. This program was already providing a health education program in the school, and the SBYSP grant allowed it to expand the range of services available through additional contracting of staff from other non-profit and public agencies. The advantages of a program located in the school are fairly straightforward: at some level, political support for the idea of integrated services is already planted in the school.<sup>15</sup>

### **C. Program Organization and Component Services**

The UMDNJ Family Planning Project is the lead agency which contracts with the

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<sup>15</sup>. Further research might profitably compare across sites how establishing a program in the school before the implementation of the SBYSP contributes to the program's ability to sustain political support in the school.

Department of Human Services to operate the Newark SBYSP.<sup>16</sup> While the program is based at the Newark Vocational-Technical High School, it also offers services to students at another High School in Newark--the North Thirteenth Street School. In addition, there are a small number of young people who attend other schools or who currently are not in school.

Services are provided by four full-time and two part-time persons whose positions are funded by two separate grants. Funds from the N.J. Department of Human Services School-Based Youth Services Program supports three and a half positions, and the Department of Youth and Family Services funds one-and-a-half positions for the TNT segment of the program. The two programs complement each other with SBYSP emphasizing individual and specialized services and TNT providing opportunities for peer support and preventive education.

Together, these two programs offer the following services:

(1) Mental health services (individual, family, and group counseling) are provided by Gladys Ramirez, (MSW) (full-time). A significant core of the services provided by the program, mental health services are the most highly utilized. In the 1992-1993 school year, Ramirez started a group for students struggling with parental substance abuse. The group named itself CAGE--Care Alot Group for Everybody. In addition, special counseling groups have been formed for students who have similar problems. Referred to as little "family" groups, they include an attitude and aggression subgroup (originally called the bully group), a group on family violence, and a group on economic issues creating stress and neglect. Each of these groups meets once a week, and according to Ramirez, they have been highly successful.

(2) Health education and peer counseling is provided by LaDonna Jackson (full time) and Marlene Thompson (part time). Once a week, after-school for an hour-and-a-half, Jackson teaches students about pregnancy prevention and facilitates group discussions in which students share their experiences on being sexually active. In some of these meetings, the full-time social worker will work with Jackson. In addition, Thompson,

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<sup>16</sup>While the original program which only offered health education services was called TNT, the new school-based program is called the Teen Powerhouse. However, the program has retained its identity as "TNT." Accordingly, I will refer to the program as either TNT or the Newark school-based program.



who is a teen mother and former participant in the program--helps in the after-school program. Thompson offers a first-hand contribution to the health education component of the program since she can share with the students the difficulties she has experienced as a teen mother. In addition, Mrs. Geiger, the school nurse, refers students to the University of Medicine and Dentistry of New Jersey (UMDNJ) for pregnancy testing.

(3) Employment counseling and part-time job placement is provided by Walter Jones (full-time). Jones provides a four session series of workshops on how to ask for an interview, what to expect on the interview, and how to retain a job. In addition, he provides an employment placement service for students who have completed the series of workshops. Jones has developed employer contacts in the community, including fast food restaurants, such as Dunkin Donuts and McDonalds. Because of the credibility he has established through his training program and the reliability of the students he has placed, employers consider him a dependable source of part-time employees.

In addition to the program components described above, the SBYSP provides assistance in getting other social supports through outside agencies (e.g., the Department of Welfare, Department of Youth and Family Services (DYFS), and Homeless Assistance Program).

Table III shows the cumulative, unduplicated utilization of all services, and for each component service for four consecutive school years.

**Table III. Users of Newark SBYSP Services By School Year<sup>17</sup>**

	'89-'90	'90-'91	'91-'92	'92-'93
Cumulative, unduplicated, users of all services	298	274	na	215
Cumulative, unduplicated, users of mental health services	148	141	160	135
Cumulative, unduplicated, users of health services	41	64	na	33

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<sup>17</sup>A user is defined as a student who received a particular service at least once during the school year. As the program gained credibility, one would expect that service utilization would increase, rather than decrease. The overall decrease in the number of users over time, in part, may be explained by the fact that the program was less accessible to students due to the loss of visible space during a period which began in the '90-'91 school year and ended in the '92-'93 school year.

	'89-'90	'90-'91	'91-'92	'92-93
Cumulative, unduplicated, users of employment services	124	102	60	78

One indicator of the credibility the program has with students is that the majority of referrals are from the students themselves or their friends. In the 1992-93 school year, 113 referrals were from self (self-referral), 60 from the school, 28 from friends, 10 from family, 2 from a community agency, and 2 from juvenile justice.

In the next section, I will illustrate--at each level of services integration--the bottom-up practices enumerated in column B, Table II. I will begin with a description of the intake process which illustrates each of the first three levels--worker-family (level one), intra-agency (level two), inter-agency (level three). Then, I will illustrate how services integration gets operationalized at each level, and how collaboration at one level leads to collaboration at another.

#### **D. An illustration of different levels of services integration**

##### **1. The intake process: three levels of service integration working synergistically.**

Because of the administrative simplicity of the SBYSP, each of these levels (worker-family, intra-agency, and interagency) seem to come together as a unified approach to service delivery. In contrast to a street-level bureaucracy, the intake process of the Newark SBYSP exemplifies its "client first" philosophy. For example, there are no incentives to limit client caseload by referring students out. Rather, the intake process is designed to ensure that students are referred to the component or components of the program which is appropriate to their needs. Students who come to the program first complete a new client intake form (see Appendix A),

which asks them to list what type of health coverage they have, how they were referred, their family composition, initial concerns, immediate goals, and ultimate objectives. The information asked for on this form is particularly important because it asks the "client to define his or her own goals" rather than the client being defined by eligibility categories as in a street-level bureaucracy (see Table II, 12 (a) and 12 (b)). This approach to the client intake process clearly supports worker-family collaboration (see Table I, level 1, p. 40).

Beyond these questions, the Newark SBYSP, does not have a formal intake procedure. There is no "intake person" to meet with students when they come into the program. When a student comes into the office, whoever is the first contact does the intake and makes an initial assessment. This is particularly consistent with an approach that emphasizes collaboration and client responsiveness. The student will be assigned to a particular staff person depending upon his or her primary needs. For example, if a student is looking for a job, he or she will be directed to Jones, the employment specialist. If a person is in crisis, and needs family intervention, he or she will be referred to Ramirez, the social worker. If a child is looking for a social activity, he or she will be referred to Jackson, the social activities program coordinator. Person-to-person contacts and a team approach to client intake and processing is likely to occur because staff who are responsible for different needs of a client work closely together in the same program. What was referred to in chapter 3 as interagency collaboration, often occurs within the SBYSP because of its administrative simplicity (See Table I, level 3, p. 40).

According to Mess, the program is based in the staff's commitment to the students.

We respect them, and treat them with consideration. They are always welcome here, even if they screw up a lot... Our kids have a lot of defense mechanisms. They are surrounded by tragedy. A lot of our work is getting kids to acknowledge what they are feeling, and to trust their feelings, to acknowledge that they have been hurt or neglected.

In contrast to street-level bureaucracies, where managers focus on adherence to standardized rules and procedures, in the SBYSP, Mess, through her own example, encourages her own staff to empower students, and to be responsive to their emotional needs. (See Table II, 1 (a,b), 4 (a,b)), 6 (a,b).) This is a good example of intra-agency collaboration, where a manager supports a worker's discretionary decisionmaking. (See Table I, p. 40).

## **2. An illustration of worker-family collaboration--mental health services**

The mental health component is an excellent illustration of a how the "client first" philosophy gets implemented in practice--how the program helps the individual client define his or her own goals. According to program staff, what makes the SBYSP different from other social programs is that the students are treated with "respect." That is, what students have to say is important, and is part of the process. According to Ramirez, this approach "opens doors for us that other programs might not be able to get to because of the trust we engender with our students." Rather than imposing standardized rules and procedures on the way in which Ramirez works with clients, Mess gives her considerable autonomy and discretion which allows her to be more responsive to students' needs. (See Table II, 1 a,b, and 2 a,b)

In more cases than not, the underlying reason for a self-referral will have something to do with issues at home, even if the child doesn't communicate this directly in his or her first meeting with Ramirez. For example, the initial reason the child meets with Ramirez may be because he or she is doing poorly in school, or that he or she is feeling depressed. Since the presenting problem may not be the underlying cause, Ramirez's work with students is an ongoing, individualized process.

In contrast to a street-level bureaucracy, Ramirez is not held accountable to seeing a

certain number of students per day for a given period of time, nor is she expected to close a certain number of cases per month. Depending upon students' needs, on some days, Ramirez will see 15 or 20 kids, while on other days she may see only 6. Sometimes, she will spend 45 minutes with a student and other times as long as an hour and a half. In contrast to a street-level bureaucracy, Ramirez controls the pace of her work, and so she has time to address the individual needs of clients (Table II, (3b), and that she controls the pace of her work (Table II, 11b).

Ramirez has students set short term goals on a monthly or bimonthly basis. Students have to state very specifically how they are going to achieve their goals. According to staff director, Mess, "Ramirez gets students to do things that they don't know what hit them... Ramirez is very skilled at the craft of negotiation."

In the same way that she develops a contract with individual students, she develops a contract with the family, so that they are working together towards a particular goal. This contract approach provides an opportunity to chart progress and to create positive reinforcement between the student and his or her parents. The way in which Ramirez works with students is a good illustration of the worker focusing on the "whole" person; further, in contrast to the street-level worker, by working with students' families on an ongoing basis, she is better able to have control over the input and output of her work. (See Table II, 11 (a,b), 12 (a,b). Ramirez' approach to working with students would not be possible under the working conditions of a street-level bureaucracy.

### **3. Intra-Agency Collaboration Creates Working Conditions Which Support Worker-Family Collaboration**

Intra-agency collaboration--or a "team management" approach--empowers staff to

advocate on behalf of their clients, and to be as responsive to their needs as possible. Communication among staff regarding individual clients is easily facilitated because the staff work in the same office. The director empowers each staff member to manage his or her own work.<sup>18</sup> (For examples of ways in which a team approach to program management empowers staff, see Appendix D.) In addition, decisions about changes in the program are openly discussed and considered by all members of the staff. As Mess explained, "Even though we all have specific titles, we all pick up the slack for one another... We plan things as a team so that everyone is on board." According to program staff of the SBYSP, a team management approach can be implemented in a variety of ways (e.g., offering staff flexible hours depending on caseload).<sup>19</sup> (For a list that was generated in a state-wide meeting of the N.J. SBYSP directors, see Appendix B.)

The team management approach of the Newark SBYSP is guided more by the needs of the students than by rules from above. Because the working conditions sanction client responsiveness, the discretion which staff are given is used to work with clients in an individualized manner rather than to control them. Because program staff are given autonomy (level 2), they easily refer clients to one another (level 3), and thereby enhance each other's capacity to build upon clients' strengths and take a holistic approach to addressing their clients' needs (level 1).

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<sup>18</sup>Walter, the employment specialist, mentioned that this was particularly important in enabling him to be effective.

<sup>19</sup>For the theoretical underpinnings for broad-based and line worker ownership of the decisionmaking process, See Charles Hampden-Turner, Radical Man, Shenkman: Cambridge, Mass., 1971. In the business literature, also see Thomas Peter and Robert Waterman, In Search of Excellence, Harper and Roe: New York, 1982.

#### **4. Inter-agency collaboration supports intra-agency collaboration**

By making pregnancy testing services available through the University of Medicine and Dentistry of New Jersey (UMDNJ), not only are these services made more accessible to students, but the school nurse, who is the main referral source for these services, is able to work much more efficiently. Since students attending the school could live in any of eight municipalities, previously, the school nurse (Mrs. Geiger) had to track the hours, rates, parental consent requirements, and make student appointments in eight different municipalities. Mrs. Geiger claims that she has an additional two more hours a day available because of the efficiencies achieved through this collaborative arrangement, and so she is able to devote more time to addressing the individual health needs of each student. This illustrates how inter-agency collaboration supports worker-family collaboration. (Table II, 3 (a) and (b))

#### **5. Inter-agency Collaboration: How Participation in One Component Leads to Involvement in Another**

What appears to make this program successful is how each of these components add up to more than the sum of the parts. Service integration is possible because of the way individual staff who are responsible for separate service components work cooperatively to serve the "whole" client. In this section, I provide examples from the health and employment service components to show how staff collaboration operates in practice.

For students who aren't ready--for whatever reason--to seek out individual help through the program, the after-school social activities program provides a first step. TNT--the peer support and preventive education component--engages students in group activities which may lead to more direct one-on-one service intervention through mental health or employment counseling. Students who feel uncomfortable coming to the program for individual counseling

are more likely to participate in the peer socialization program first. There may be issues that come up in the group meeting which reveal that a particular student would benefit from individual counseling. If such a situation arises, Ramirez will contact the student directly. As explained, "If there is a student who is too difficult for me to handle, I will pass him onto Ramirez." Or if the need for employment is raised in group discussion, La Donna can refer the student to Jones, who is the employment specialist.

Jones also serves as another referral source as well as providing a job referral service and training on how to get a job. In the process of assessing a student's need for an after-school job, Jones may uncover family problems which require attention. For example, a student may want a job because he or she does not want to live at home. By talking with the student's teachers, Jones may find that a job is not in the student's best interest. Instead of helping the student to find a job, he may refer that student to Ramirez for individual or family counseling. Similarly, if a student has an income problem which becomes apparent in counseling, Ramirez will refer the student to Jones. In addition, if a student needs money for transportation to a job interview, then Jones will get money from Mess for busfare. If a student does not have proper clothing for a job interview, then Jones will get money from Mess for clothes.

#### **6. An illustration of inter-agency collaboration: contracting out for additional services**

In addition to the services provided by the staff, the program has contracted out for additional services with a variety of agencies for different periods of time. Not only does collaboration occur among staff within the program, and between the staff of the program and the staff of the school (e.g., the nurse), it also occurs through formal and informal arrangements between the program and other agencies. Some of these collaborations are at no cost to the



program because of outside funding sources which the collaborating agencies receive for their services. As Mess described:

The key to collaboration is individuals. If you can find someone who is committed to working with you, and is willing to do the follow-up leg-work, that's when collaboration works best. Sometimes, collaboration simply means more work for me. Sometimes programs come to us to meet their funding source's "number requirements" since we have access to the kids.

Over the last six years, the Newark SBYSP had collaborative arrangements with a number of programs which have been implemented with varying degrees of success. These arrangements have enabled the program to provide access to additional services beyond what is possible through their core staff. The program areas include: after-school tutoring, employment training, child care and child care referral, parent training, transitional homeless housing, recreational and camping activities, and additional mental health services, including family therapy. Mess concludes, "some arrangements work better than others. At their best, cooperative arrangements are cost-effective, allowing us to tap into existing resources which supplement our staff and allow for specialized activities." (For a full list of the programs, a brief description of the services provided, and the dates of collaboration, see Appendix E.)

As the last several sections have shown, the SBYSP achieves inter-agency collaboration in three different ways: (1) by the local SYBSP informally referring clients to other agencies, (2) through contractual relationships the local SBYSP has developed so that it can offer additional services not provided by its own staff, and (3) by referral of clients among local SBYSP staff, each of whom provides a different service component.<sup>20</sup>

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<sup>20</sup>What typically would occur as inter-agency collaboration in other programs, occurs within the SBYSP because there are staff with a specialized service focus working as part of the program.

While the most visible effects of services integration are within the program and within the school, another place to look is the Newark SBYSP's relationship with other non-profit and public entities. This study did not examine how other programs perceive and interact with TNT, or how they changed their own behaviors as a result of contracting with TNT. These questions warrant further analysis. The remainder of this case study focuses on shifts in behavior within the school. In Part B (which follows), I will show how the Newark SBYSP has had a positive impact on patterns of practice by other school staff, particularly teachers. Part B will also illustrate the significant role the Newark SBYSP played in helping the Newark Vo-tech school to implement a state mandate to address the non-educational needs of students who otherwise would be processed by standard school disciplinary action.

## **E. How Bargaining Occurred Between School Personnel and Social Service Workers of the SBYSP**

In Part A of this section, I focused on how different component services that make up the program (employment, health, social activities programs, and mental health) work together to address the comprehensive needs of the individual student. I illustrated how intra-agency collaboration supports both worker-family collaboration and inter-agency collaboration, and, in turn, how inter-agency collaboration facilitates greater worker-family collaboration. Part A also illustrated that a work environment which supports workers' efforts to be more responsive to clients' needs clearly is an important factor in explaining how bottom-up implementation works in general, and how the SBYSP works in particular.

In Part B of this section, I will illustrate another important element of bottom-up implementation. By focusing on the source of the problem--student need--I will show that a "bargaining" process allowed a consensus to be reached between social service workers of the SBYSP and school personnel. In particular, school personnel recognized that they needed the resources of the SBYSP in order to more effectively address students' educational needs. I will show how certain rules and procedures of the school were modified as a result of the bargaining process which took place. What's most interesting about Part B of this case is how collaboration between the SBYSP and school personnel had a positive impact on the working conditions of school personnel, so that the school was functioning less like a street-level bureaucracy, and teachers were working more collaboratively with students.

According to key informants, the availability of the school-based program has provided a much needed resource to address the social problems which school personnel are generally ill-equipped to address. Perhaps there is no better example than an inner-city school to show how

difficult it is for a street-level worker to be effective--for a teacher to help a student to learn--without the help of other street-level workers, such as mental health, health, and employment counselors available through the school-based program. As Newark Vo-Tech Principal James Carolla stated:

My job is supposed to be staff observation, preparing the budget, and making sure money is available to run all of the programs. In actuality, my job is more like a social worker. I just can't say enough about the program. They have made my life a lot easier... They have the respect and confidence of students.

The principal shared several examples of how TNT made a real difference: (1) A student was sleeping in the hallway of her apartment building because she was living with four alcoholics. TNT interceded to help her and, (2) A student wanted to kill himself. TNT accessed crisis intervention services, and now the student is doing fine.

The school-based program has helped the principal in other ways. When the principal first came to the school in 1989, the school-based program did not work as closely with the school as it does now. The school-based program has helped the principal to bring staff together to address students' problems which originate from outside the school, and has worked with new staff members who are having problems with students.

According to Mrs. Major, a guidance counselor, the school-based program has been especially helpful in addressing crisis situations. "In crisis situations, the social worker has intervened with the child and the parent. She has more training and time to deal with a crisis. We have other duties besides crisis intervention. Before TNT, we had to deal with it as best we could." Mrs. Major offered an excellent example of how the program intervened in a crisis situation by helping the student to access services outside of the school:

A student was missing school because of family problems, and eventually had to leave school. One day the student came back for help. She was living with a friend, and doing a small job at Dunkin Donuts. Her friend was moving, and she wasn't making enough money to pay the rent herself. She had no place to live, and she didn't qualify for city welfare. I took her up to the school-based program, and they referred her to Job Corps which provides residential training. She now lives at the job site, gets job training, and receives a stipend. Jones, the employment specialist, helped with the immediate crisis.

By providing a much needed resource for school personnel, the school-based program has been able to break down barriers that typically occur among street-level workers. As discussed earlier, two major barriers to full collaboration among street-level workers are professional specialization and bureaucratic rules and regulations, i.e., teachers assess and address students' needs through the lens of their own professional training and are guided by the rules and incentives of the school environment. Thus, rather than addressing the likely health and mental health causes of inappropriate behavior in the classroom--which they generally aren't trained to do--teachers are more inclined to respond to and control students' behavior through the use of school disciplinary procedures.

While the SBYSP program was designed to support workers' efforts to be responsive to clients needs--to exhibit the service delivery practices specified in Column B of Table II, the Newark Vo-tech has some of the qualities of a street-level bureaucracy. Listed below are examples from column A of Table II which illustrate how--prior to the collaboration with the SBYSP--the Newark Votech high school operated under the conditions of a street-level bureaucracy:

(1a) Managers focus on adherence to standardized rules and procedures.

(6a) Mass processing goals of organization are in conflict with advocacy goals of SLB

In the school environment, this refers to strict interpretation and enforcement of disciplinary rules. (E.g., if a student is absent a certain number of days, rather than addressing the cause of chronic absence, he or she automatically is subject to in-school suspension.)

(4a) SLB's control clients in order to better manage their working conditions.

Teachers control their students who attempt to undermine a positive learning environment by removing them from the classroom and having them referred to the school disciplinary process.

(8a) SLB's focus on one aspect of the person.

(10a) SLB's are unable to control the input of their work.

Each of these examples refers to teachers who only concentrate on teaching and who are who do not have the resources to address home and family issues which impedes their students' ability to learn.

In the section that follows, I will assess the impact the program has had on service delivery practices of school personnel--particularly on teachers' interactions with students in the classroom and on changes in the way the school disciplinary policy is implemented. For example, what evidence is there to support that teachers are working with the SBYSP to affect the input of their work--the health and mental health of their students?

This line of inquiry is important because it offers another way to illustrate changes in service delivery practices. If we think of teachers as street-level workers in the way that Lipsky characterized them, the intervention of the school-based program provides us with an opportunity to illustrate changes in how they work with students. Furthermore, a key assumption of the inability of street-level bureaucrats to be responsive to clients' needs is that they are constrained by their working conditions. This section will illustrate changes in their working conditions by showing how the school environment has changed.

In the order presented above, I will show how the SBYSP has influenced the mass-processing practices of school personnel (Column A) to be more responsive to students' needs (Column B).

(1a) Managers focus on adherence to standardized rules and procedures.	(1b) Managers focus on client responsiveness.
(6a) Mass processing goals of organization are in conflict with advocacy goals of SLB	(6b) Both Management and workers share goal of client responsiveness.

When the current principal began in this position in 1992, he and the school-based program clashed on principles regarding school discipline. At the beginning of his tenure, on a number of cases, he wanted to have students expelled. Conversely, the school-based program wanted to work with the students to keep them in school. Today, as the principal reflected, "We have the same goals, but different ways of getting there. Now, we're meeting somewhere in the middle."

As a result of the school-based program working with the principal, discipline cases are addressed more individually, and thus in a more responsive manner. Two examples illustrate how the SBYSP presence can influence an otherwise standardized implementation of school policy:

1. A student was having tardiness problems. Through the intervention of the school-based program, the tardiness procedures were not strictly enforced when it became evident that the student's behavior was due to problems at home. The student felt more comfortable describing to the school-based program problems at home, enabling the program to advocate on the student's behalf. After describing this scenario, the principal explained, "For some situations you just have to be a little more flexible." When information is available about the family

causes of school disciplinary cases, and the school-based program works with the student to address the cause, the principal can more comfortably rationalize a more flexible implementation of disciplinary rules.

2. The influence of the school-based program on the attendance committee is another example of how disciplinary procedures have become less rule-driven. The attendance committee assesses whether a student will get credit based on the number of absences during a school year. As a matter of routine, if a student has accumulated more than 25-30 absences during the course of a year, and the student appears to be having family problems, the committee will recommend that the student see the school-based program. Prior to the availability of school-based, the committee simply would have recommended that the student not receive credit. If the student is already enrolled in TNT, it may advocate for the student, and inform the committee of personal problems which the student may have felt uncomfortable sharing directly with the attendance committee himself. As a result of the school-based program's intervention, the attendance committee is more willing to be flexible in its interpretation of the rules.

In both of these examples, a punitive response by the school authorities can be avoided because the school-based program is able to intervene--by giving the school more information and by giving the student individual and family counseling--to address the causes of students' "rule-breaking" behavior.

(4a) Street level bureaucrats control clients in order to better manage their working conditions.	(4b) Workers empower clients.
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Typically, teachers will use disciplinary procedures to control the behavior of their students. The two examples below illustrate how collaboration with the SBYSP gave two new



teachers the assistance they needed to address student discipline problems in a different way. The SBYSP addressed the causes of their "acting out" through a counseling approach, thus empowering them to learn.

#### Example 1

One of the new teachers (Mr. Schunzl) sent a student to the Vice Principal's office for being defiant in class, and using "foul" language. Instead of taking immediate disciplinary action against the student, the Vice Principal sent the student to the school-based program. The school-based program staff met with the student and the teacher and helped them define for each other their needs in the classroom. The school-based program facilitated communication which resolved the conflict. According to the teacher, the student would have, otherwise, been suspended, and with the intervention of school-based, "He's a different kind of kid."

Mr. Schunzl sent a student (who wasn't doing any work in class) directly to the school-based program since he knew that the student was already working with Ramirez, and that he wasn't living up to the contract (work schedule) to which they had agreed. Generally, if Mr. Schunzl is experiencing a problem with a student and he knows that the student is already involved with the school-based program, he will communicate with Ramirez.

As a new teacher, Mr. Schunzl has also used the school-based program to adjust his own teaching style. During his first four months of teaching, he spoke with Mess to share his frustration concerning several students. Rather than primarily controlling students' behavior through school disciplinary procedures, Mr. Schunzl, by working with the school-based program, has learned to empower his students to learn.

Example 2

Like Mr. Schunzl, another new teacher--Mr. Moller--uses the school-based program as an alternative to disciplinary action. In particular, Mr. Moller noted his appreciation for the program establishing a work schedule for students to meet goals to which they agree with Ramirez. As Mr. Moller explained, "It's a miracle that some of these kids come to school, and that they are getting something done. The school-based program may give them the personal attention that they aren't getting at home..."

Mr. Moller nicely summarized the role of the school-based program in empowering students to achieve academically:

More kids are getting more work done. The quality of their work improves. They seem to have more of a positive attitude towards themselves because they feel that someone cares about them. I had a student who was practically doing nothing and failing, and took her first test (after participating in school-based), and she got an A+. TNT is a way to put pressure on kids in a positive way... It would be a lot tougher (for me as a teacher) without the program... I involve TNT in the process of getting assignments done. A lot more of these kids need a counseling approach than a suspension approach."

SLBs focus on one aspect of the person.	Workers focus on the whole person
SLB's are unable to control input of their work	Teachers work with the mental health counselor to address barriers to learning, such as abuse in the home.

TNT's influence on the establishment and implementation of the school's Pupil Assistance Committee (PAC) provides an excellent example of how the program has helped teachers and other school personnel to be able to have more control over the input of their work and to address the needs of the "whole" student.

## **The Role of TNT In the Establishment of the PAC**

The state government requires that all high schools develop a Pupil Assistance Committee (consisting of several teachers, the assistant principal, a guidance counselor, and the school nurse) to address external problems which affects a student's performance in the classroom. As a result of encouragement and support by the school-based program, there is an inclination for the school to address student's problems seriously. The school-based program has had a significant effect on the pupil assistance committee being put in place and on the way in which it operates. Rather than just focusing on the symptoms of students' behavior (tardiness, absenteeism), the committee seeks to address the causes. According to Mrs. Geiger, the school nurse and a member of the PAC,

PAC is the last hope for the students. In order for a student to be sent to the PAC, the teacher must have tried everything. The student would have been suspended several times; the parents have been called into the school. This is the last chance to help.

After earlier disagreements with the TNT program on disciplinary policy, Mr. Carolla, the school principal, had become convinced that the state mandate, if implemented proactively, could be used to more effectively address non-educational needs of students which impede their ability to learn. As part of the process for establishing the PAC in the school, he supported TNT's efforts to educate teachers on the needs of their students outside of the classroom. Mr. Carolla understood that with TNT's help, the PAC could empower teachers to have more control over the "input" of the educational process--the health and mental health of their students.

In order to get teachers to "buy into" the concept of the PAC, the school-based program, with the full support of Mr. Carolla, put together scenarios of actual student cases which were presented to a faculty meeting and to an administrator's meeting--cases which the school-based

program deals with every day. Ten to twelve cases were reviewed as examples of the types of students the PAC would see. According to the school principal, "the staff were stunned; it softened their whole outlook towards students since these were examples of students who were in their classrooms everyday. It put students' behavior in a broader perspective." For instance, a student's disrespectful behavior in class could be related to parental physical abuse at home. As a result of this presentation, the rest of the staff was more accepting of the Pupil Assistance Committee, and more willing to refer students to the PAC.

The influence of the school-based program enabled the Newark Vo-tech school to implement the PAC in a way that other principals were unable to do. The principal believes that the PAC would be much less effective without TNT, since, without their involvement, the rest of the staff would not have accepted it as readily.

#### **TNT Plays an Integral Role in the Implementation of the PAC**

The PAC has been used primarily to help students address personal problems so that disciplinary actions and academic problems can be avoided, when deemed appropriate. The PAC identifies students' needs for social services, and functions as a referral source. (Last year, the committee recommended that 25 of the 300 students with whom they met, be returned to their home districts.) To aid in this effort, the committee tries to get the parents involved, and invite them to the school. As an alternative to expulsion, for example, the committee may recommend that TNT work with the student and his or her parent(s) through family counseling.

Once students have been referred to TNT--and they can be referred by any member of the school staff--Mr. Adoo (the school vice-principal) places their names on a list which is shared with TNT so that the students already participating in the school-based program can be

identified. Since TNT often knows more about a particular student than the PAC, prior to the PAC meeting, Ramirez--TNT's mental health counselor--will provide Mr. Adoo with background information on the student, without of course, breaching the student's confidentiality. If the school-based program is already working with the student, Mr. Adoo may decide that it isn't necessary for the PAC to meet with the student. If a meeting has been scheduled, a staff member from TNT, as needed, will participate.

Prior to the PAC meeting, each of the teachers that has the student in his or her class is asked to complete a survey reviewing the student's academic performance and behavior in class. The committee reviews and privately discusses this information for 5-10 minutes before it meets with the student. If a referral was made by a teacher, the committee will ask the particular teacher to participate in the committee meeting with the student. When the committee actually meets with the student, according to Mr. Adoo, "Sometimes, the student will break up and cry. They choke up. They begin to talk about how difficult their lives are." Most of the time, the student is already working with TNT." If not, once it becomes clear the source of a student's academic problems is related to his or her home and family life, TNT will get involved.

Mrs. Geiger gave a typical example of how TNT would intervene once the PAC uncovered multiple needs of a student: "Ramirez would provide counseling. Maybe Jones will get involved to help the student to get a job. TNT will get clothes for the child of a teenage mother if the student is unable to clothe her own child."

While schools generally have a narrow view of their responsibility, the Newark school-based program has broadened the school's view of its responsibility. The Newark Vocational Technical High School is the one school in Essex county where the PAC is active. According

to Mess, "we have the lowest "cease-to-attend" numbers in the District, and yet we have a highly transient population in this community.

The TNT program has proven itself as an important resource to the school: TNT has had an impact, not only on the students it serves, but in affecting the practices of other school personnel. According to Mr. Roach, a guidance counselor who works on the PAC committee,

The school-based program is part of the school. They are integrated with us... It has taken some time for us to work together. They have proven themselves, and gained credibility. They have improved the self-esteem of kids, and their grades. I use them more and more, and now they are an extension of the guidance department.

The inter-agency collaboration which has occurred between the school and the SBYSP is clearly impacting on how school personnel interact with students. The SBYSP has provided the school with additional resources so that school personnel are working under a different set of conditions, thus diminishing the need for specialization, mass-processing, and student controlling behaviors.

## Chapter 5: Conclusion

In 1969, James Sundquist pointed to a critical assumption which guided federal planners whose responsibility it was to coordinate an increasing number of 1960s federal-assistance programs at the community level: "The weakness of the community-level coordinating institutions was itself a *national problem* that demanded a national solution."<sup>1</sup>

As chapter 2 of this thesis demonstrated, the national solutions developed to address this problem--the Community Action Program and Model Cities--did not work. Community action agencies lacked sufficient authority and political support at both the federal and locals to reinvent community institutions to address the needs of people in poverty because they were created outside of the existing political structure without any newly vested powers. Further, Model Cities lacked the top-down support needed to achieve the ambitious, broad-based goals originally envisioned through a community planning process. The failure of these national programs demonstrated that top-down strategies to reform top-down institutions would not solve the coordination problem. Further, they did not address the problem of coordination where it has the greatest impact--on the front-line, where workers struggle to address the needs of clients.

This analysis is consistent with research on the problem of implementation more generally. Recognizing that the behavior of bureaucrats must be understood as byproducts of the complex political, organizational, social and economic context in which they work, contributors to a 1987 symposium on the future of implementation research, similarly argued

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<sup>1</sup>James Sundquist, *Making Federalism Work*, Washington D.C.: The Brookings Institution, 1969, pp 24-25.

that attempts to control implementation by employing top-down control over bureaucrats often has dysfunctional results.<sup>2</sup>

This thesis has illustrated that institutional design makes a difference in the delivery of social services. Traditional social service programs define and prescribe policy decisions several steps removed from the needs of the clients they are intended to serve, resulting in a top-down, categorical approach to addressing the multiple needs of clients. Thus, hierarchical institutions are part of the coordination problem. I have argued that an alternative institutional approach--one in which implementation starts from the bottom-up--is more effective.

Institution-building from the bottom-up is illustrated by the growing recognition and support among other social service agencies with whom the local SBYSOs collaborate. As indicated in a recent Request for Proposals (RFP) to evaluate the N.J. School-Based Youth Services Program:

Because SBYSO requires a cooperative, noncategorical approach to service delivery, local SBYSO programs can become a natural magnet for grants and projects supporting coordinated, comprehensive services for youth. In addition, local SBYSO programs can be a source of expertise within the local human service system, because of the relative stability of the program and the longevity of the staff. Finally, SBYSO staff are positioned to act as liaisons between a relatively self-contained school and the outside community agencies that also serve students and their families in the community.<sup>3</sup>

Despite significant state level human services cuts in the last two fiscal years, the SBYSO has maintained its state funding level, and has been growing by "mixing and by matching" funds

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<sup>2</sup>Dennis J. Palumbo and Donald J. Calista, "Introduction: The Relation of Implementation Research to Policy Outcomes," in Implementation and the policy process: opening up the black box, eds. Dennis J. Palumbo and Donald Calista, Policy Studies Organization, 1990.

<sup>3</sup>Request for Proposals to Evaluate The New Jersey School-Based Youth Services Program, 1994, p. 7.



from other sources at the local program level. According to Roberta Knowlton (statewide Program Director of the SBYSP), a creative "mix and match" approach has contributed to the growth of programs in Long Branch, Bridgeton, New Brunswick, Hunterdon, and Camden in the last two years. For example, in recognition of the contribution that the SBYSP made to one of its two high schools, the Camden Board of Education provided sufficient funding so that a second SBYSP could open in another high school.<sup>4</sup>

Thus, the social service practices which this program successfully implemented (enumerated in Column B, Table 2) were not the result of increased state funding. Rather, it was implementation from the bottom-up which made a difference. Using Bruner's framework which classifies different levels of service integration (Table IV), I will review the lessons learned from the case study:

**Table IV. Different levels of services integration from the bottom-up**

<b>Levels of services integration</b>	<b>What occurs at each level</b>
Level Four--interagency collaboration at administrative/policy level	Any formal decisions or actions which affect agency policies or agency's role in service delivery. (joint budgeting, joint planning, and issues of administrative reorganization.
Level Three--interagency collaboration at service delivery level	Workers at service delivery level are given incentives and support for joint efforts with staff in other agencies. This includes informal ways that providers from different agencies help each other to address the multiple needs of their clients.
Level Two--intra-agency collaboration	Workers at service delivery level are given discretion in serving clients, provided support for decision-making, and involved in agency planning
Level one--worker/family collaboration	joint development of family goals with worker and family members determining needs, setting goals, and working toward greater family autonomy and functioning.

This case study has shown that services integration is more likely to be achieved by

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<sup>4</sup>Phone conversation with Roberta Knowlton, December, 1994.

starting at worker/family level, instead of at the administrative/policy level. A critical finding is how inextricably linked worker-family collaboration is with intra-agency collaboration. The program designers had intended for the SBYSP to be more responsive to clients' needs than the typical mass-processing street-level bureaucracy, and so, unlike a street-level bureaucracy--where provider discretion and autonomy is considered problematic by management--these principles were incorporated into the original program design.

More responsive service delivery didn't occur because of changes in the administrative structure of state government, or a mandate to integrate services, but because program staff had the flexibility and the autonomy to respond to students' individual needs. For example, recall how the discretion and autonomy which Gladys Ramirez had over her working conditions made it possible for her to provide individualized services to her students. Further, by giving discretion to the local school-based program to develop its own array of services--within general guidelines--Mary-Ellen Mess was able to contract with agencies for services which were specific to the needs of Newark Vo-tech students. Rather than constraining local programs by imposing rigid rules and regulations, staff from the N.J. Department of Human Services provide technical assistance to ensure that the programs with whom they contract are most effectively using their autonomy to achieve the overall objectives of the SBYSP .

Even though flexibility and autonomy is built into the program design, if these characteristics are not fostered through a team management style at the local program level, then the working conditions for individual program staff will not foster client responsiveness. In a street-level bureaucracy, the conditions of work require front-line workers to mass process clients, thus creating a conflict between workers' client-centered goals and bureaucratic

necessity. This conflict did not exist in the Newark Vo-tech site of the SBYSP. Both the leadership in the Department of Human Services, and the local program management (in the case of the Newark program, Mess) share a commitment to client responsiveness which is also shared by staff workers.<sup>5</sup> Program level staff who work as a team and are committed to addressing the comprehensive needs of students is a critical element of intra-agency collaboration.

*A second significant lesson from this study is that not only did intra-agency collaboration have a significant impact on worker-family collaboration, it also had a positive influence on interagency collaboration.* As illustrated in this case, the work environment encouraged street-level workers who are addressing needs of the same client to work more collaboratively. The incentive is greater because it is more tangible to street-level workers how interdependent they must be to address one aspect of a client's needs for which they are each individually accountable. Unlike a street-level bureaucracy where there are incentives for street-level workers to "specialize" and to focus on one aspect of the client, at the Newark Vo-Tech school, this case study illustrated that the principal, teachers, guidance counselors and school nurse all depended on the SBYSP to address the health and mental health needs of students. In fact, the involvement of the school-based program made it possible for teachers to be more effective in the classroom. The anecdotal examples of the two teachers working with school-based staff shows how it was in the teachers' best interest to work with TNT to facilitate students' educational progress (i.e., students academic performance and class behavior improved when they participated in the school-based program).

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<sup>5</sup>This is in contrast to the Patterson program referred to earlier in which street-level bureaucratic conditions precluded the possibility of client responsiveness.

Another example of how school staff recognized the benefit of working with the school-based program staff was in the establishment and implementation of the Pupil Assistance Committee (PAC). While the foundation for the collaboration between school-based staff and school personnel was already established by earlier efforts of the school-based program to convince the principal of the need to address home and family causes of behavioral problems in school, this collaboration was given greater momentum by the state mandate to establish a PAC.

Given the overwhelming social needs of students, the school principal and other school staff had no choice but to recognize--that in order to be effective as educators--the health and mental health issues of students had to be addressed as well. And because the needs of the "whole client" are more visible at the street-level, exposure to this reality becomes a stronger driving force for addressing students' needs than professional or bureaucratic norms. This is a program design feature which is unique to the school-based program, and to bottom-up implementation.

However, in order for worker-family, intra-agency, and inter-agency collaboration to take place, the case study also illustrated that political support was needed from the top-down, as well on the local level. The SBYSP, and in particular the Newark SBYSP, offers a unique approach to addressing the service fragmentation problem because it blends high level and/or external support with a bottom-up implementation strategy. What makes this program approach different from other strategies which have been tried to address the service fragmentation problem is that it is not purely bottom-up or top-down. It combines bottom-up implementation (levels 1, 2, and 3) with political/administrative level support from the top-down (level 4).

Both at the local program level and at the level of state government, there was sufficient administrative and political support for the Newark SBYSP (level 4) so that it could achieve its mission. I will briefly review the key factors at each level.

**(a) Sufficient political support and a strong political base at the local, school-based level**

An important political variable at the local program level is the selection of the lead agency that contracts with the Department of Human Services. The Director of Legal and Regulatory Affairs has argued that it is in an individual program's interest not to have the local board of education as the lead agency. He argues that any other type of agency will allow the program to establish an independent political base apart from the school. When the lead agency is the Board of Education, the program stands the risk of being co-opted by the school principal or superintendent, and turf issues become even more difficult to address. While a comparison of more than one program would be necessary to test this assertion, in this case, it did not pose a professional risk for the program director "to stand her ground" with the school principal when they had a disagreement about school policy. Mess did so more easily because her boss is employed by the University of Medicine and Dentistry of New Jersey, which is the lead agency, and not by the Board of Education.

Until recently, the director did not feel that the local school officials wanted to work collaboratively with the SBYSP. This points to the potential limitation of a bottom-up approach.

As Mess described,

The system does not lend itself to cooperation. As a rule, the school environment of rules and regulations results in rigidity, and has a tendency not to be open to innovative ideas. Along the way, you have to find key individuals who are willing to extend themselves, to be supportive, to make a little space here and there. That's what makes it work. Board approval... different players in the administration. If one person is

feeling threatened, he is capable of blocking the whole initiative.

At the Newark Vo-tech School, there were local political circumstances which gave the program leverage to have an impact and establish itself in the school environment:

1. When the program was established, it was building on the existing collaboration the TNT program had already established in the school through a prior grant. Thus, it had already established a political base in the school.
2. Turnover in the board superintendent position allowed the TNT program to establish political autonomy that it might not have had otherwise.
3. There have been "key players" over the years who have made establishment and growth of the program easier.

In addition to political support at the local level, the Newark SBYSP enjoyed support from the N.J. Department of Human Services.

**(b) Political support from state government to support flexibility at the program level**

Political leverage at the state level to support street-level collaboration was a critical element which was built into the program design. Political leadership at the highest level supported advocates' efforts at the street level to overcome local political obstacles. For example, one critical element that the Director of Legal and Regulatory Affairs of the New Jersey Department of Human Services, applied the authority of his position to advocate for local programs. He routinely intervenes with other higher level bureaucrats in other agencies, and often breaks logjams at the local level.

Another helpful feature of having the Department of Human Services supporting/overseeing the program is that it has been instrumental in having certain bureaucratic requirements waived, e.g. state certification requirements for certain school personnel, such as the requirement that all social workers must have an M.S.W. Most programs cannot afford to

have more than one full-time M.S.W. on staff. A waiver of this requirement has made it possible to hire qualified paraprofessional staff at a lower cost, resulting in greater access to services.

While each of the levels defined by Bruner is critical in addressing the problem of service fragmentation, the ultimate test of how well the problem has been addressed is in clients' experience of the service system, which in Bruner's classification scheme is level 1--worker-family collaboration. While worker-family collaboration is the source of the most critical data, it is also the most difficult to measure.

In chapter 4, worker family-collaboration is best illustrated by the discussion of the mental health component. In this section, I described how Ramirez worked collaboratively with the student to define his or her goals, and how she worked with the student's family as part of the overall treatment. What we don't know is whether the collaboration between the social service worker and the student's family was fully responsive to the student's needs, or whether the service intervention had a positive outcome for the student and his family. This is a problem which is not unique to this study in particular, but to the field of evaluation of social services in general. As one researcher succinctly put it, "We are unable to measure change because we haven't measured the problem."<sup>6</sup>

### **Important considerations in evaluating client outcomes**

One of the difficulties in assessing the impact of the program on clients is in defining "who is the client." Some students who participate in the SBYSP may only receive prevention

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<sup>6</sup>. Feild, D'Amico, and Benton (1978), cited in Sharon Kagan, Integrating Services for Children and Families, p. 172), New Haven: Yale University Press, 1993.

services such as recreational or group activities geared toward building self-esteem (i.e., those activities provided by LaDonna in the social activities component). Other students also may receive mental health services from Ramirez, the social worker. In order to define who are the clients of the SBYSP, it is necessary to determine whether to include, for example, all students who receive at least one service from the program, or only those students who receive mental health services.

Another difficulty in measuring the impact of the program on clients is in controlling for differences in risk factors. For example, a client's success or failure in the program may have more to do with the client's pre-existing competencies than with the program itself. Thus, the extent to which a program takes into account a client's risk level ( e.g., poverty, family dysfunction, poor school performance, use of tobacco, alcohol, other drugs), provides one way to assess whether a client has received an array of services appropriate to his or her needs. Unless a program consists of clients with the same set of risk factors, we would expect clients to be receiving different mixes of services. Unlike medical science, however, our understanding of social service interventions have not developed sufficiently so that we can match a given set of risk factors with a proven service intervention.<sup>7</sup> Given the inherent difficulty in making this assessment, an important evaluation question is "How do programs determine who needs what?"<sup>8</sup>

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<sup>7</sup>This is related to the first reason given in chapter two as to why top-down initiatives generally have not achieved their objectives: since human services delivery does not have an agreed upon technology that can be systematically applied, it does not lend itself to routine solutions to problems implemented from the top-down.

<sup>8</sup>Martha R. Burt, Gary Resnick, and Nancy Matheson, Comprehensive Service Integration Programs for at Risk Youth: Final Report, Urban Institute, December, 1992, p. 68.



Another way to approach this question is to evaluate the process by which a program assesses and addresses a client's needs. In other words, are there certain indicators we can use to evaluate whether a worker is working collaboratively with a client and his or her family? In the last several years, there have been several important advances in the research literature which begin to answer this question.

In the children's mental health field, the federal Child and Adolescent Service System Program (CASSP) has taken a leadership role in defining a set of principles for the development of system of care that emphasizes comprehensive and individualized services, services provided within the least restrictive environment, full participation of families, and coordination among child-serving agencies and programs.<sup>9</sup> While there is consensus on the principles which should guide service systems that serve children with mental health needs, researchers are only beginning to develop ways of measuring whether these principles are being operationalized. For example, DeChillo, Gibson, et.al. have developed a "Service Fit Questionnaire" which is used to collect data on such measures as "comprehensiveness" and on whether services delivery is "individualized."<sup>10</sup> To measure comprehensiveness, the caregiver of the child is asked to list the activities and services in which the child was involved over the last six months. Then the caregiver is asked which needs are addressed by the child's involvement in each of these activities. The caregiver is asked to evaluate how well the service or activity addressed the

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<sup>9</sup> Beth Stroul, and Robert Friedman, (1986), cited in Beth A. Stroul, "Systems of Care for Children and Adolescents with Emotional Disorders: What are the Results?" Continuum, vol. 1, no. 1, Spring 1994, Josey-Bass, p. 30

<sup>10</sup> Neal DeChillo, Denise Stuntzner-Gibson, et.al., Service Fit for Children and Families in the Oregon Partners Project, unpublished draft paper, Regional Research Institute for Human Services, 1994.

child's needs, the level of satisfaction with the activity, and who provided, and who arranged the service. To address the extent to which services are "individualized," the caregiver is asked whether any services were newly created or modified for the child (See Appendix E, Table 1). The questionnaire also includes a set of questions for the caregiver which are used to evaluate the extent to which the family is involved in making decisions regarding a child's treatment plan (See Appendix E, See Family-Centered Questionnaire)

Kinney, Strand, et.al., review a core set of principles that a broad range of professional disciplines (including child welfare, early childhood development, education, and disability) have recently developed for guiding the delivery of services to children and families.<sup>11</sup> These principles are rooted in the bottom-up paradigm shift which was discussed in chapter 3. In order to identify specifically how front-line workers can use these principles with families, they have developed a beginning checklist of questions. Several of the checklists provide a helpful starting point for measuring worker-family collaboration. For example, a commonly agreed upon principle is that workers should take a holistic approach in how they work with clients. Several indicators included in the checklist are:

- Workers can offer a wide range of services themselves, decreasing the need for referral and subsequent fragmentation.
- Assessments done by one service provider are shared with other providers
- Clients report that all areas of their lives are being considered.

The advantage of these indicators is that they can be measured fairly easily. For instance, based on the case study in chapter 4, already we can say that the first two indicators listed above are

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<sup>11</sup>Jill Kinney, Kathy Strand, et.al., Beyond the Buzzwords: Key Principles in Effective Frontline Practices, National Center for Services Integration, 1994, pp. 29-36.

met by the Newark SBYSP. For a full list of "Indicators That Workers Are Taking a Holistic Approach," see Appendix F, TABLE 2.

Another checklist is on the "Ways Services and Practitioners Can Facilitate Decision Making Partnerships with Clients." One of the indicators on this checklist include:

- during the treatment and planning and process, the client and the worker share decision making regarding which portion will be the responsibility of the client, which will be the responsibility of the worker, and which will be the responsibility of others.

While my interview with Ramirez suggested that she shared decisionmaking during the treatment and planning process, this indicator would have to be broken down further in order to measure the extent to which this took place. For example, did the worker solicit the client's input in the process? How was the input solicited? This question should be asked of both the worker and the client.<sup>12</sup>

A third checklist is on "Indicators that Services are Tailored to Client Needs." Rather than interviewing the worker, caregiver, of client, the data on this checklist could be collected by reviewing individual client files. These indicators include:

- Each client's file looks different.
- Files show blind alleys and changes in overall directions as new information is gathered.
- Worker plans for self-improvement vary.
- Records include the client's own language in describing goals and actions.
- The timing and structure of interventions vary according to client needs.

My interview with the social worker of the Newark SBYSP indicated that "students needs change

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<sup>12</sup>For a full list of indicators see Appendix F, TABLE 3.

on an ongoing basis," and therefore clients' needs must be addressed on an individual basis. Additional research would be required to review the client files to document the extent to which this takes place.

Both the Services Fit Questionnaire (SFQ) described earlier and the Checklist of Indicators summarized above measure similar or related characteristics. Both include questions or indicators on "comprehensiveness/holistic approach" and on an "individualized approach to service delivery." Elements of each could be combined to develop a more robust evaluation tool for measuring worker-family collaboration. If a particular program achieved high measures on all three characteristics, it would be reasonable to conclude that there is a high degree of worker-family collaboration. Furthermore, all three elements (comprehensiveness, an individualized approach to service delivery, and shared decisionmaking), which are measured by either the SFQ or the Checklist of Indicators, are depicted as characteristics of bottom-up services integration in Table II, Column B (p. 52). This analysis would therefore allow us to move from an anecdotal representation of bottom-up services integration to a way of documenting that it is taking place.

As I have argued, the degree to which worker-family collaboration takes place will depend upon whether the environment in which workers provide services supports their efforts to collaborate with clients. In Bruner's classification scheme, this is intra-agency collaboration (level 2). In Appendix B (Developing a Team Approach to Program Management), I already have begun to develop a checklist for measuring this level of services integration. A couple of the more important questions which could be incorporated into a questionnaire include:

- Are staff given flexibility in how they manage their time?

- Do staff feel that they have control and autonomy to set their own priorities?

An important addition to this list is the caseload level.<sup>13</sup> Clearly, the extent to which a worker will be able to develop truly collaborative relationships with clients will depend upon whether they are working under conditions which require them to mass process clients.

The extent to which inter-agency collaboration (level 3) is an important factor in supporting the workers to work collaboratively with clients will depend on the extent to which clients' comprehensive needs can be met by a particular agency. For example, the Newark SBYSP can address non life-threatening mental health needs, job-related needs, and health prevention service needs. However, if a student has been abused, the SBYSP will need to collaborate with the Department of Youth and Family Services to determine if it is necessary to place the child in foster care. Or if a student is experiencing an acute psychiatric crisis, the SBYSP will need to collaborate with the community mental health center to provide crisis intervention services.

This case study has left unexplored the nature of the contracting relationships which the program had with other entities outside of the school--how other private and public agencies perceive and interact with the school-based program, and how they may have changed their service delivery practices as a result of contracting with the school-based program.

Analysis of inter-agency collaboration could profitably build upon recent work by Joseph Morrissey and Michael Calloway who have coupled interorganizational theory and social network analysis techniques to assess systems of services at the community level for children

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<sup>13</sup>One of the challenges in measuring this level will be to develop objective measures of working conditions (e.g. client caseload) versus worker's subjective evaluation of their conditions.

and youth with severe emotional disturbances.<sup>14</sup> Used as part of an evaluation of an eight-site demonstration program that seeks to improve coordination of child-serving agencies, Morrissey describes a Child and Youth Services Agency Network Survey which was used to assess interagency linkages.<sup>15</sup> Several of the categories of questions on the survey which would be helpful for assessing the Newark SBYSP's linkages with other agencies include: (1) client referrals, (2) funds exchanges, (3) information flows, (4) relations involving memos of understanding, standard operating procedures, staff liaisons, or legal mandates, (5) overall satisfaction with the agency relationship.

Another useful tool for measuring inter-agency collaboration is a Service Coordination Scale developed by DeChillo and Lebow. Using a five point Likert scale, respondents rate 18 items designed to assess the following components of service coordination: fragmentation, duplication of service and/or information, continuity of care, consistency in approach, the transfer of accurate and timely information between service providers, assistance in accessing service from another providers, cooperation among providers, and the accessibility and availability of services.<sup>16</sup>

Finally, it should be fairly straightforward to develop measures which indicate administrative/policy level (level 4) support or opposition to services integration taking place.

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<sup>14</sup>See Joseph Morrissey, "An Interorganizational Network Approach to Evaluating Children's Mental Health Service Systems," New Direction for Program Evaluation, no. 54, Summer 1992, pp. 85-98. See also Joseph Morrissey, Michael Calloway, et al., "Local Mental Health Authorities and Service System Change: Evidence from the Robert Wood Johnson Program on Chronic Mental Illness," The Milbank Quarterly, Vol. 72, No. 1, 1994, pp 49-80.

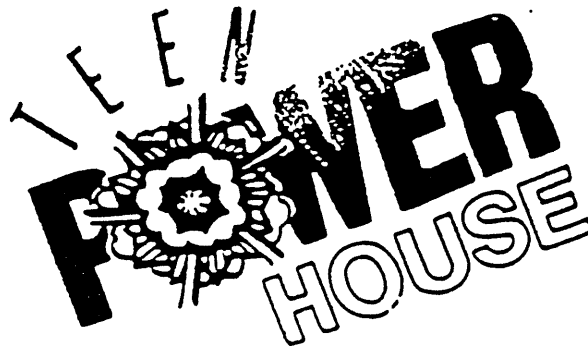
<sup>15</sup>See Joseph P. Morrissey, p. 92.

<sup>16</sup>N. DeChillo and W. Lebow, p. 20.

As I have argued, in bottom-up services integration, the administrative/policy level can help to create a set of circumstances which are *permissive* of service integration taking place. Indicators which might be included in a checklist would include:

- Are there specific rules and regulations at the state or local level which have created barriers or which have facilitated clients' needs being addressed in a comprehensive and individualized manner?
- Are there specific individuals at the state or local level who have created barriers or which have facilitated clients' needs being addressed in a comprehensive and individualized manner?
- Are there any circumstances particular to this program which have facilitated or inhibiting services integration from taking place. (e.g., pre-existing relationships between agencies)

Developing a more scientific understanding of how to implement integrated social services from the bottom-up will become increasingly important as the American Welfare State moves swiftly towards giving greater political control to decisionmakers at the state and local level. Additional research is necessary to better understand both the process and outcome of this historic paradigm shift in social services delivery.



NEW CLIENT INTAKE FORM

STUDENT I.D. NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

RACE \_\_\_\_\_ HEALTH COVERAGE: PRIVATE INSURANCE \_\_\_\_\_  
MEDICAID/MEDICARE \_\_\_\_\_ NONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ EMERGENCY PHONE NUMBER \_\_\_\_\_

SCHOOL \_\_\_\_\_ SHOP \_\_\_\_\_

PERSON REFERRING \_\_\_\_\_

FAMILY COMPOSITION \_\_\_\_\_

INITIAL CONCERN(S) \_\_\_\_\_

IMMEDIATE GOALS \_\_\_\_\_

OBJECTIVE \_\_\_\_\_



## Appendix B. Developing a Team Approach to Program Management (as developed by SBYSF Program Directors)

1. Offering staff flexible hours depending on caseload
2. Clinical discretion/supervision: Program director shows that he/she feels confident in clinician's skills.
3. Allowing staff to case manage their own case-load
4. Show staff appreciation:
  - o staff retreat
5. Show trust: don't question their ability.
6. Defer to their expertise, and back up when necessary.
7. Running "political and bureaucratic interference" for staff.
8. Letting staff know that it's safe to have a problem.
9. Program directors are accessible to staff.
10. Use of staff meetings for problem solving.
11. Sharing political/financial decisions for the program.
12. Instead of assigning tasks, ask staff to volunteer, based on their own experience and expertise. This way they become invested in the process.
13. Director shares information from other meetings with staff.
14. Other staff involved in program development.
15. Other staff represent program in community meetings.
16. Giving staff credit for their own success.
17. Provide training and do training yourself.
18. Provide resources for referral of caseload.
19. By giving staff flexibility on how they manage their time, provides dividends for the program: staff are more willing to volunteer on weekends, for recreational activities etc.
20. Flat management-- because each member has a unique expertise to provide.

21. People have input into their own evaluations.
22. Staff rewrite their own job description.
23. Staff feel safe to differ on contracting and programming issues.

According to program staff, what is most important to them is the following:

1. Having flexibility to make my day the way I want-- control and autonomy. Being able to set my own priorities.
2. The voluntary nature of the service for students so that students come to the program because they want to. This has an empowering effect on program staff.
3. Director tells the outside world that the "program is the staff."
4. Staff lunches to encourage networking among themselves.



## Appendix D

### List of Collaborative Arrangements With Other Programs

1. The New Jersey Institute of Technology Office of Community Public Service received a grant for college students to tutor high school students on a one-to-one basis.

The school-based program simply has to provide the high school students to be tutored. However, this arrangement is not without cost to the school-based program since it requires ensuring that the students will attend their scheduled tutoring sessions on a regular basis.

2. The National Foundation for Teaching Entrepreneurship provides relevant classes for students. The school-based program has a purchase of agreement with the Foundation which supplements the employment services component. (1989-Present)

3. The Boys and Girls Club provided recreation and entrepreneurship activities on a purchase of service basis. (1988-1989)

4. The Newark Office of Children offers an information and referral network for locating child care.

However, there is limited availability due to a year-and-a-half waiting list. Because Mary-Ellen knows Rosa, who coordinates this program, from her previous work as a coordinator of adolescent services, Mary-Ellen is sometimes able to get Rosa's help in moving a student to the top of the list. (1988-present)

5. The National Committee for Prevention of Child Abuse provides parenting training, and the school-based program sends parents to this program. (1993-present)

6. Babyland provides child care on a purchase of service basis. (1989-present)

7. Harmony House is a transitional facility for homeless people.

As Mary-Ellen put it, Harmony House is a reliable source. You can get students in but you can't get them out because there is nowhere to transition them to. The Section 8 waiting list is for eight years, and the city housing waiting list is for 15-16 years. (1991-present)

8. Project Youth provided purchase of recreation activities. (1991-1993)

9. Youth Consultation Service provides purchase of mental health services. They send a staff person three days a week. Because there is not sufficient continuity, the school-based program will replace this arrangement with a part-time staff person who can work on a regular basis. (1992-1993)

10. University of Medicine and Dentistry provides mental health services on a purchase of service basis. (1992-present.)

11. Through The Bridge, Inc., the school-based program purchases the services of a family therapist one day a week and a substance abuse treatment program. (1992-present).
12. The March of Dimes provides a teen-mother mentorship program on a purchase of service basis. (1989)
13. Newark Media Works provides Video Production and Desktop Publishing classes on a purchase of service basis. (1988-present)
14. Teen Institute of the Garden State (TIGS) provides peer leadership training for substance abuse prevention. (1987-present)
15. The school-based program purchases for camping use the Frost Valley YMCA, Fairview Lake YMCA, and Camp Bernie. (1988-present)

# Appendix E

Client ID:	Date:	Interviewer:
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**SERVICE FIT QUESTIONNAIRE  
TABLE 1**

Activities and Services	NEEDS									Creat- ed for child?	How Well?	How Satisfied?	Who Provided?	Who Arranged?
	Lei- sure	Edu- cation	Social	Health	Mental Health	Primary/ Basic	Facili- tation	Sup- port	Other					
a.										Y/N				
b.										Y/N				
c.										Y/N				
d.										Y/N				
e.										Y/N				
f.										Y/N				
g.										Y/N				
h.										Y/N				
i.										Y/N				
j.										Y/N				
k.										Y/N				

# Appendix E

Only complete the Family Centered section when interviewing a family member or foster parent.

## Family Centered

The next set of questions is about how "family centered" this child's activities and services were. When services are "family centered," it means that family members, particularly parents, are involved as much as they want to be and are able to be in the planning and delivery of their child's services. "Family centered" decisions consider the needs of the whole family. Decisions are jointly made by professionals and family members. Examples include arranging meetings or activities which consider your schedule and asking for your help when developing the service plan for this child.

5.1 Over the last 6 months, were you invited to a meeting with the people from the various agencies involved in this child's care?

Yes, \_\_\_\_\_ No<sub>2</sub> Go to 5.5

5.2 Did you attend such a meeting?

Yes, Go to 5.3 No<sub>2</sub> Go to 5.4

5.3 How many meetings of this kind did you attend over the last 6 months? \_\_\_\_\_ Go to 5.5

5.4 If you didn't attend any such meeting, why not?

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5.5 Other than meetings, in what ways were you involved in planning for this child's care?

\_\_\_ Telephone conversations with service providers, \_\_\_ Parent-teacher conference,  
 \_\_\_ Home visits made by service providers, \_\_\_ Requesting information,  
 \_\_\_ Other types of meetings with service providers,  
 \_\_\_ Other ways you were involved Specify: \_\_\_\_\_

5.6 Was there a single service plan for this child?

Yes, \_\_\_\_\_ No<sub>2</sub> Go to 5.6 (Don't Know)<sub>3</sub> Go to 5.6

5.7 Did that single service plan include all the services the child was involved in?

Yes, \_\_\_\_\_ No<sub>2</sub> \_\_\_\_\_ (Don't Know)<sub>3</sub> \_\_\_\_\_

5.8 Which agencies, schools, or providers had plans for this child? List below. IF CHILD WAS IN PARTNERS during the last 6 months, write "Partners" on the "Primary" line. If not, ask respondent to say what s/he thought the primary plan was. Write this on "Primary" line.

_____ 1	_____ 4
_____ 2	_____ 5
_____ 3	Primary: _____ 6

Please answer these next questions with this primary plan in mind.

5.9 Was a written plan developed, yes or no?

Yes, \_\_\_\_\_ No<sub>2</sub> \_\_\_\_\_ (Don't Know)<sub>3</sub>

5.10 Were you asked to "sign off" on the plan, yes or no?

Yes, \_\_\_\_\_ No<sub>2</sub> \_\_\_\_\_ (Don't Know)<sub>3</sub>

For these questions, please use the little white card, even though at times the answers won't make sense grammatically.

- |      |   |                         |                       |                   |                    |
|------|---|-------------------------|-----------------------|-------------------|--------------------|
| 5.11 | To what extent were you involved in developing the plan?  | Not at All <sub>1</sub> | A Little <sub>2</sub> | Some <sub>3</sub> | A Lot <sub>4</sub> |
| 5.12 | To what extent was this child's progress discussed?   | Not at All <sub>1</sub> | A Little <sub>2</sub> | Some <sub>3</sub> | A Lot <sub>4</sub> |
| 5.13 | Did the others understand this child's situation?   | Not at All <sub>1</sub> | A Little <sub>2</sub> | Some <sub>3</sub> | A Lot <sub>4</sub> |
| 5.14 | Was enough time given for decisions about this child?   | Not at All <sub>1</sub> | A Little <sub>2</sub> | Some <sub>3</sub> | A Lot <sub>4</sub> |
| 5.15 | Were your ideas valued by those planning services for this child?   | Not at All <sub>1</sub> | A Little <sub>2</sub> | Some <sub>3</sub> | A Lot <sub>4</sub> |
| 5.16 | Did the professionals involved show concern for you and your family?  | Not at All <sub>1</sub> | A Little <sub>2</sub> | Some <sub>3</sub> | A Lot <sub>4</sub> |
| 5.17 | Was there a role for you in carrying out the plan?  | Not at All <sub>1</sub> | A Little <sub>2</sub> | Some <sub>3</sub> | A Lot <sub>4</sub> |
| 5.18 | How much did you agree with the plan?   | Not at All <sub>1</sub> | A Little <sub>2</sub> | Some <sub>3</sub> | A Lot <sub>4</sub> |
| 5.19 | How much do you feel the needs of your whole family were considered in planning the activities and services this child was involved in? | Not at All <sub>1</sub> | A Little <sub>2</sub> | Some <sub>3</sub> | A Lot <sub>4</sub> |
| 5.20 | How much were you able to influence the activities and services this child was involved in?   | Not at All <sub>1</sub> | A Little <sub>2</sub> | Some <sub>3</sub> | A Lot <sub>4</sub> |



# Appendix F

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\* TABLE 2 Indicators That Workers Are Taking a Holistic Approach Level 4

- ▲ Clients attend only one intake session as an entry to services.
  - ▲ Assessments include factors influencing health and behavior that relate to the environment in which the client lives.
  - ▲ Workers can offer a wide range of services themselves, decreasing the need for referral and subsequent fragmentation.
  - ▲ Workers can describe what holistic means.
  - ▲ Assessments done by one service provider are shared with other providers.
  - ▲ Workers help clients recognize the interconnectedness of problems and needs to make choices on issues to address.
  - ▲ Clients report that all areas of their lives are being considered.
  - ▲ Workers look to strengthen natural networks of support to address client needs rather than solely to rely upon professional services.
  - ▲ Workers use language that the client understands, so the client can understand how services fit together, if more than one provider is needed.
  - ▲ The goals of interventions cut across all life areas.
  - ▲ Cross-specialty staffings involve the client, where appropriate.
  - ▲ Workers take responsibility for referrals they recommend, which extends beyond giving clients phone numbers.
  - ▲ Workers help clients learn to become their own advocates.
  - ▲ Workers help clients become their own case managers.
  - ▲ The treatment plan includes many resources that are not formal social services.
-